



Supportive Solutions, LLC

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INFORMED CONSENT AND PERMISSION TO PROVIDE ASSESSMENT AND/OR TREATMENT SERVICES

1. What is Informed Consent?

(Initials) Informed consent is a document describing Supportive Solution's treatment policies, fee structures, and Client rights. It is designed to help you make informed decisions about whether or not to accept and proceed with this course of treatment.

2. Major Functions and Services Provided by Supportive Solutions, LLC

(Initials) Specialized treatment and services for individuals, couples, and families. Services include the following:

- A. Assessment of the presenting problem
- B. Individual, Family and/or Group psychotherapy (face to face and/or Distance Counseling)
- C. Therapeutic parent training and education
- D. Adjunctive therapy/consultation with other therapists involved with Client's care
- E. Workshops for Professionals and Parents
- F. Referral to national and community resources for assessment and/or treatment not provided by Counselor (i.e., psychological/neurological evaluations).
- G. Client/Family advocacy
- H. Collaboration and consultation with other agencies involved with Client care
- I. Current information and resources on presenting problem.

3. Client Involvement

(Initials) One of the major goals of the counseling process is to identify and cope more effectively with problems in daily living and to deal with inner conflicts creating challenges. This can be accomplished by:

- 1. Increasing personal awareness
- 2. Increasing responsibility and acceptance to make changes necessary to attain your goals
- 3. Identifying personal treatment goals

You are responsible for providing necessary information during our time together. The most effective outcomes occur when you fully share information about your situation. You may be asked to complete questionnaires and homework assignments. Your progress in therapy often depends much more on what you practice in between sessions than what happens in the session.

4. Risks Associated with Therapy

(Initials) Often, the problem that brings someone to seek treatment is simply a starting point. It can take time before you disclose what other concerns you want assistance managing. New information is disclosed over time which can be stressful for you and other family members. As the process progresses and solutions are found for challenges faced, you will be better equipped to handle the stress in your life more independently. Friends and family members may need some time to adjust to the positive changes made and the new dynamics created as you gain skills and approach challenges in a healthy manner.

5. Treatment Outcomes

(Initials) No treatment intervention can effectively guarantee a successful outcome for any population of individuals who have a current challenge. The earlier treatment can be pursued, the better the long-term prognosis will be in the future.

6. Office Hours and Appointments/Missed Appointments

(Initials) It is important that appointments be scheduled in advance and attended in a timely manner. Appointments are typically scheduled for 50 minutes approximately once a week or as agreed

upon by You and your Counselor. Your Counselor will work with you to schedule appointments that accommodate your schedule. Some evening appointments are available.

I understand I am entering into a contract for Jana Glass's professional time and services when I set an appointment. I am specifically contracting for services that include preparation for my session in advance, and services that are provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and consultations with other professionals as agreed in writing by me to assist with my treatment. I understand that Jana Glass's cancellation policy requires 24 hours advance notice in order to be released from the contract. I agree that if I fail to cancel my appointment within the 24 hour minimum time period prior to my session I will be charged the **full session fee**. Most insurance companies do not reimburse for missed appointments.

IN CASE OF LIFE THREATENING EMERGENCIES INDIVIDUALS SHOULD:

- **CALL THE GEORGIA ACCESS AND CRISIS LINE AT 1-800-715-4225**
- **GO TO THE EMERGENCY ROOM OF THEIR LOCAL HOSPITAL**
- **CALL ATLANTA EMERGENCY MENTAL HEALTH SERVICES AT 404-730-1600**
- **CONTACT A FACILITY THAT OFFER 24 HOURS A DAY/7 DAYS A WEEK ADMISSION FOR ASSESSMENT AND CRISIS SUPPORT: RIDGEVIEW INSTITUTE: 770-434-4567 www.ridgeviewinstitute.com
PEACHFORD HOSPITAL: 770-455-3200 www.peachfordhospital.com**

7. Fee Structure:

(Initials)

No Counselor can guarantee a successful treatment outcome with a particular Client. Therefore, fees are paid as a consideration for the specialized therapeutic interventions and not for particular results for any Client. Payment for services are the sole responsibility of the Client and/or family and is **due at the time services are rendered**. At the Client's request, insurance claims can be submitted to the identified insurance company. This requires an exchange of information with your insurance company and includes dates of visits and a clinical diagnosis to justify the services by identifying your current needs. A receipt for services can be provided to the family for tax documentation purposes. Cash and checks are accepted; in the event that a check is returned for insufficient funds, the Client is responsible for payment plus **\$25.00** returned check fee.

****Services rendered out side of session time that may include: phone consultation, emails, requests for documentation, or letter writing are NOT covered by insurance companies and will be billed separately under the Counselor's Fee Schedule.****

8. Counselor's Qualifications

(Initials)

At a minimum, Professional Counselors must hold a Master's Degree from an accredited school in a specialty area of mental health counseling, social work, or family therapy. Jana Glass holds a Masters Degree from the University of Georgia's Counseling and Human Development Department (A CACREP accredited program) and has been approved for State licensure as a Licensed Professional Counselor (LPC #3501) by the Georgia Composite Board. In addition to Masters' Level Education and training, this Counselor has also received additional job related training on a variety of mental disorders and challenges that bring individuals to seek services. Jana Glass holds a Master Addiction Counselor Certification from NAADAC, has completed both Level 1 and Level 2 training in Eye Movement Desensitization and Reprocessing (EMDR) and is certified as a National Juvenile Sexual Offender Counselor through the University of Louisville. Jana Glass has additional specific training in the area of grief support, play therapy, Brainspotting, Motivational Interviewing, Solution Focused Approach, and Cognitive Behavioral Therapy.

9. Clients' Rights

(Initials)

A. **Confidentiality:** Counselors shall respect the privacy of Clients and hold in confidence all information obtained in the course of professional service. Information can be shared with other professionals and individuals **only when an Authorization for Contact has been signed by the Client or when the Counselor needs to seek the advice and counsel of colleagues and supervisors when such consultation is in the best interest of the Client and all identifying information is kept confidential**. In couples and family therapy, or when different family members are seen individually, **confidentiality and privilege do not apply** between the couple or among family members. Your Counselor will use clinical judgment when revealing such information. Records will not be released to any outside party unless Supportive Solutions is authorized to do so by all adult

family members who were part of the treatment or unless compelled to do so by law or a valid court order.

Limits of Confidentiality: ALL mental health service professionals are mandated to report the following situations where confidentiality and privilege are exceptions:

1. Any and all allegations of sexual abuse, physical abuse, or neglect of a child, disabled person, elderly individual, or someone who is vulnerable and unable to leave place of abuse due to institutionalization (i.e.: inpatient unit, prison). Georgia Law requires that all allegations of abuse be reported to law enforcement or the Department of Family and Children Services in the county where the Client lives.

2. A situation where a Client poses a danger to self (suicidal thoughts) or others.

3. Mental Health professionals are also bound by the **Duty to Warn** when a Client has made threats of violence toward a third party or when a third party has made threats of violence toward the Client. In the case of a third party threatening violence toward a Client, Counselors will contact legal authorities and make all **reasonable attempts** to inform the Client of such threats and the same holds true to an identified individual that a Client makes statements to harm.

4. Information is also not considered confidential when Mental Health Professionals are considered a Defendant in a civil, criminal, or disciplinary action. In addition, **all Client records are subject to court subpoena at all times.**

5. Client(s) voluntarily waive any and all confidentiality if he/she commits a crime against Counselor, Counselor's property, or on the Counselor's office premises. Counselor will report the crime to the police authorities and will press charges to the full extent of the law.

6. Billing Procedures: When your insurance company is involved for the purposes of filing a claim, insurance audits, case reviews or appeals, and other relevant insurance situations.

7. When otherwise required by law or in natural disasters where protected records may become exposed.

B. Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your Counselor to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested

C. Primacy of Client's Interests: The Counselor's primary responsibility is to the Client. The Counselor will make every reasonable effort to advance the welfare and best interest of the Client(s) and to advocate for the best interests of the Client (s) and other family members.

D. Termination of Services: Client services will be terminated when the Counselor and Client(s) agree and are reasonably clear treatment no longer serves the Client's best interest or needs. You have the right to terminate assessment or treatment at any time. If the treatment is being ended against professional advice, your Counselor will advise you to continue treatment and intervention and provide written referrals upon request to another appropriate treatment source. If the Client wishes to end services prematurely, your Counselor will make every reasonable attempt to terminate treatment as constructively as possible. **Counselor reserves the right to end the Counselor-Client relationship immediately in the event the Client threatens Counselor, Counselor's family, Counselor's colleagues or anyone else in the office.**

E. Grievance Procedures: If you have a concern please address this with your Counselor directly. In the event the concern cannot be satisfactorily resolved, your Counselor will provide you the licensing board contact information.

10. **The Nature and Extent of Record Keeping**

(Initials)

Counselors are required to keep Progress Notes, which document information about therapy sessions, case reviews, telephone contacts with collaborative agencies, and any other work provided on behalf of you as the Client. Information included in the Progress note may include, but are not limited to the date, time, and length of the session other work done for the Client:

therapeutically relevant information disclosed by the Client, treatment objectives; movement toward treatment goals; and goals and dates for the next scheduled session. Georgia law requires for written notes to be kept for the period of seven (7) years and an additional three (3) years beyond a person's "legal" age of 18 in Georgia. This means written records involving a child will be preserved until the person is at least 21 years of age. Records are stored in a file cabinet behind two locked doors. In the event something happens to your Counselor, arrangements have been made to have your files secured by another professional in practice.

11. **Alternative Treatment Resources**

(Initials)

Alternative treatment options to private providers are to contact the Mental Health Department in the Client's county or contact the Georgia Access and Crisis Line at 800-715-4225 or www.mygcal.com for additional referrals. In general, county mental health departments accept private insurance and Medicaid and offer a sliding-fee-scale based on family income. Other alternative approaches include private practitioners, in-patient hospitalization, and residential facilities. Your health insurance company may also assist with referrals.

12. **Client Contact Information and Electronic Communication Consent:**

(Initials)

The best way for Counselor to contact me would be at the following number(s) and a message may be left at this number: _____

My emergency contact person is _____,

Relationship: _____ Contact Number: _____

Distance Counseling Options and Confidentiality of E-mail and Chat, Cell Phone and Fax Communication:

Therapeutic email and chat exchanges are delivered via HushMail. You agree to work with your Counselor online using HushMail or another encrypted email/chat service determined to be suitable by Jana Glass.

-If you choose to email from your personal email account, please limit the contents to housekeeping issues such as cancellation or change in contact information. Personal and clinical concerns should not be addressed via regular email. You understand that emails between sessions that contain confidential information will be sent utilizing encryption. If you wish to use email as a way to "journal" information between sessions, you understand that your Counselor may not have the opportunity to review your journal emails until the next scheduled session.

-If you call your Counselor, please be aware that unless we are both on land line phones, the conversation is not confidential.

-Likewise, text messages are not confidential.

-If you send a fax, the fax line is in a secure location.

-Any computer files referencing our communication are maintained using secure and encrypted measures.

-You as the client understand that phone and email sessions have limitations compared to in-person sessions, among those being the lack of "personal" face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that most insurance companies will not cover this type of therapy.

-You understand that telephone/online psychotherapy with Supportive Solutions is not a substitute for medication under the care of a Psychiatrist or Doctor.

-You understand that online and telephone therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.

-You also understand that your Counselor follows the laws and professional regulations of the State of Georgia (USA) and the psychotherapy treatment will be considered to take place in the State of Georgia(USA).

Every effort will be made to keep all information confidential. If we are working online together, your Counselor asks that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. Please communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If you and your Counselor are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

I acknowledge that if I use electronic mail to initiate contact with Supportive Solutions regarding my therapeutic care, the Supportive Solutions Staff and/or his/her representative has my permission to correspond via that email address and other forms of electronic communications. I give permission for a clinical staff member to email me regarding basic appointments and administrative communication:

The purpose of e-mail and other forms of electronic communication is to communicate with the client regarding scheduling appointments, reminding clients regarding their appointments, follow-up care according to staff or information regarding the clients' business account. **Electronic communication is not a way of communicating new information regarding care or of communicating emergency treatment. You must call and talk to your Counselor regarding any information towards your treatment at Supportive Solutions. I give Supportive Solutions my permission to add my e-mail address for the purpose of sending me notices of future events and other pertinent information through my email.

13. **Social Media Policy/ Counselor's Blog:**

(Initials)

Clear and healthy boundaries are necessary for strong therapeutic work. Individual Counselors working with Supportive Solutions, LLC may not make online connections with current or past clients through any social media outlet including but not limited to: Facebook, Twitter, LinkedIn, and MySpace. In the event a client attempts to connect online, the Counselor may not accept the request and will discuss the matter further in session.

Your Counselor may maintain a blog or publish articles at times in attempts to educate others regarding a variety of topics. You are able to subscribe to the blog, but may not post a response as it may compromise your confidentiality.

1. I have read and understand all of the information contained in this informed consent. All of my questions have been answered to my satisfaction.
2. I hereby grant my permission for any audio-visual recordings and/or photocopying of artwork to be used for supervision and case consultation in treatment, I will be informed prior to any recording taking place in session.

Client's Signature

Client's Name (Please Print)

Date

Counselor's Signature and Title

Date