



LOW-COST CLINIC (RESIDENT) INFORMATION, DISCLOSURE, CONSENT, AND DESCRIPTION OF FEES AND SERVICES

Welcome! The Care and Counseling Center of Georgia (CCCG) welcomes you. We believe it is important for you to be informed about the nature of counseling or psychotherapy, the policies and procedures governing the help you will receive here, the fees charged for our services, and your rights as a client.

COUNSELING AND PSYCHOTHERAPY IN THIS CENTER

The words counseling and psychotherapy (referred to below as “therapy”) often are used interchangeably to indicate forms of help that address various kinds of personal and family distress such as depression, anxiety, adjustment difficulties at work or with other people, and marital and family conflicts. The goals of therapy range from the relief of symptoms to significant life changes based on acquiring a better understanding of one’s personal, interpersonal, and social circumstances.

CCCG’s methods of treatment are based on standard practices common to the training and experience of psychotherapists, marriage and family therapists, psychologists, social workers, and professional counselors. Therapists work within the standards and ethical guidelines of state licensing laws and professional associations. Therapists also respond to the spiritual and theological needs of clients who want their values, beliefs, and religious affiliations to be considered in their therapy.

RESIDENTS IN THIS CENTER

CCCG has a training program for counseling residents who have master’s degrees and are working toward licensure. These professionals-in-training provide counseling for persons in the CCCG’s Low-Cost Clinic for community-at-large. They are under the direct supervision of CCCG’s training faculty, all of whom are licensed. They adhere to CCCG’s policies of practice standards and ethical guidelines.

THERAPY PROCESS

Therapy begins with an intake process designed to evaluate your needs and difficulties and to help you and the therapist make a decision about engaging in therapy. This may take one interview or a series of interviews. If you or the therapist believes someone else could better meet your needs, we will help you get connected with another counselor. The therapy process itself may take many forms, depending on the issues that need to be addressed and how far you wish to go in dealing with them. Treatment is guided by a plan that you and your therapist agree to pursue. Therapy ends when the work is done, or at the point you decide to end it.

Audiotape Recording. In order to help us train the counseling residents, we require your permission to audiotape record therapy sessions. Supervisors will listen to these tapes in facilitating the development of your counselor. The use of taping and supervision is crucial to your counseling and to the growth of your therapist, and it ensures that you will receive the highest quality services possible. If you have a question about these practices, please discuss it with your therapist. The tapes will be erased after supervision.

THERAPY POLICIES AND PROCEDURES

Your Rights as a Client. You have all of the rights established by the state of Georgia governing clinical practices. These includes the rights of consent to treatment, of seeking disclosure from your therapist about his or her qualifications, of requesting a different therapist, of ending treatment at any time, of accessing the client grievance procedures, and of having the records of your treatment kept in confidence.

Safe Zone. The Care and Counseling Center is a Safe Zone for all people regardless of sexual orientation, gender identity or expression, age, physical ability, race, ethnic background, immigration status, or creed. No weapons are allowed in any CCCG office. CCCG provides gender-neutral restrooms.

Confidentiality. What you tell your therapist will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, or as part of the professional practice of this center. If you and /or your family see more than one therapist at CCCG, the providers will consult with each other to ensure that you receive the most effective care possible. By law, there are circumstances when your therapist must report information to the appropriate persons or agencies beyond CCCG, for example: a) if you threaten bodily harm or death to yourself or someone else; b) if you reveal information about child, elder, disabled or dependent adult, or parental abuse; or c) if ordered by a court of law. If your therapy is court-ordered the results of treatment or tests must be revealed to the court. In all other instances, your written permission is required before your therapist or CCCG can reveal information about your treatment. We will protect your confidentiality as we maintain high clinical standards in our diagnosis, treatment, case records, business operations, and quality control.

Emergency Contact. Your therapist will provide you with a voicemail/contact phone number and will let you know his/her availability in an emergency. In the event of a mental health emergency in which you are not able to contact your therapist, you should call 911 or go to the nearest hospital emergency room.

Fees and Payment. Therapy sessions normally last 45 minutes and the standard fee is \$150 per session. The fee may be adjusted based on family size and financial circumstances. The fee will be discussed in the first session with the therapist. The agreed upon fee is \$_____. **Insurance may not be filed for resident services.** Each check returned because of insufficient funds will result in a CCCG charge to you of \$25. If your account is more than 90 days overdue, we reserve the right to turn your account over to a collection agency. You specifically waive any right to confidentiality regarding financial information given by CCCG to a collection agency.

All fees for therapy are due at the beginning of your session. Please arrive in time to check in, pay your fee, and complete any paperwork the receptionist may have for you before your session begins. You will need to present your insurance card and photo ID at your initial session.

Appointments and Cancellations. If you are unable to keep a scheduled appointment, please notify your counselor at least 24 hours in advance. Failure to do so may result in a cancellation fee of \$25. Exceptions may be made in the event of an emergency provided you notify your therapist in advance of your appointment.

Ending Therapy. Although you may end therapy at any time, it is preferred that you have at least one face-to-face concluding appointment with your therapist rather than terminating by telephone, mail, or by not showing up. At the time of discharge, you may be given or sent a Client Satisfaction Form that is used to elicit feedback on the therapy process. This is a valuable tool to increase our awareness of the strengths and weaknesses of our services.

INDIVIDUAL/COUPLES/FAMILY THERAPY SESSIONS

When you schedule a psychotherapy session, your therapist reserves a block of time, usually 45 minutes, for you. Your appointment will begin and end at the scheduled time. If you arrive after the scheduled start time, your appointment will still end at the scheduled ending time.



In your session, you are encouraged to develop an awareness of the time and think about what you would like to accomplish in a session and pace yourself. If there are questions you want to ask, please begin your session with these questions. This may sound difficult if you are dealing with something upsetting; however, learning to do so is a part of the healing process. If you have recently had any thoughts of harming yourself or someone else, please let your therapist know at the start of the session so that you can work together to make a plan for your safety. We encourage you to ask any questions or address any concerns you have in your session in order to avoid an additional charge. If you need a letter or a form completed, please let your therapist know at the beginning of the session rather than at the end.

GROUP THERAPY AND GROUP PSYCHO-EDUCATIONAL SESSIONS

In a therapy or psycho-educational group, each member’s regular presence in group helps to build group cohesion and safety. Therefore, it is important to make attending at all group sessions a priority. If you must miss a session, please let group members and the facilitator know at the previous meeting. If that is not possible, please notify the leader as soon as possible. Additionally, please make every effort to arrive in time to pay your fee and be present in the waiting room before the group start time. Groups will start and end at the scheduled time. Late arrivals are disruptive to the group process, so please make every effort to be on time. When you commit to a therapy group, you are reserving your seat in the group. As such, you are expected to attend and pay for each session of the group.

GENERAL CONSENT

Having read the above, I understand and consent to the following *(Please initial each line)*:

- I have seen and read the information contained in this Information Disclosure, Consent, and Description of Fees and Services Form.
- I have seen and/or been offered a copy of CCCG’s confidentiality policy practices as mandated by the Health Information Portability & Accountability act (HIPAA).
- I consent to treatment as described in this form.
- I consent to allowing my therapist to consult with other CCCG clinicians who work with me and/or my family.
- I am responsible for paying all fees as described above.
- If I do not pay the receptionist at the time of my appointment, my credit card on file will be charged.
- My credit card on file will be charged a \$25 cancellation fee if I fail to cancel an appointment 24 hours in advance or if I don’t show up for my appointment.
- I agree to have my sessions audiotaped for training purposes.

Client Signature

Printed Name

Date

Client Signature

Printed Name

Date

Parent or Legal Guardian

Printed Name

Date