



5000 Research Court, Suite 725 Suwanee, Georgia 30024
770.883.9728 www.ElizabethCookeCounselor.com

INFORMATION, AUTHORIZATION, and CONSENT to TREATMENT

Welcome to the office of Elizabeth M. Cooke, M.S., LPC, NCC, LLC (Licensed Professional Counselor, National Certified Counselor). We are very pleased that you selected our services for your therapy, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment with this practice. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist or group leader is a collaborative one, and we welcome and encourage any questions, comments, or suggestions regarding your course of therapy at any time.

Theoretical Views and Client Participation

It is our 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 your therapist/group leader 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 your therapist 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 our policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without the therapists in this practice. We also do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit.

Confidentiality and Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our office. It is filed under your first name and last initial to protect your confidentiality to the fullest extent. Additionally, your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her 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 counselor. 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. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential. In the event of the incapacity or death of Elizabeth M. Cooke, MS, LPC, NCC, Rita G. Grayson, LCSW will become the records custodian and will handle the psychotherapy files according to HIPAA-compliant standards.

Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

In working with a minor child, the parent/guardian will be informed of serious health and safety threats and provided with updates and parenting support, but it is expected that the confidentiality of the therapeutic sessions be respected.

Structure and Cost of Sessions

All initial intake/history appointments are \$160 per hour session. Your therapist agrees to provide psychotherapy for the fee of \$140 per 60-minute session, \$210 per 90-minute session, and/or group therapy/psychoeducational session fees as pre-determined by content and length of group, unless otherwise negotiated by you or your insurance carrier. Doing psychotherapy by telephone or electronic-mail is not ideal, and needing to talk to your therapist between sessions may indicate that you need extra support. Telephone consults are billed at \$35 per 15-minute call; excessive electronic-mail consults will also be billed. If telephone or electronic-mail consults occur frequently, you and your therapist will need to explore adding sessions or developing other resources you have available to help you. The fee for each session will be due in full at the conclusion of the session. Cash and personal checks are accepted for payment, and we will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$25 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify your therapist at least 24 business hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

The office of Elizabeth M. Cooke, M.S., LPC, NCC, LLC is considered an outpatient practice, and we are set up to accommodate individuals who are reasonably safe and resourceful. We are not available at all times, especially when we are with other clients or outside of business hours. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist will return phone calls within 24-48 business hours. If you have a mental health emergency, we encourage you not to wait for a call back but to do one or more of the following:

- Call Georgia Crisis and Access Line (GCAL) at 800.715.4225 or Peachford Hospital at 770.454.2302 or Ridgeview Institute at 770.434.4567.
- Call 911, or go to your nearest emergency room.

Contact Procedures

For general contact purposes (rescheduling, etc.), you can contact your therapist via telephone or email. If you are canceling or asking to reschedule the same day of your contact, please leave a voice message, in that emails cannot be accessed during client hours. If you want to reschedule before the 24 business hour deadline, either voicemails or emails are welcome.

You are cautioned against utilizing text or email for confidential or sensitive material; despite precautions, these media cannot be guaranteed to be secure.

Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most 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 your therapist were to interact in any other ways, you 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. In order to offer all of our clients the best care, your therapist's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your therapist 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 secret. As much as your therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, 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.

Statement Regarding Ethics, Client Welfare, and Safety

The office of Elizabeth M. Cooke, M.S., LPC, NCC, LLC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, 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 may not always be welcomed by others. It is our 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 is not sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

We are sincerely looking forward to facilitating your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist.

Please print and sign your name below, then date indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

If Applicable:

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

Date

Parent's or Legal Guardian's Signature

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

Therapist's Signature

Date