



Harmony Counseling Atlanta, LLC
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Information, Authorization, and Consent to Treatment

Description of Services

We welcome you as a client and look forward to the opportunity to work with you. Counseling is a science and art that seeks to understand and improve human behavior. Dana Frederick is a Licensed Marriage & Family Therapist (LMFT) and Licensed Professional Counselor (LPC). She has a Master of Art in Marriage and Family Therapy from Richmond Graduation University. She has been practicing therapy since 2008 and opened this practice in 2013. She sees individuals, couples, and families, and focuses on the treatment of relationships, couples conflict, marriages, premarital counseling, depression, anxiety and many other areas which might be causing you emotional pain or distress.

Dana's therapeutic approach includes Emotion Focused Therapy (EFT) with couples and is also Level 3 Gottman trained. She is a trauma-informed therapist with training in TF-CBT and EMDR. Dana has specialized training & supervision in Christian counseling, but absolutely welcomes people of all faiths and backgrounds.

Dana is licensed in the State of Georgia, which means she can serve people who are physically in the State of Georgia at the time of each session. Thus, when you are traveling out of the state or the country, you will need to wait until you return to Georgia to have a session.

Client freedom and responsibility

We respect your values and will not require you to do anything that you are not in agreement with. You are encouraged to remain in counseling until you have successfully reached your goals; unless the counseling is court-ordered, terminating the therapy is your right from the very beginning. It is important to understand that there are no guarantees in therapy. Sometimes things may get worse before they get better. It helps if you cooperate with your therapist in carrying out the plans you make in your therapy program. You have the ultimate responsibility for growth and change.

What You Should Know About Confidentiality in Therapy

I will treat what you tell me with great care. My professional ethics (that is, my profession's rules about moral matters) and the laws of this State prevent me from telling anyone else what you tell me unless you give me written permission. However, I cannot promise that everything you tell me will *never* be revealed to someone else. There are some times when the law requires me to break confidentiality, and I want you to understand clearly what I can and cannot keep confidential. You need to know about these rules now, so that you don't tell me something as a "secret" that I cannot keep secret. At our next meeting, we can discuss any questions you might have.

1. When you or other persons are in physical danger, the law requires me to tell others about it. Specifically:

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a. If I come to believe that you are threatening serious harm to another person or yourself, I am required to try to protect that person. I may have to tell the person or the police, or perhaps try to have you put in a hospital.

b. If I believe or suspect that you are abusing a child, an elderly person, or a disabled person, I must file a report with a state agency. To “abuse” means to neglect, hurt, exploit, or sexually molest another person. I do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell me anything about these topics. You may also want to talk to your lawyer.

2. If you become involved in a court case or proceeding, you can prevent me from testifying in court about what you have told me. This is called “privilege” and it is your choice to prevent me from testifying or to allow me to do so. It is conceivable, however, that in some situations a judge or court may require me to testify regardless of your non-consent and in spite of my repeated legal objections on the basis of confidentiality.

Other Considerations Around Confidentiality

1. Children and families create some special confidentiality issues.

- a. When I treat children under the age of 12, I generally tell their parents or guardians whatever they ask me about the child’s treatment. For those between the ages of 12 and 18, my policy is to treat most of the details of therapy as confidential. However, parents or guardians do have the right to general information, including how therapy is going. In cases where there may be drug or alcohol abuse, an eating disorder, self-harm (e.g., cutting), pregnancy or any other secret being held by the child or adolescent that I believe a parent needs to know, I will work with the child or adolescent to make these issues known to the parent or guardian, and together we will work through solutions. I will not hold in confidence secrets that are harmful to the child or others.
- b. The same confidentiality exception rules described above (see part 1) apply to children and adolescents.

2. Couple’s Counseling

- a. If you tell me something that your spouse does not know, please understand that I will not keep a secret. In the case of couple’s counseling, I consider confidentiality to be with the couple and not the individuals involved. If you tell me something your spouse does not know, I will work with you to disclose to your spouse; otherwise, we will have to discontinue our couple’s counseling.
- b. If you are in couple’s counseling in the State of Georgia, both participants in therapy have the rights of privilege to the communication that occurs in therapy. This means that both partners are required to sign a waiver of their right of privilege of information before I am able to release my notes to another person.
- c. If you or your spouse have a child custody dispute, or if there is a forthcoming court hearing for child custody, I will need to know about it. **I do not do custody evaluations, and I do not testify in court against either spouse I have had in couple’s counseling.** Please do not ask me to take sides in these situations. By signing this agreement, you are acknowledging your understanding and agreement with this policy of my non-involvement in legal disputes.
- d. If you are seeing me for marriage counseling, you must agree at the start of treatment that if you eventually decide to divorce, you will not request my testimony for either side. We have had a therapeutic relationship together; please understand that I will not be biased toward either spouse.

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3. Professional Consultations

When appropriate, therapists consult with other professionals about how to best serve a client. These consultations are done to provide the best care for clients, with the other professional bound to the same terms of confidentiality as this therapist. Personal, identifying information is also omitted during case consultations. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

4. Records and Storage

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 kept in a file stored in a locked cabinet in my office. Your intake forms will also be stored electronically with Intake Q, a secure storage company who 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.

Professional Relationship

Our relationship 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 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 all my clients the best care, my judgment needs to be unselfish and purely focused on your needs. Therefore, your relationship with me must remain professional in nature.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first. I must also decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a 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.

About Our Fees

We ask that payment be made by check or credit/debit at the conclusion of each counseling session. The standard fee for a 55-minute therapy session is \$135.

If the client is under 18, the adult in care of the child at the time of treatment is responsible for the bill regardless of any custody decrees. A fee of \$35 will be charged to the client for an insufficient check. Should the fee not be paid for two sessions, no further sessions will be scheduled until the balance is paid. Should counseling be terminated, all outstanding fees must be paid in full upon termination.

Harmony Counseling Atlanta does not submit bills to insurance companies at this time. For work done on your behalf outside session, such as writing reports or phone conversations longer than a few minutes, you will be charged the regular hourly rate, broken into 15-minute intervals.

We don't handle **legal proceedings**. If our participation is absolutely needed, you will be expected to pay for all of our professional time, including preparation and transportation costs, *even if I am*

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called to testify on your behalf by another party (an attorney, judge, et al). [Because of the intrusiveness to our schedule and the complexities of legal involvement, we charge **\$350.00** for every hour of preparation for, attendance at, and transportation to any legal proceeding.]

About Our Appointments

Each therapy session is by appointment only and is usually 55 minutes long, unless otherwise arranged with the therapist (as is sometimes the case in couples counseling). Your appointments are held exclusively for you. We agree to meet and to be on time. If you are late, we will probably not be able to meet the entire time, as I will likely have another client after you. If for some reason I am late beginning our session, you will receive your full scheduled time.

Please try not to miss sessions if you can possibly help it. A cancelled appointment delays our work. If you must cancel your appointment, please notify your counselor at least **24 hours** in advance of your scheduled appointment. **A charge of the regular fee will be made for any appointment that is missed or cancelled without 24-hour notification.**

If at any point I don't hear from you for six weeks, I will need to close your chart. However, you can call to reopen your chart and resume therapy in the future if you desire.

A Note about Use of Technology and Social Media

Should I need to contact you outside our scheduled session time, I will call, text, or email you with my encrypted email service. It is important for you to know that cell phones may not be completely secure and confidential. However, I realize most people have and use a cell phone. I may also use a cell phone to contact you. If this is a problem, please discuss this with me.

Please note that if you choose to text me you are accepting the potential breach of confidentiality inherent in these communications. You can email me securely through my encrypted email service.

Harmony Counseling Atlanta (HCA) does maintain a LinkedIn account and a Facebook page designed to give helpful information about topics such as couples, families, and mental health. You are welcome to "Like" us on Facebook. However, please do so only if you are comfortable with the general public being aware that your name is attached to HCA. It is our policy to not accept friend requests from any current or former client on Facebook or other social media because it may compromise your confidentiality.

It is our policy not to search for our clients on Google or any other search engine. We respect your privacy and it is your right to share any information about yourself that you may want. Use of a recording device by you or the therapist in session is prohibited without prior discussion between you and the therapist and a signed consent.

Life Threatening Emergencies

HCA is not open twenty-four hours a day and is not equipped to handle emergencies. Dana's voicemail, emails, and texts are monitored between the hours of 9 AM and 5 PM on normal business days, excluding weekends, vacation time and holidays. Every attempt to return a message the same or next business day will be made. If at any time you become aware of needing additional support of a non-emergency nature that HCA is not equipped to offer, please discuss this with us and we will help connect you with additional resources. If you cannot reach your therapist and have a life-threatening emergency, please do not wait for a call back. **Call the**

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Georgia Crisis and Access Line at 1-800-715-4225, or call or visit your closest mental health hospital. In proximity to Metro Atlanta, you may call or visit Peachford Hospital (770-455-3200), or Ridgeview Institute (844-350-8800).

Professional Ethics

HCA assures you that your services will be delivered in a professional and ethical manner in line with the code of the American Association of Marriage and Family Therapists. If at any time you have concerns about our services, please discuss this with Dana Frederick, LPC, LMFT, at 678-381-3493. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Consent

Please print, date, and 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 replaces any previously signed informed consents with me.)

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 ask.

Client Signature: _____
Client, or parent/guardian acting for client

Printed Name: _____

Client Signature: _____
Spouse or additional adult participating in therapy

Printed Name: _____

Therapist signature: (signed upon discussion with client) _____

Printed Name: _____

Date: _____

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