

## **Consent for Treatment**

The purpose of this form is to describe the treatment relationship and to explain basic policies. I look forward to working together and I promise to honor your autonomy and respect your strengths as we engage in the counseling process.

### **My philosophy and expectations of clients and therapist**

I strongly believe that you are the expert of your own life and I work hard to help my clients see their strengths and access their truths to pursue the choices that help them feel whole and happy. Rarely will I tell you specifically what to do and often I will encourage you to challenge yourself and view your situation from an alternate perspective.

My practice is a holistic one and I draw from many different theories and will examine your life's effect on your body, mind, work, spirit and relationships. Your decision to enter into a therapeutic relationship with me is a voluntary one and you may terminate at any time. In some cases, I will refer you to another therapist if in my professional opinion I think it would be more appropriate due to ethical considerations.

The first session is one hour and going forward, sessions are 45 minutes. By signing this consent, you are agreeing to begin the counseling relationship with me. This relationship will be in effect until termination occurs or until I have not seen you in session for more than four weeks from the date of our last scheduled session, unless you and I have a prior agreement to leave your case open for a specified length of time.

I promise to listen without judgment, value your time as highly as my own, be emotionally present during session and work with you toward termination. Therapy is not life and while I am sure I will enjoy working with you, I will put continuous effort toward helping you meet your goals and "graduate" from treatment. All that being said, it is your job to do the bulk of the work. Therapy can be emotionally draining and if I am going too fast or you feel overwhelmed, please alert me. Overall, you should leave your session feeling heard and respected and with valuable information to help you in your life.

### **Scope of practice and emergency contact**

I am an outpatient therapist working with children, adolescents and adults. I offer individual, family, couples and group therapy. I do not have an emergency practice. Clients are assumed to **not** be in need of day to day supervision. I will return routine client calls received during office hours within 48 hours. When I am out of the office for an extended amount of time, I will leave detailed information about when I will be returning phone calls.

In the event of an emergency, you can receive 24 hour help at Ridgeview Institute by calling 770-434-4567. Should you experience a life or death emergency, immediately call 911 or go to your nearest emergency room.

### **Ethical guidelines and standards**

I promise you my services will be rendered in a professional manner consistent with ethical standards for licensed clinical social workers. If at any time you are dissatisfied

with my services, please let me know. I am open to discussing any concerns you may have about our work together. If we are not able to resolve your concerns, you may report your complaints to the Georgia Composite Board for Licensed Counselors, Social Workers and Marriage and Family Therapists. For a copy of the ethics to which I adhere, you can contact the above board.

### **Confidentiality and exceptions**

Please understand that I will keep confidential anything you tell me, with the following exceptions, as mandated by law:

1. You direct/allow me to tell someone else by signing a release of information.
2. I determine you are a danger to yourself or others.
3. I am ordered by a court to disclose information.
4. You abuse a child or an elderly person.
5. If you are under 18 years old and you report you are a victim of physical or sexual abuse.

\*\*Children and teenagers have additional limits to confidentiality which will be addressed in the intake appointment. These limits may include alcohol and drug use, running away, truancy, sex and other safety issues.

### **Fees, payment and appointments**

Individual, family and couples therapy is \$100 per session. Group therapy is \$40 per session.

If we have a phone call over ten minutes, it is charged at one dollar a minute. There is no charge for a phone call less than ten minutes. Any time I spend in consultation with others at your request or doing paperwork for you at your request is charged at \$100 an hour.

Payment for each session is due the day of service and there is a \$30 fee for checks returned for insufficient funds. I accept cash, check and most credit cards excluding American Express. Checks should be made out to Annette Hodgson, LCSW.

I will make every effort to begin and end sessions on time. The weekend before your next appointment, you will receive a reminder e-mail to the e-mail address you provide me when you begin treatment. I completely understand that life comes up and I am happy to reschedule your appointment if you give me a full 24 hours notice.

Without that notice, you will be responsible for a \$75 late cancellation/no show fee.

If it is before 24 hours, the best way to change an appointment is to e-mail me at [annette.hodgson72@gmail.com](mailto:annette.hodgson72@gmail.com). If it is within the 24 hour window, please leave a message at 770-592-0566 and the fee will be due at that time. You can then pay me over the phone with a credit card or mail a check to Annette Hodgson, PO Box 70061, Marietta, Georgia 30007. Alternatively, you can provide me with your credit card

information on the first session and I can keep it on file for co pays, fees and in the event of a late cancellation.

A subsequent appointment will not be scheduled until the fee is received. If it is an emergency, you and I will discuss if the fee will or will not be waived. As a small appointment-based business owner, I have kept that appointment open for you and I must have a policy to address late cancellations and no shows.

If you are going to be more than fifteen minutes late to your appointment, please let me know by calling 770-592-0566 and leaving a message on my office voicemail. Otherwise, if you are more than fifteen minutes late and I haven't heard from you, I will assume you are not coming to the appointment and may be unavailable. In this situation, you will be responsible for the missed appointment and required to pay the \$75 fee.

### **Insurance, consultation and records**

It is your sole responsibility, as the client, to obtain any authorizations needed from an insurance company. If the insurance company denies any service, it will be your responsibility to pay for these services within 30 days and attempt to collect reimbursement from the insurance company. I am willing to bill your insurance for you but if there are any issues with obtaining claims, it is your responsibility to follow up with your insurance.

In keeping with accepted standards of practice and to ensure quality of care, I regularly consult with other mental health therapists regarding clients. Client confidentiality is kept at all times.

Your file is kept for at least seven years from the date of your initial session. For minors, this seven year period begins when the minor turns 18. Your file contains my copy of this informed consent, your client backgrounder and all materials that pertain to you, including treatment notes. The file is confidential with the exceptions noted in the confidentiality section. Your file is locked and will be destroyed by shredding after seven years.

### **Personal statement from therapist**

I believe it's important to balance work, personal and family time and I do my best to practice what I preach by taking care of myself in ways that reflect this belief. This means there are times I will be unavailable. I will inform you of my planned absence in advance. Should you need support during this time, I will provide you with the name and number of another therapist you can contact. As we begin the therapeutic relationship, I promise to actively listen without judgment, respect your beliefs and opinions and maintain integrity. It is a privilege to work with you and for that I am grateful.

Your signature indicates that you agree to adhere to the policies specified in this document.

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client signature

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date

