Information, Authorization, and Consent to Treatment

Welcome to Intown Family Therapy. We are pleased that you have selected our facility, and we look forward to helping your family. **Please carefully read the information below and initial next to each section indicating you understand the information provided.**

What is Informed Consent?  
Informed consent is a document that describes the treatment processes, policies and procedures, fee structures, client and therapist responsibilities, and numerous other topics involved in the counseling process. 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 any questions, comments, or suggestions regarding your course of therapy at any time.

_____ Counselor Qualifications  
Intown Family Therapy employs fully licensed, associate licensed, and masters’ level therapists in order to provide quality mental health care to all clients, regardless of income level. All associate level and masters’ level counselors are under the direction of Jeanine Rousso, LPC, RPT, CPCS and are also under clinical supervision from another practitioner. Information regarding your therapist’s educational background and experience may be found on our website under his or her name. Please feel free to review that information at [www.intownfamilytherapy.com](http://www.intownfamilytherapy.com) or contact Jeanine Rousso if you have any questions about a therapist’s qualifications.

_____ Theoretical Views and Services Provided  
Seeking counseling for you, your child, and/or your family can be a challenging task. With support and guidance, you can find a safe place for you and/or your family members to communicate thoughts and feelings. Many times, clients are somewhat reluctant to begin therapy and this can cause anxiety and sometimes anger and resentment. Developing a trusting relationship with you and/or your child is key to a successful therapeutic experience. For children, a safe place is created through play therapy. For adolescents and adults, traditional talk therapy is combined with creative interventions. Developing a trusting relationship and working towards agreed upon therapeutic goals will take different amounts of time for each client and/or family. Some clients may achieve resolution within a few sessions, while others require months or even years before their therapeutic process is complete. Please note that when working with children, the therapeutic process tends to take longer and is slower. As a client, you are in
complete control and you may end your relationship with your therapist and any point. We do request that you schedule a final session in order to have appropriate closure and address any remaining needs you may have.

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 your therapist. We also don't 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.

In order for therapy to be most successful, it is important for you and your family to play an active role outside of the therapy sessions. This means your therapist may encourage you to work on a specific skill or towards a goal between sessions. A therapist may assign “homework” and completing these tasks will prove to be beneficial to the growth process.

**Effects of Counseling**

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, with your participation, we 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 isn’t 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.

**Working with Children**

Due to the importance of trust between client and therapist, when the client is a minor child (under 18), we will offer parents general information about the therapeutic process and overall themes, but not specific details about what information is exchanged during each session. If at any time we feel that your child is engaging in dangerous behavior, we will immediately inform you of the situation or have your child do so as a part of the therapeutic process. We will not provide you updates after each session. If you need to speak with your therapist regarding your child, please either call or email to discuss any issues. It is important that your child feel that our office is a safe place where he or she can trust the therapist enough to share the sensitive things that may be underlying the presenting problem. We are sensitive to a parent’s need to be involved in the process, however this should be balanced with the child’s need for a safe place.
Working with Couples

When working with couples, your therapist is obligated to preserve confidentiality on behalf of the couple. This means that your therapist will not release any information about either member of the couple without the consent of both. This also means that your therapist will not hold individual confidences of either party that will jeopardize their allegiance to both parties in the couple.

Structure and Cost of Sessions

Intown Family Therapy employs fully licensed, associate licensed, and masters’ level therapists in order to provide quality mental health care to all clients, regardless of income level. All counselors will provide psychotherapy for the fee of $140 per 75 minute initial session and $115 per 45-50 minute individual and/or family session, unless otherwise negotiated. The fee for the session will be due at each session. Cash, personal checks, or credit cards are accepted for payment, and we can provide you with a receipt of payment if requested. Please note there is a $40 fee for any returned checks.

Intown Family Therapy is not an in-network provider for any insurance panels. We can provide you with a “super-bill” for you to submit to your insurance company for out-of-network reimbursement upon request. Please be advised that most insurance companies require a diagnosis in order for reimbursement to occur. Any diagnosis submitted to an insurance company will become a part of your/your child’s permanent medical record. It is your responsibility to know what your insurance policies are.

Because of the complexity and difficulty of legal involvement, we charge a higher hourly fee for related hours including preparation, travel, and attendance at any legal proceeding ($350 per hour, including planning and travel time). We will only attend a court proceeding when required by a judge. A $700 deposit must be paid in advance of the court date and will be applied toward the total fees incurred.

Other fees include:
- Phone or Email Communications will be billed at $2 per minute after the first 10 minutes.
- School observations will be billed at $200. This includes a 60 minute observation and written report including recommendations. Transportation time may be billed separately if the school is over 5 miles from the Intown Family Therapy office.
- School meetings will be billed at $115 per hour or prorated for portions of an hour.
- Preparation of summaries of treatment or letters at request of client will be billed at $75 per item requested.

Cancellation Policy

Your appointment time is set aside specifically for you. Should you need to cancel an appointment, please give as much notice as possible. If you need to cancel an appointment with less than 24 hours notice or if you miss a scheduled appointment, you will be charged the full fee of your session. Please note that insurance companies do not reimburse for missed sessions, and the entire fee will be your responsibility. Session timing begins at the scheduled time, not at the time you arrive.
Divorce and Custody Cases

We provide therapy services for adults and children whose families are going through divorce or separation. Because this process can be difficult for both parents and children, we have found reason to develop specific guidelines:

1. If we are seeing a child whose parents are in the process of divorce or are already divorced, we require a copy of the standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents at the judge at the intake session. We will need to have contact with the parent who has legal custodial decision making for medical issues before we see the child for counseling and will need to obtain written consent for the child to participate in counseling from the legal custodian(s) and prefer to have contact with both parents prior to seeing the child.

2. We will be available to provide an interview with a guardian ad litem (GAL) assigned to investigate the best interest of any child we are counseling upon production of court order demonstrating the GAL’s right to examine your clinical record or speak with me. Otherwise, the adult client or parents of child client will need to sign a release for me to speak with the GAL. The client will be charged a full session fee to have such a meeting with the GAL.

3. We will provide identical summaries of a child’s therapy progress, treatment plan, and parent recommendations to both parents who share legal custody of the child we are seeing. We will encourage both parents to participate in the therapeutic process of the child.

Clinical Emergencies

This practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We are not available at all times. Generally, we return phone calls within 24 hours. If you or your child have a mental health emergency (feelings of wanting to hurt yourself or others, hallucinations, or bizarre behaviors), you may require hospital or medication services. Contact one of the following phone numbers for crisis mental health evaluation or go to the emergency room at the nearest hospital.

Ridgeview Institute (ages 11-18 and adults): 770-434-4567
Peachford Hospital (ages 4-18 and adults): 770-454-2302
Fulton County Mental Health Crisis Line: 770-422-0202
Georgia Crisis Line: 1-800-715-4225

Confidentiality and Records

The information you share with me both written and verbally is part of your Protected Health Information (PHI) and is considered 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. Detailed information regarding PHI and limitations of confidentiality are located in the Privacy Notice. There are some exceptions to confidentiality in which therapists are legally required to take protective action and to reveal information about a client. Those include:

1. Allegations of sexual abuse, physical abuse, or neglect of a child, disabled person, or someone who is vulnerable and unable to leave the place of abuse due to institutionalization. Georgia Law requires that all allegations of abuse be reported to law enforcement or the Department of Family and Children Services in the county where the client lives.
2. A situation where a client poses a danger to self or others.
3. Counselors are bound by the Duty to Warn when a client has made threats of violence toward a third party or when a third party has made threats of violence toward the client.
4. When a judge orders that information be disclosed. We cannot guarantee that an appeal will be upheld, but we will do everything in my power not to disclose your confidential information.
5. If Homeland Security should request information, according to the Patriot Act.

_____ 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, 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. In order to offer all of our clients the best care, our 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 confidential. As much as we would like to, for your confidentiality we will not address you in public unless you speak to us first. We also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, we will not be able to be a friend to you like your other friends. In sum, it is our duty 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.

_____ Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, we 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, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with your therapist.
Out of Town Coverage: Unless the voicemail states otherwise, therapists check messages regularly both weekdays and weekends. When your therapist is not available, there will always be the name of a professional colleague whom you can call for assistance.

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

Facebook, LinkedIn, Instagram, Pinterest, Etc: It is our 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. Intown Family Therapy has a business Facebook and Pinterest page. You are welcome to follow these pages for helpful information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Intown Family Therapy.

Google, etc.: It is our policy not to search for our clients on Google or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself with your therapist as you feel appropriate. If there is content on the Internet that you would like to share with your therapist for therapeutic reasons, please print this material out and bring it to your session.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that we are open to any feelings or thoughts you have about these and other modalities of communication.

Ethical Considerations

We assure you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association, the National Association for Social Workers, and the Georgia Board of Professional Counselors. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please immediately contact Jeanine Rousso, LPC, RPT, CPCS at 404-919-9975. If we are unable to resolve your concern, your therapist will provide you with information to contact the professional licensing board that governs our profession.
Our Agreement to Enter into a Therapeutic Relationship

We are 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 your therapist.

By signing below, you agree that you have read and understand all of the above sections of the “Information, Authorization, and Consent to Treatment” form and that you understand the risks and benefits associated with the therapeutic process. You understand that you can ask questions at any time. You also hereby acknowledge that you have received the HIPAA notice form mentioned herein. Your signature also indicates that you agree to the policies of your/your child’s relationship with me, and you are authorizing me to begin treatment with you/your child/family.

_____________________________  ______________________________
Name of Client (Printed)       Signature of Client (if over 18)

_____________________________  ______________________________
Name of Legal Guardian         Signature of Legal Guardian  
(if client is under 18)            (if client is under 18)

_____________________________  ______________________________
Relationship to Client         Date Signed

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 Signature            Date Signed
Credit Card Policy

I am entering into a contract for the professional time and services of a therapist at Intown Family Therapy when I set an appointment. I understand by entering this contract for Intown Family Therapy’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 Intown Family Therapy does not reimburse for cancelled appointments that were paid for in advance, but that any such fees will be credited to your account and applied to future services provided.

I understand that Intown Family Therapy’s cancellation policy requires 24 hours advance notice in order to cancel a session without penalty. Should I cancel within 24 hours of a scheduled appointment or not show up for a scheduled appointment, I hereby authorize Intown Family Therapy to charge my credit card my full fee to cover my therapist’s professional time. If I indeed fail to observe this cancellation policy and I understand I am paying for preparation services rendered and time contracted for when I set the appointment.

I understand that if I have enrolled in a group provided by Intown Family Therapy, my credit card will be charged in the amount of the group 24 hours before the scheduled day and time of the group unless I communicate to the group facilitator that I will not be attending the group.

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 through Intown Family Therapy, LLC. Please have all consenting adults sign below.

______________________________________  __________________
Signature                     Date

______________________________________  __________________
Signature                     Date