



Information, Authorization, and Consent to Treatment

I am very grateful that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment in therapy. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time. Thank you for having me to be a part of your journey!

Professional Background and Experience

I received a Bachelor of Arts in Psychology from the University of West Georgia and a Master of Science in Clinical Mental Health Counseling from Mercer University. I bring over 7+ years of experience across diverse behavioral health settings, such as substance abuse residential facilities, IOP/PHP outpatient programs, community mental health, and group private practices across Atlanta, GA and Metro-Atlanta. I am Nationally Board Certified Counselor and Licensed Professional Counselor (#LPC01333). I was recognized in 2018 as an inductee of Chi Sigma Iota, a national counseling honor society.

Theoretical View & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require

months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments which consists of **three** no-shows and a pattern of late cancellations or I don't hear from you for one month, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with Simple Practice, a secure EHR storage company that has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, Federally approved encryption. I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; in this case I will complete a legal emergency transport order to the nearest receiving facility (clinically known as a "1013"); (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information.

In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a therapist. The State of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential. Please note that in couples counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner. In addition, if you agree to participate in couples counseling, I will not release any information/records without legal permission from both partners regardless of whose name is primary on the record/chart and marital status.

Confidentiality & Records for Minors

Please note that in counseling minors, the same confidentiality procedures and exceptions still applies. For parents, I will conduct a 3-5 minute “check-in” at either the beginning or conclusion of the session to allow you to share your thoughts, concerns, and observations regarding the wellbeing of your child. I will provide a general overview of my interventions during the session but I will not disclose private information your child has shared during their session.

Professional Relationship

In the professional work of mental health psychotherapy, it is important to note that your relationship with me must be different from most other relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other way, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. To offer my clients the best care, my judgment must be selfless and focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they

advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your protection I will not address you in public unless you speak to me first. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In summary, it is the duty of your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way; they are strictly for your long-term protection.

Interaction with the Legal System

I do not see clients who have any pending legal matters whether criminal, civil, domestic or in any other manner. If you choose to participate in counseling with me, you are legally agreeing not to involve or engage me, Shay Wyatt in any legal issues or litigation in which you are a party to at any time either during your counseling or after your counseling terminates. This includes any interaction with the Court system, attorneys, probation/parole officers, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that you wish to have a copy of your file and have executed a proper release, I will provide you with a copy of your records and you will be responsible for any costs incurred in that process. However, if for some reason I am compelled to testify to a court of law, via a valid subpoena, you will be responsible for my expert witness fees in the amount of \$2000 per day due 7 days prior to the initial appearance or deposition. Any additional time will be billed at \$350 per hour including travel time. Should you subpoena me, I may elect not to speak with your attorney and a subpoena may result in termination of the therapeutic relationship and me withdrawing as your therapist.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards required of my license. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect

other people in your life. For example, an increase in your assertiveness and implementation of boundaries may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility, nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way. It is important to me to prioritize your overall wellbeing and to help you achieve the goals you have set out for your therapy journey.

Structure and Service Fees of Sessions

I provide individual psychotherapy via TeleMentalHealth video conferencing and In-person sessions. **The structure and fees of both in-person sessions and TeleMental Health is \$175 for all Psychiatric Initial Diagnostic Intake Evaluation sessions, \$150 per 50 minute individual session, \$100 per 30 minute session, \$130 per 45 minute session, unless otherwise negotiated by your insurance carrier.** If you are a self-pay client, I do offer sliding scale fees that is a minimum of \$90 for all individual sessions. The fee for each session will be due at the beginning of the session. Please note that all balances on your client account must be paid or you must make payments toward your balance in order to continue with further sessions. All credit/debit cards are acceptable forms of payment.

I will provide you with a detailed invoice of payment in your Simple Practice Portal. The receipt of payment may also be used as a statement for insurance if applicable to you. I require a credit card ahead of time for In-Person and TeleMental Health sessions for ease of billing. Please sign the Credit Card Payment Form, which was sent to you separately and indicates that I may charge your card without you being physically present. This information will be used to setup your profile in Simple Practice Your credit card will be charged at the beginning of each session. If any card information has been changed, please call the office ahead of time to avoid your appointment being cancelled. It is *your* responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a "superbill" statement for your insurance company (upon request) which contains all of the necessary information for you to submit for possible reimbursement from your insurance company. I am willing to assist you with any questions you may have with this.

TeleMental Health Statement

TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01) TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. I have developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my office phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people

have and utilize a cell phone. I may also use a cell phone to contact you, typically only regarding setting up an appointment if needed. Additionally, I do not keep your phone number in my cell phone and will refer to your chart to obtain your number.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text because it is a quick way to convey information. **Nonetheless, please know that it is my policy to utilize this means of communication strictly for relevant questions, automated appointment confirmations and reminders.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

Email:

Email is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. **Nonetheless, please know that it is my policy to utilize this means of communication strictly for asking relevant questions, receiving important documents (e.g. FMLA, Letter of Treatment Requests) .** Please do not attach or bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is my policy not to accept "friend" or "connection" requests from any current or former client on my **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

However, Abide Integrative Counseling LLC a **professional** Instagram page and **professional** Facebook account You are welcome to "follow" the business on any of these **professional** pages where I post therapy-related content However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to me as the owner of Abide Integrative Counseling Services, LLC. Please refrain from making contact with me using social media messaging systems such as Facebook

Messenger or Instagram,. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

Video Conferencing (VC): ForTeleMentalHealth sessions, I utilize a HIPPA compliant platform on Simple Practice. I will give you detailed directions regarding how to log-in securely. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with me at the time of your appointment.

EHR Portal:

I have a client portal that is accessible through my Electronic Health Records (EHR) program at Simple Practice.

I also strongly suggest that you only communicate through a device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Additionally, through the client portal, you have the option of receiving text and/or email reminders of your appointments with me and/or billing information. If you would like this service, select these notifications in your portal.

Recommendations to Websites or Applications (Apps): During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help./homework assignments. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

Electronic Transfer of PHI for Billing Purposes: If I am credentialed with and a provider for your insurance, please know that I utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to *Josea Goodridge at TayloredMBC*. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, my billing company, or both.

Electronic Transfer of PHI for Certain Credit Card Transactions:

My EHR program, Simple Practice is the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card for my services, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit cardholder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as *Abide Integrative Counseling LLC*.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

In Case of An Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. As a clinician and a human in general, I cannot be available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I will return phone calls, portal messages, and emails within 24-48 hours. However, I do not return calls or any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225/ www.mygcal.com
- Call Ridgeview Institute at 770.434.4567 or local hospital
- Call Peachford Hospital at 770.454.5589 or local hospital
- Call or text 988 Suicide Prevention & Crisis Line
- Call 911.
- Go to the emergency room of your choice.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, you must notify me at least 24 hours in advance. If advance notice is not received, you will be financially responsible for the missed session and be expected to pay a \$75 no-show fee prior to your next session. Please note that insurance companies do not reimburse for missed sessions. You are allowed a grace period of 10 minutes. If you anticipate that you may extend over the 10 minute grace period, please communicate this with me and we can discuss rescheduling options, if applicable.

Our Agreement to Enter into a Therapeutic Relationship

Please sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you. Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consents.

I am sincerely looking forward to facilitating you on your journey toward healing and growth! If you have any questions about any part of this document, please don't hesitate to ask.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

Client Name (Please Print)

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Date

Parent's or Legal Guardian's Signature

The signature of the Therapist below indicates that they have discussed this form with you and has answered any questions you have regarding this information.

Therapist's Signature

Date