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Information, Authorization, and Consent to Treatment

Welcome to my practice. This document contains important information about my professional services and business policies. I have prepared statements for your reference. In selecting these topics, I hope that I have anticipated many of the questions you may have. Should there be matters that I have not covered, please feel free to address them with me.

About Mary Ablett

I am a licensed clinical social worker, and have been in mental health and human services for over 20 years. I have worked both in the public and private sector as well as inpatient and outpatient psychiatric and addiction treatment centers. I am a member of the Georgia Society for Clinical Social Workers, and the National Association of Social Workers. I received my Master's Degree from Washington University in St. Louis, Missouri and a Bachelor of Social Work Degree from Georgia State University. I have attempted to acquire the experience necessary to offer quality treatment to those who chose to seek my services.

Treatment Philosophy and Approach

My theoretical orientation primarily comes from social learning theory. Therefore, I believe that therapy involves learning new skills, gaining new insight, and changing one's behavior to meet one's therapy goals. My therapy approach also comes from a family systems perspective, meaning that, regardless of how many people are in my office at one time as clients, I am always thinking about intervening in situations with an awareness of the complexity and interactivity of the relationship systems involved. In addition, therapy involves a respectful, trusting, collaborative relationship between therapist and client. There is no formula that applies to all people; rather I provide services that are individually tailored to best meet the unique needs of my clients, drawing upon my extensive clinical experience. I attempt to work as efficiently as possible, the decision of how much time therapy takes will, of course, be yours.

My specialization is in cognitive and behavioral therapies for children, adults, and couples. I have had significant experience treating child behavioral problems using applied behavioral analysis as well as extension training in treating depression and anxiety disorders, including OCD. I am also trained in Gottman's Scientifically-based Couples Therapy, Behavioral Marital Therapy, and Integrative Couples' Therapy. My approach is direct, short-term and effective. I am not trained to do psychological testing, prescribe medication, or provide certain other specialty services. If you or a family member requires services that I cannot provide, I shall assist you in a referral and, with your permission, coordinate services with the specialty provider. I encourage you to ask me at any time during the course of our work together to explain why I am making certain recommendations, what other treatment options there might be that could be effective for particular treatment needs, what I am trained or not trained to do or concerns that you have.

Benefits and Risks of Treatment

There are no guarantees that any or all of your problems will be remedied by pursuing treatment with me. You may experience stress, strained relations, or other difficulties as a result of working in therapy. At times, therapy requires the sharing of painful feelings and thoughts. As a result, you

may experience unpleasant feelings. Growth is difficult and things may get worse before they get better during our work together. You may experience anxiety as you face major life decisions that surface in therapy. For couples who are working in couples therapy, there is no guarantee that the therapy will ensure the continuation of the relationship (although research has established that couples therapy improves the odds). Parents whose children participate in either individual or family therapy may experience anxiety about the issues their children present to me in therapy (even though I am very respectful of parental roles and recognize the difficulty of being a parent). There are many benefits to therapy - benefits that have been established by scientific research as well as by clinical anecdotes. My jobs with you are to ensure that, for the most part, the benefits outweigh the risks; to keep you informed, to the best of my ability, of the risks as we make treatment decisions together; and to assist you in getting to another treatment resource if, after a reasonable time of working together, you are not benefiting from my services. My philosophy is generally optimistic and hopeful; when your agenda is one of healing and problem solution, there is usually always something that has not yet been tried that will be helpful, even if you have consulted with other therapists unsuccessfully in the past. If your agenda is to control someone else, to collect evidence for court proceedings, to seek revenge, to prove someone else wrong to remain a victim, or to pursue other non-healing goals, positive change is more difficult.

Appointments

Appointments will ordinarily be 45-50 minutes in duration. I am generally available for scheduling appointments Monday-Thursday 10:00 am to 6:00 pm and Friday 9:00 am to 2:00 pm.
All scheduling is handled directly with me.

Professional Fees

The standard fee for the intake session is $150.00 and each subsequent session is $140.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Occasionally, you may need some extra time to complete the session, in which case either you or I may request this. Additional charges are based on 1/4-hour segments. If I am late for an appointment with you, I shall either complete with you the full 45-50 minutes of your appointment, assuring your schedule permits this, or deduct from your fee the appropriate amount for the time my lateness has caused you to miss. If you are late for your appointment, you are responsible for the full charge.
If, with your permission, I contact other people on your behalf- such as family members, teachers, or other health care professionals - and consult with them in person or by telephone, then the above fee applies for both kinds of contacts. You will be charged for these contacts at my discretion and most often when the contact is lengthy (at least 1/4 hour or more).

Clinical Emergency Needs

Emergency phone calls: I shall always try to return your call within 24 hours and usually sooner. I am not an emergency mental health service, however, so if you need to talk with me immediately and cannot reach me, call 911 OR go directly to your nearest hospital emergency room. I have listed some other mental health resources for clinical emergency needs:

24 hour Crisis Hotlines

Suicide Hotline:	1-800-273-8255
Georgia Crisis Hotline:	1-800-715-4225
Teens in Crisis:	1-800-968-5463

Psychiatric Hospitals

Ridgeview Institute (ages 11-18 and adults): 770-434-4567

Peachford Hospital (ages 4-18 and adults): 770-454-2302

Emergency appointments: When appropriate, I shall always try to schedule a session within 24 hours of your emergency need. In a genuine emergency, this session must supersede all other commitments in your schedule. If the session is scheduled within normal working hours, I charge my standard fee of $140 per 50-minute hour. If the session is scheduled outside of normal working hours, I charge a fee of $175 per 50-minute hour.

Hospitalization If you require hospitalization during our work together, this could mean an interruption in services. I do not have inpatient privileges at any hospital. If an interruption of services does occur, I will work to provide your psychiatrist with any information necessary. Upon your discharge, I shall assess with you your outpatient needs and will plan for ongoing services or make appropriate referrals.

Coverage when I Am Out of Town

Unless my voice mail states otherwise, I check messages regularly both weekdays and weekends. On weekends, I only return calls of an urgent nature. When I am not available, there will always be the name of a professional colleague whom you can call for assistance.

Cancellation Policy

I require a 24-hour advance notice for appointment cancellations or you will be charged a $75.00 late cancellation fee. Likewise, you will be charged $75.00 if you just don't show up for an appointment that you have scheduled with me. I understand that there may be an occasional emergency that interferes with your notifying me within the 24-hour window of time and I shall take these circumstances into account. If you are counting on reimbursement from a third party payer for all or part of your psychotherapy services, please be aware that no insurance company will reimburse you for missed appointments. If something happens and I do not appear for an appointment, I will offer you a session at no charge.

Insurance Verification and Authorization

As a courtesy, my billing person will verify your insurance coverage and benefits after your first visit. I will inform you of your insurance benefits and required payment as soon as the information is available to me. You may already have this information if your insurance company referred you here. I cannot negotiate with your insurance company. It is recommended that you contact your insurance company directly to clarify what services are available.

If preauthorization is required for outpatient mental health services through your insurance company, it is your responsibility to contact your insurance company. Failure to obtain an authorization number may result in your responsibility for all charges.

I will bill your primary insurance only. I will provide information for you to bill your secondary insurance upon request.

Payment and Collection Polices

Payment is due at the time services are rendered unless other arrangements are made. Cash, checks and credit cards are accepted.

Payment is expected at each office visit. In most cases, full payment is expected. Co-payments and negotiated/managed care rates are required at the time of service.

Any balance not paid by your insurance company becomes your responsibility, including deductibles, exhausted benefits and pre-existing conditions. You are encouraged to contact your insurance company yourself to be sure you understand which services are covered. Please inform us if there is a situation that makes it difficult to pay your bill. Payment arrangements can be made in most cases and we are willing to work with you if necessary. An itemized statement will be mailed to you if requested.

There is a $35.00 charge for all returned checks.

Telephone Consultation Policy

Telephone consultations can occasionally be useful. There is no charge for brief ones. Longer/frequent ones may be charged at a rate of $140.00 per 50 minutes. I will notify you if you will be charged for your calls. Telephone calls with referral sources, family members, or others with whom you wish me to speak on behalf of your treatment needs are charged in the same manner when they are lengthy, frequent, or numerous.

Records

A folder is maintained on every client. This folder contains identifying information, session notes, any reports from other professionals that you authorize me in writing to obtain, any correspondence or other materials that you send to me, copies of any correspondence that you authorize me to send to others, and any forms that I may ask you to complete for assessment of particular concerns (for example, a depression inventory). Children's folders may, in addition, contain artwork, school reports, psychological testing, sentence completion inventories, and other materials unique to evaluation and treatment needs of children.
With some exceptions, you as well as your therapist may review your case folder. It is meant to be a working document to both reflect and guide your therapeutic work. It is stored in a locked file cabinet of active files. After termination of services or after a period of two months of inactivity, it is moved to a closed file cabinet. After two years of inactivity, it is moved to remote storage where it is held for seven years.

Confidentiality

Information you share with me both written and verbally is part of your Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will keep everything you say to me completely confidential. If the client is a minor, it is the legal right of the parents to have access to the information we discuss in our sessions. However, I generally make an effort to avoid entry of information that may be especially sensitive or embarrassing. I also do not enter information that you expressly ask me not to enter.
My responsibility to you is to maintain all identifiable information about you in confidence and to not release it to any person or facility without your written permission except in the following exceptions:

- If you have been referred to me by a court, you can assume that the court will wish to receive a report or evaluation. Discuss with me and with your attorney exactly what information will be included in a report to the court before you disclose any confidential material to me. In this instance, you have a right to tell me only what you wish me to know.

- If you are involved in litigation of any kind and inform the court of mental health services received from me, this may make your mental health an issue before the court. This may then waive your right to keep records confidential. Consult your attorney before you disclose that you have received treatment.

- If you threaten to harm either yourself or someone else and I believe your threat to be serious, I am obligated under the law to take whatever action seems necessary to protect people from harm. This may include divulging confidential information to others but would only be done under circumstances in which someone's life appeared to be in danger.

- If I have reason to believe that you are neglecting or abusing children or an elderly person, I am obligated by law to report this to the appropriate agency. This law is designed to protect children and adults and my legal obligation to report suspected abuse or neglect is clear.

There may be other instances in which your fight to have your records protected is waived. Health insurance is one common one. More infrequently, if you are involved in any type of current or potential legal difficulty, I suggest that you discuss such matters with your attorney before informing others of the services you have received here.

Individual, Couples, and Family Confidentiality

When I am working with individuals, the individual holds the right to confidentiality. When I am working with couples, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without the consent of both. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple. Additionally, when both parties have entered into a couples' therapy relationship with me, it is my policy that both attend sessions together. However, there may be times when you ask me to see you individually, which can be decided on a case-by-case basis. Couples must keep in mind that there is a "no secrets" policy in therapy.

When I am working with children, the parents hold the right to confidentiality from a legal perspective. From a clinical perspective, I would only withhold information from parents of children if I think that the child's health and safety would be compromised by telling a parent any and all information about the child's treatment (such as in situations of abuse or neglect). In general, there is no clinical reason to promise children confidentiality. When I am working with adolescents, I do not reveal to parents everything that an adolescent tells me because this would be at cross purposes with the need to establish trust and rapport with the adolescent. If an adolescent, however, tells me anything that makes me seriously concerned about his/her safety and well-being of themselves or the safety and well-being of someone else, the adolescent's only choice regarding confidentiality is to participate or not to participate in my telling of his/her parents.

Termination and Follow-Up

I function very much like a family practitioner. You are free to come once or twice to work on a specific problem and then not return again for weeks, months, or years -depending upon your particular situation and needs. Except in rare and/or potentially dangerous circumstances, I leave it up to you to call and request an appointment time. If you do not request one, and I do not hear from you for approximately one month, I generally will call or write to follow up with you to discuss treatment goals and/or your desire to continue therapy or the option to close your case with me.

On the rare occasion that you have achieved your treatment goals but want to continue seeing me anyway, I may make the decision to terminate your treatment based on my ethical obligation not to prolong therapy when it is no longer necessary. I shall never terminate with you to become your

friend, your client, your customer, your supervisor, your teacher, or to establish any other relationship with you.

I may also terminate with you if I cannot provide therapy that fits your specialized treatment needs, if you do not comply with the mutually developed treatment goals and procedures, if you are not benefiting from therapy, if you do not pay your bill, if you become violent, abusive, or litigious, or if the therapy relationship is compromised in any way due to unforeseen circumstances. Any nonvoluntary termination will be accompanied by an appropriate referral.

Technology and Social Media Policies

There are multiple ways we could potentially communicate and/or follow each other electronically. It is very important to me that I maintain your confidentiality, respect your boundaries, and ensure that your relationship with me remains therapeutic and professional. Therefore, I have developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to communicate information. If you choose to utilize texting or email, please discuss this with me. You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.

Social Media (Facebook, LinkedIn, Instagram, Pinterest, Etc): It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to working with you to achieve your therapy goals. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have ready and understand the contents of this "Information, Authorization and Consent for Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPPA) Notice of Privacy Practices"** provided to you separately. Your signature also indicates that you agree with the policies of your relationship with me, and you are authorizing me to begin treatment with you.

_____ _____

Client Name (Please Print) Date:

_____

Client Signature

_____ _____

Client (2) Name (Please Print) Date:

_____

Client (2) Signature

If Applicable:

_____ _____

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

_____

Parent or Legal Guardian's Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

_____ _____

Therapist's Signature Date:

CLIENT RIGHTS

You have the right to be treated by me in a consistently competent, ethical, and respectful manner.

You have the right to a personal, individualized assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.

You have the right to referrals to other competent professionals and services when this is indicated by your treatment needs.

You have the right to ask questions about the approach and methods we use and to decline the use of certain therapeutic techniques.

You have the right to confidential treatment except in the circumstances already described. This means that you determine the amount of information to be released to anyone outside this setting by signing a permission form that is specific to each situation, and determines the length of time in which the information may be released, and the release of information may be canceled by you at any time.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are dangerous to yourself or to someone else.

You have the right to resume service following termination.

You have the right to discuss your treatment, concerns, questions, complaints, or any other matter with me.

Credit Card Policy

I am entering into a contract for the professional time and services of Mary Ablett, LCSW when I set an appointment. I understand that my entering this contract for Mary Ablett's professional time, I am specifically contracting for services to prepare for my session in advance. I recognize that professional services are not only 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 agree to pay the negotiated fee for services at each session.

I understand that Mary Ablett's cancellation policy requires 24 hours advance notice in order to cancel a session without a fee. Should I cancel within 24 hours of a scheduled appointment or not show up for a scheduled appointment, I hereby authorize Mary Ablett to charge my credit card $80.00 to cover my therapist's time.

Type of Card _____

Credit Card Number _____

Exp. Date _____ CV Code _____

Billing Zip Code _____

I have read and understand the above credit card policy for services provided by Psychotherapy, Training, and Education Center, Inc. Please have all consenting adults sign below.

_____ _____
Signature Date

_____ _____
Signature Date