

Required Informed Consent Document Rev 06.11.19

Although this document is lengthy, please review it thoroughly. It provides important information to you about the policies and procedures of my practice, legal issues, and resources for your use.

Psychotherapy is a process by which people discuss and take actions to change troubling or confusing aspects of their lives. The process varies depending on the problems that you bring, the training and experience of the Counselor, and the personalities of the Client and the Counselor. Psychotherapy requires work on your part. In order to be successful, you must put effort into your sessions and during the time between your sessions.

Cindi's Credentials

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| 1986 | B.A. Degree in Human Development, Univ. of Texas |
| 1992 | M.A. Degree in Counseling Psychology (Marriage & Family Systems), Texas Women's Univ. |
| 1993 | current Georgia Licensed Professional Counselor (LPC) |
| 1998 | current Nationally Registered Play Therapist & Supervisor (RPT-S) |
| 2001 | current Georgia LPCA Certified Professional Counselor Supervisor (CPCS) |

Jessica Credentials

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| 1995 | B.A. Degree in History, cum laude, Middlebury College |
| 2018 | M.S.W. University of Southern California |
| 2018 | current Georgia Licensed Master of Social Work (LMSW), under clinical supervision from Cindi |

Psychotherapeutic Services Provided

- Assessment, diagnosis, and treatment of presenting problems with individuals, couples, and families
- Consultation with other therapists, individuals, or agencies involved with the client's care as needed
- Referral to other care providers or services if necessary
- Provision of information and resources related to your presenting problem(s).

Other Services

If you need professional services for your case other than psychotherapy (or court-related expenses charged at a different fee), it is my practice to charge my standard hourly fee on a prorated basis for the time required. **Your insurance plan will not pay for non-therapy expenses.**

- Such services might include (but are not limited to) report writing, telephone conversations (> 15 minutes) dealing with emails, meetings, writing letters, consultations (with other agencies), preparation of records, treatment summaries, etc.

If you are considering utilizing insurance plan benefits, be mindful of the following:

- Insurance coverage must be verified and authorized prior to confirming an appointment for the first session. As noted in disclaimers by each insurance plan, verification of coverage does not guarantee payment from them. Often, even with verbal confirmation, we don't know exactly how they will pay until they receive the invoice.
- Fees, co-pays, and co-insurance rates are set in accordance with *the policies of your plan at your plan's network rates*.
- *Submitting an insurance claim requires provision of personal information with your insurance plan and requires a medical (psychiatric) diagnosis to justify services.* Thus, many services are not covered by insurance, such as pre-marital counseling, couples counseling, or generic counseling that does not meet criteria for a medical diagnosis.
- *You are responsible for any fees for services that are not reimbursed by your plan. The financial obligation for our services is between you and this office, and is NOT between this office and the insurance company*

Client Responsibilities

A major goal of the psychotherapeutic process is to help you identify and cope more effectively with challenges in daily living, and to deal with inner and external conflicts that may be creating those challenges. **Research has shown that the most important predictor of therapy success is a good working relationship between Client and Counselor.**

- You are responsible for providing necessary information during sessions; the most effective outcomes occur when you fully share all relevant information about your situation.
- You may be asked to complete assessments, questionnaires, or homework assignments.
- Your progress in therapy often depends more on what you practice *between* sessions than what happens *in* the session.

I can help you best if you are willing to:

- plan and keep appointments consistently
- identify personal treatment goals and set your own agendas for therapy sessions
- acknowledge your contribution to the difficulties in your life and relationships
- make changes in the way you think and the things you do
- complete recommended "homework"
- discuss decisions *in session* before taking independent action
- maintain medication compliance, if you have been prescribed a mental health medication

Benefits Associated with Psychotherapy

- Research consistently shows that the majority of clients find psychotherapy helpful.
- Psychotherapy often leads to a significant reduction of distress, increased understanding of yourself and others, better relationships, and resolution of specific problems.
- I hope you will experience better communication, greater success handling difficult issues, greater understanding of your relationship(s), and a greater sense of confidence and self-worth.

Risks Associated with Psychotherapy

- Often, the presenting problem that brings one into psychotherapy is just the starting point. It can take time before you feel safe enough to disclose other concerns and issues.
- When new information is disclosed, it can create stress for you and other family members.
- The process of psychotherapy may include feelings of frustration, fear, anger, pain, and sadness. You may have to talk about things that are difficult to discuss.
- You may have to make some changes in your habitual ways of doing things which may feel awkward at first.
- You might disagree with the opinions and/or recommendations offered.
- Your therapy might involve recalling unpleasant aspects of your life and life history.
- You might have new insights into yourself and others that may initially feel uncomfortable.
- As the process progresses and solutions are found for the challenges you face, you will be better equipped to handle the stress in your life more independently. However, friends and family members sometimes need time to adjust to the changes made and the new dynamics created as you gain skills and approach challenges in a healthier manner.

Making the Most of Appointment Times

Appointments are scheduled for 55 minutes unless otherwise agreed upon by Client and Counselor ***or directed by your particular insurance plan.***

- Be prompt for scheduled appointments so that you, your child, or family members receive the benefit of a full session. Session timing begins at the scheduled appointment time, not the time you arrive. Sessions end at the normally scheduled time.
- For couples or family therapy appointments, if one of you is late, we will wait until everyone arrives before we begin to work.
- If you have specific items that you want to discuss with me, let me know at the *beginning* of the appointment time so we can take care of them first. There may not be time to address issues when the session is over and they will have to wait until the next appointment.
- If you want to discuss something related to your child, also let me know so we can address that first and so that the appointment can end timely.

- If I am on vacation, at conference, or will be unavailable for more than a day, I will leave the number of a colleague (on my voicemail) who has agreed to be available for appointments in my absence.
- If we have agreed on a consistent schedule, whether weekly, biweekly or monthly, those times will be reserved for you unless otherwise notified. I expect you to honor these established appointments and will apply the Missed Appointment/Late Cancel or Reschedule Fee if necessary.

Limitations of Services

- Psychotherapy is not an exact science and requires effort & motivation in order to effect change.
- I adhere to published best practices, but no treatment intervention can *guarantee* a successful outcome for individuals with a psychological problem or disorder.
- The earlier that treatment is sought, and the higher your investment, the better the long-term prognosis (expected outcome) will be.

Contacting Me

I am in my office by appointment only Tuesdays-Fridays. I do not answer the phone when I am with clients. You may leave a message on my voicemail (404.702.2007) or email me at clbockwitz@aol.com.

Be sure to include your phone number and a concise message as to why you are calling. The more I know about the reason for your call, the more efficient I can be in responding. I will make every effort to get back to you within a *business day*. If you do not leave your phone number, it increases the amount of time it takes for me to return your call as I am often not in my office when I retrieve messages and may not have access to your records.

- Please do not text or instant message me if you want a response. If you are texting to simply provide information, for example running late to an appointment, that's fine.
- For confidentiality and professional boundary reasons, I do not accept friend requests on Facebook or other social media.

Clinical Emergencies

If you or a family member has a mental health emergency (**wanting to hurt self or others, bizarre behaviors, or hallucinations**), immediate evaluation, hospital, or medication services may be required. My practice is not set up for crisis intervention, but you may contact one of the following for crisis mental health assistance or you may go to the emergency room at the nearest hospital to you and ask for a mental health consult.

24 hour Georgia Crisis & Access Line	678.442.5800
Grady Hospital (downtown Atlanta) 80 Jesse Hill Jr Drive SE Atlanta, GA	404.616.6200
Lakeview Behavioral Health 1 Technology Pkwy S Norcross, Georgia	678.713.2600
Summit Ridge (Gwinnett County)	1.800.715.4225
Ridgeview Institute (Cobb County area, Northwest Atlanta area)	770.434.4567
Peachford Hospital (Dunwoody, Sandy Springs, Chamblee)	770.455.3200
Tanner Behavioral Center (Douglasville, Carrollton, West Atlanta...	770.836.9551
Anchor Hospital (South Atlanta)	1.866.667.8797
Riverwoods-Southern Regional Psychiatric Center (Riverdale)	770.991.8500
National Suicide Hotline	800.273.TALK

Confidentiality

Therapeutic disclosures and communications are considered privileged and confidential. However, there are limits to confidentiality - some are required by law, and others are required or implied by professional ethics. In general, the law protects the confidentiality of all communications between clients and therapist and I only release information about our work with your written permission. If you are in couple's therapy, I need authorization from both of you to release information obtained in sessions. Information disclosed for a minor must be authorized by the legal guardian.

There are exceptions to confidentiality in which I am legally required to take protective action and to reveal information about a Client.

- Allegations of sexual abuse/physical abuse/or neglect of a child/disabled person/elderly person, or of someone who is vulnerable and unable to leave the place of abuse. Georgia Law requires that allegations of abuse be reported to law enforcement or to the Department of Family and Children Services (DFCS).

- A situation where a client poses a danger to self or others (homicidal ideation, threat, or expressed intent)
- When a client makes threats of violence toward another or when another has made threats of violence toward the client. In such cases, I must contact legal authorities and make reasonable attempts to inform the potential victim of such threats.
- Your information is not confidential if you involve me as a defendant in a civil, or criminal, trial, complaint, or disciplinary action by the licensure board. Your records are subject to court subpoena at any time and are not considered confidential or privileged.
- Filing an insurance claim requires that I submit personal information about you. This is also true if your insurance plan audits records, conducts a case review, or if you make an appeal for benefits.
- When otherwise required by law or in natural disasters where protected records may become exposed unintentionally.

Occasionally, I consult with other professionals about cases. I also may use examples from sessions in training or supervision of graduate students working toward, or maintaining, their professional licensure. In such cases, identifying characteristics of clients will not be revealed and confidentiality is maintained.

Primacy of Client's Interest

My primary responsibility is to the identified client (who may be a minor child), and I will make every reasonable effort to advance the welfare and best interest of that client. The identified client is the person who presents or is presented for services.

Termination of Services

This psychotherapy agreement expires automatically under the following circumstances:

- Upon the jointly agreed upon date of termination when we are reasonably clear and agree that treatment no longer serves your best interests or needs.
- Repeated non-compliance with treatment recommendations.
- When you have not attended a scheduled session and have not contacted or responded to a contact initiated by me within 10 days.
- If you have been regularly attending appointments and have not scheduled an appointment or communicated with me for a period of 30 days or more.
- If you terminate services against professional advice, it is my responsibility to make recommendations for continued treatment and intervention, and to refer you to another appropriate treatment provider if requested.
- Once your file is closed, you may be required, again, to complete intake paperwork authorizing further services.

Fees for Services

- \$120 (55 min session) or as contracted with your specific insurance plan. You are responsible for deductibles, copays or any expenses your plan does not cover, as established by your plan.
- A \$40 cancellation fee applies for each missed or late-canceled appointment. To avoid this fee, make sure to give a **minimum** 24-hour notice. With timely notification, I may be able to offer your appointment time to someone else who needs it.

No psychotherapist can guarantee a successful treatment outcome with any individual. Fees are paid as a consideration for specialized therapeutic knowledge and interventions and *not* for specific results.

- You are expected to pay your fee or copay *at the beginning* of each session at the time of service. You may pay by cash, check, credit or debit card, or via PayPal.
- If one of your checks is returned by your bank, you are responsible for the amount of the check plus whatever fee(s) my bank charges me for the return (typically between \$30-40).
- If you are unable to afford my fee, discuss this with me *in advance* of your first appointment. I have an associate who offers reduced fee services. If you are self-paying, I will provide a monthly invoice for your records.

Late Cancellations & Rescheduling/Missed Appointments

- When either of us must cancel/reschedule an appointment (including a scheduled phone call), we agree to give the other ***as much notice as possible***.
- Be mindful that I have only my time and expertise to offer. If you reserve an appointment time and are unable to keep it **or** fail to cancel/reschedule 24 hours in advance (one ***business*** day), that time is not available for anyone else. I will bill you \$40 for the missed appointment. No insurance plan pays for missed or late-canceled appointments.
- By comparison, the policy of most mental health providers is to bill full fees for missed appointments, and many require a 48-72-hour cancellation notice.
- Honoring your appointment time makes a big difference in a small practice like mine because I cannot double-book appointments to compensate for possible missed appointments. Be mindful of holidays and weekends, and previous obligations you have made and forgotten, as they are not valid excuses for late cancellation.
- Two consecutive missed or late canceled appointments will result in your account being locked for further service until any balance on the account is paid in full.
- This policy applies *regardless of reason* for cancellation, including things that may be out of your control such as last-minute business meetings, car breakdowns, minor illnesses, babysitters who don't show up, etc. The only exceptions are situations that require immediate medical attention, or death in the family.
- On rare occasions, I may have to miss an appointment due to an emergency or unforeseen circumstance. If I am more than 15 minutes late, please assume that this has happened.
- If I must cancel or miss a scheduled appointment, I will text or email you as soon as possible before your appointment so keep an eye out for notifications on the day of your appointment. If you made the trip to my office because I was unable to notify you in a timely manner, I will credit \$25 to your account for the inconvenience of the trip.

Forensic Involvement with Divorce, Custody, or Minor Child Issues

I am not a forensic evaluator. I do not conduct custody evaluations or render opinions to the court for the following reasons:

- Once I am brought into the litigation process for whatever reason, the therapeutic relationship with you or your child is harmed.
- I cannot, in good conscience, work with children under the guise of confidentiality and privacy if I, or they, know, or expect, that I may be asked to give an opinion or provide psychotherapeutic data to the court system. That makes me a spy rather than a psychotherapist.
- I can make a referral to a forensic therapist if that is what you are looking for.

If you or an opposing party become involved in litigation that involves me (during counseling or after counseling terminates) and subpoena my records or testimony, you are expected to pay for all of my time involved in expert witness testifying, completing an affidavit, gathering and providing documentation, having conversations with a guardian ad litem, drug or alcohol evaluators, attorney, or CASA, etc.

- Because of the complexity and difficulty of legal involvement, and time required away from other clients, I charge an hourly fee of \$250 (prorated per hour for any court related expenses or time including preparation, letters, phone calls, affidavits, reports, travel, court and attendance at any legal proceeding, etc.)
- A \$1000 deposit is required at least 7 days in advance of any court appearance or deposition and will be applied toward the above services/fees incurred.

Required Informed Consent Document Signature Page Rev 04.15.19

Sign and return ONLY this page to me prior to the beginning of your first appointment and *keep the rest of the document for future reference*. If you have any questions or require clarification of any section above, let me know so we can resolve them quickly. Initial the following as appropriate.

_____ I have read the information in this document and have asked any relevant questions for clarification. If I disagree with, or dislike these policies and procedures, I will discuss my concerns, and/or ask for a referral to another mental health provider.

_____ My account balance(s) will be paid in full, or arrangements to do so must be agreed on prior to, or at, or shortly after the time of termination of psychotherapy.

_____ I understand that I must provide 24+ hr notification to cancel or reschedule appointments, or a \$40 fee will be assessed

_____ I authorize psychotherapy services for me _____ and/or my child _____.

_____ I grant permission for the photocopying of any artwork (without identifying information) to be used for supervision, case consultation during treatment, or as examples in the presentation of any training, educational, or supervision activities. (This applies to me and/or my child).

If your child is the primary client, please review the following:

_____ I understand that I must have legal guardianship or written permission of the legal guardian to present my child for services. A custody order may be requested.

_____ It is my expectation that I will be made aware of my child's progress in **NON-SPECIFIC** terms, but that I will not be informed of specific details of what is discussed in therapy, unless the psychotherapist and/or my child agree to tell me. However, I do expect that the psychotherapist will inform me of any serious health or safety issues of which my child may be at risk (unprotected sex, cutting, suicidal thoughts/plan, expressed desire/plan to hurt another) , with the understanding that this determination will be made by the therapist.

Client's Name (PRINT)

Client's Signature or
Signature of Minor's Legal Guardian

Date

Cindi Bockwitz, LPC

or

Jessica K. Douglas, LMSW

Date