



Marietta Roswell Counseling, LLC
 2850 Johnson Ferry Rd. Ste. 200 & 250
 Marietta, GA 30062
 Ph: 678.691.8130 Fax: 770.558.4759
 www.MARIETTAROSWELLCOUNSELING.com

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

(Revised: 04/26/2021)

Thank you for selecting and trusting Marietta Roswell Counseling, LLC (MRC) as your practice of choice, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from MRC regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation of professional counseling, more importantly, it is part of MRC's commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with MRC and your therapist is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

About Your Therapist

Scott Pennington, MA., LPC is a Licensed Professional Counselor, and Certified Professional Counseling Supervisor in the state of Georgia with a master's degree in Professional Counseling from Liberty University. Scott has vast experiences providing therapeutic services for adolescents, adults, couples and families. He has received training in Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), is a certified in Prepare Enrich and Gottman Level II couples and premarital counseling; Aggression Replace Therapy (ART) and received Distance Credential Counseling (DCC) certification to conduct Telemental Health sessions.

Theoretical Views & Client Participation

It is MRC's belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a lengthy amount of time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and your therapist talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is MRC's policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is MRC's intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without us. MRC also does not believe in creating dependency or prolonging therapy if the therapeutic interventions do not seem to be helping. If this is the case, we will direct you to other resources that will be of assistance to you. Your personal development is MRC's main priority, second only to your personal safety. We encourage you to let us know if you feel that terminating therapy or transferring to another therapist would be beneficial at any time. MRC's goal is to facilitate healing and growth, and we are very committed to helping you in productive ways to produce maximum benefit. Your therapist truly hopes to facilitate

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

open communication about any of these decisions. If at any point you are unable to keep your appointments, or we don't hear from you for one month, MRC will close your chart. However, as long as your therapist still has space in his or her schedule, reopening your chart and resuming treatment is always an option.

Confidentiality & Records

Your communications with your therapist 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 our locked office. There are a few other people who may also have access to your PHI. The clinical director, Scott Pennington, may review your case with your therapist in the interest of providing you with the best possible care. As a licensed clinician, Scott Pennington is also required to keep all information about clients confidential. Additionally, one of our administrative assistants or our business manager may need to access your chart on occasion for business purposes only. This might be to check for dates of services for billing purposes, to ascertain that all of the HIPAA required documentation is located in the chart (occasional audit of charts), or some other absolutely necessary business practice. However, please know this would never include reading any of your clinical notes. Additionally, each business associate has signed a HIPAA enforced confidentiality contract which spells out how confidential records must be handled.

Your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist to tell someone else and you sign a "Release of Information" form; (2) your therapist determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Working with couples and families:

The couple or the family as an entity is the client and the Counselor is not providing individual therapy for either half of the couple or for any one member of the family during couples or family sessions. However, additional individual therapy sessions may be provided if needed to supplement couple or family sessions. The Counselor will not be a "secret keeper" nor will the Counselor facilitate secret keeping. If significant information is revealed in an individual session that the Counselor feels another party needs to be told, the Counselor will require it be brought up in the next session together, so it may be therapeutically addressed. If the individual refuses to reveal the Counselor recommended subject, the Counselor has the right to terminate the counseling relationship and refer the couple or family to another Counselor for treatment.

Working with children and adolescents:

Though legally the parent(s) or legal guardian(s) of child and adolescent clients are the client and confidentiality lies with the client, in order to establish and preserve the essential relationship and setting for a child's therapy, your therapist honors what the child does or says in our sessions as confidential while providing parents and/or legal guardians summaries of treatment goals, plan, and progress as well as recommendations.

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

Emergency Records Access:

In the case of my death or major medical incapacitation, all of my records will be accessible to Laura Haines, LPC, 2850 Johnson Ferry Rd. Suite 200/250, Marietta, GA. 30062, (561) 693-8951.

Professional Relationship

Your relationship with your therapist is 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, you 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, your therapist's 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. Your therapist may need you to 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.

There is another dual relationship that therapists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. Our passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that your therapist will be providing therapy only and not forensic services. You also understand that this means your therapist will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

You should also know that therapists are required to keep the identity of their clients confidential. As much as your therapist would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your therapist will not be able to be a friend to you like your other friends. In sum, it is the duty of your 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.

Statement Regarding Ethics, Client Welfare & Safety

MRC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the State of Georgia. If, at any time, you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact Scott Pennington, LPC, Clinical Director at 678-642-1111.

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

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, your therapist, with your participation, 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 define your specific treatment needs and the particular modalities that work best for you, help is generally on the way.

For the safety of all our clients, their accompanying family members and children, and our therapists and staff, MRC maintains a zero-tolerance weapons policy for clients. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others. Any and all representatives, contractors or agents of MRC reserve the right to contact law enforcement officials and/or terminate treatment with any client who violates our weapons policy.

TeleMental Health Statement

TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01).

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI), as it relates to technology, needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, we have completed the State of Georgia's minimum required specialization training in TeleMental Health. MRC has also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below:

Your Responsibilities for Confidentiality & TeleMental Health:

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

In Case of Technology Failure:

During a TeleMental Health session, you and your therapist could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your therapist has that phone number.

If you and your therapist get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your therapist.

If you and your therapist are on a phone session and you get disconnected, please call your therapist back or contact her or him to schedule another session. If the issue is due to *your therapist's* phone service, and the two of you are not able to reconnect, she/he will not charge you for that session.

Limitations of TeleMental Health Therapy Services:

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking, your therapist might not see a tear in your eye. Or, if audio quality is lacking, he or she might not hear the crack in your voice that he or she could have easily picked up if you were in our office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and MRC strongly encourages you to let your therapist know if something she or he has done or said upset you. MRC invites you to keep the communication with your therapist open at all times to reduce any possible harm.

Face-to Face Requirement:

If you and your therapist agree that TeleMental Health services are the **primary** way that you and your therapist choose to conduct sessions, **your therapist may require one face-to-face meeting at the onset of treatment.** We prefer for this initial meeting to take place in our office. If that is not possible, we can utilize video conferencing as described above. During this initial session, your therapist will require you to show a valid picture ID and another form of identity verification such a credit card in your name. **At this time, you will also choose a password, phrase, or number which you will use to identify yourself in all future sessions. This procedure prevents another person from posing as you.**

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we may contact you on this line from our own landline in our office or from a cell

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

phone, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist know. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you, typically only for purposes of setting up an appointment if needed. Additionally, your therapist may keep your phone number in his/her cell phone, which is password protected. If this is a problem, please let your therapist know, and you he/she will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed at your therapist's hourly rate.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. However, MRC realizes that many people prefer to text because it is a quick way to convey information. **Nonetheless, please know that it is MRC's policy to utilize this means of communication primarily for appointment confirmations.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that MRC is required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

Text messaging (other than scheduling or confirming appointments) is billed at the therapist's hourly rate for the time they spend reading and responding to each text message, with a minimum of the Extended Session Rate (rounded to quarter hour) as outlined in the Structure and Cost of Sessions section of this Client Agreement and Informed Consent document. **If you are in a crisis, please do not communicate this to your therapist, via text messaging** because he or she may not see it in a timely matter. **Instead, please review below the section "Emergency Procedures."**

- Client 1, By providing a mobile cellphone number, you acknowledge the limits of confidentiality and accept all liability regarding confidential information and PHI: (_____) _____ - _____.
- Client 2, By providing a mobile cellphone number, you acknowledge the limits of confidentiality and accept all liability regarding confidential information and PHI: (_____) _____ - _____.

Email:

Email is not a secure means of communication and may compromise your confidentiality. However, MRC realizes that many people prefer to email because it is a quick way to convey information. **Nonetheless, please know that it is MRC's policy to utilize this means of communication primarily for appointment confirmations and brief topics.** If you chose to discuss therapeutic content via email, be aware that you may be compromising your confidentiality. We strongly suggest that you only communicate through a device that you know

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Email (other than scheduling or confirming appointments) is billed at the therapist's hourly rate for the time they spend reading and responding to each text message, with a minimum of the Extended Session Rate (rounded to quarter hour) as outlined in the Structure and Cost of Sessions section of this Client Agreement and Informed Consent document. **If you are in a crisis, please do not communicate this to your therapist, via text messaging** because he or she may not see it in a timely matter. **Instead, please review below the section "Emergency Procedures."** Finally, you also need to know that MRC is required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

- Client 1, By providing an email address, you acknowledge the limits of confidentiality and accept all liability regarding confidential information and PHI: _____@_____.
- Client 2, By providing an email address, you acknowledge the limits of confidentiality and accept all liability regarding confidential information and PHI: _____@_____.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our therapist's **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of your relationship. However, MRC has **professional** Facebook pages, **professional** Twitter accounts, and **professional** Instagram accounts. You are welcome to "follow" us on any of these **professional** pages where we post psychology, counseling, therapeutic, and wellness content. Be aware that depending on your social media accounts' privacy settings, the general public may see your affiliation with MRC. Please refrain from contacting us using social media messaging systems such as Facebook Messenger or Twitter. These methods have insufficient security and are not the most expedient way to contact us. We would not want to miss an important message from you.

Blogs:

MRC is posting psychology, counseling, therapeutic, and wellness content on our professional blog located on our mariettaroswellcounseling.com website. If you have an interest in following our blog, please feel free to do so.

Video Conferencing (VC):

Video Conferencing is an option for your therapist to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. We utilize VC platforms that are encrypted to the federal standard, HIPAA compatible, and has a signed HIPAA Business Associate Agreement (BAA). A BAA means that the VC platform is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If you and your therapist choose to utilize this technology, you are responsible for initiating the connection with him or her at the time of your appointment.

We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

Recommendations to Websites (Sites), Applications (Apps) or Products:

During the course of your treatment, your therapist may recommend that you visit certain websites for pertinent information or products for self-help. They may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites, apps, and product sites may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps /products may be able to see that you have been to these sites by viewing the history on your device. If you choose to access the websites and or apps, or purchase products recommended by your therapist or MRC, you accept full responsibility and release MRC and their therapists, representatives, or agents from any and all liability. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that your therapist not make these recommendations. Please let your therapist know by checking the appropriate box at the end of this document.

Electronic Transfer of PHI for Certain Credit Card Transactions:

MRC utilizes Elavon Inc., Converge (sm) as the company that processes your credit card information. Elavon Inc., Converge (sm) may send the credit card-holder a text or an email receipt indicating that you used that credit card for our services, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Your credit card will be processed as a transaction by Marietta Roswell Counseling, LLC, and the name on the charge will appear as Marietta Roswell Counseling, LLC. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email.

Communication Consent

Please check the following methods in which you are authorizing MRC and your therapist to utilize as a means of communication for your treatment or administrative purposes:

- United States Postal Service, United Parcel Service or Federal Express
- Text Messaging
- Telephone via landline
- Telephone via cellphone
- Email messaging for treatment
- Email messaging about groups, office news, or various upcoming events
- Video Conferencing
- Recommendations to Websites, Apps or Products

You may modify, change or cancel the methods in which MRC and your therapist communicate with you at any time by notifying us in writing

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

Communication Response Time

MRC's practice is an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry a beeper nor are available at all times. If, at any time, this does not feel like

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

sufficient support, please inform your therapist and they can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls, texts, email, etc., within 24 hours. However, we do not return calls or any form of communication on weekends, holidays or during vacations. If you are having a mental health emergency and need immediate assistance, please follow the instructions below:

In Case of an Emergency

If you have a mental health emergency, MRC encourages you not to wait for communication back from your therapist, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

If you & your therapist decide to include TeleMental Health as part of your treatment, there are additional procedures that MRC needs to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that MRC cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- MRC requires an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or MRC will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or MRC determines necessary, the ECP agrees to take you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Client 1, Name: _____ Phone: _____

Client 2, Name: _____ Phone: _____

- You agree to inform your therapist of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform your therapist of the nearest preferred mental health hospital to your primary location in the event of a mental health emergency (located where you are during a TeleMental Health session). Please list this hospital and contact number here:

Client 1, Hospital: _____ Phone: _____

Client 2, Hospital: _____ Phone: _____

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

Structure and Cost of Sessions

MRC offers primarily face-to-face therapy sessions. However, based on your treatment needs, we may provide phone, text, email, or video conferencing (TeleMental Health). The structure and cost of in-person sessions, text and e-mail communication (beyond scheduling or confirming appointments) and TeleMental Health sessions are as follows:

Individual Counseling:

- Initial Intake Session \$120.00 per 90 minutes
- Standard Session \$120.00 per 50 minutes
- Extended Session \$25.00 per 15 minutes (Rounded to the quarter hour)

Couples, Premarital, Marital and Family Counseling:

- Initial Intake Session \$150.00 per 90 minutes
- Standard Session \$150.00 per 50 minutes
- Extended Session \$25.00 per 15 minutes (Rounded to the quarter hour)

The fee for each session is due at the conclusion of the session. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable for payment, and we will provide you with a detailed receipt of payment. The receipt of payment may also be used as a statement for insurance reimbursement if applicable to you. Please note that there is a \$30 fee for any returned checks, and declined credit cards currently on file that are authorized to be charged for payment. It is the responsibility of the client to ensure the credit cards on file are current and active.

Phone calls, texting, and emails (other than just setting up appointments) are, subject to be billed at our hourly rate for the time the therapist spends reading and responding. A valid credit card is required to be on file ahead of time for late cancellations, missed appointments, TeleMental Health therapy and any therapeutic interaction other than setting up appointments.

We are an out of network provider and each insurance company has many rules and requirements specific to certain plans. For example, most insurance companies will not cover therapy over the telephone, text, or email. Therefore, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. As mentioned above, MRC will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, you must notify the therapist at least 24 hours in advance, not including weekends or holidays. If such advance notice is not received, you will be financially responsible for the full standard session rate of the missed appointment. If indeed you fail to observe this cancellation policy, due to an emergency situation that prohibits you from canceling within 24 hours, you can discuss this with your therapist directly and request a waiver of this policy. To waive the Cancellation Policy, your therapist may request documentation of the emergency, i.e., a letter from a medical facility, employer or school.

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

Our Agreement to Enter into a Therapeutic Relationship

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 your therapist and you are authorizing your therapist to begin treatment with you. Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consents. 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.

Client 1, Name (Please Print)

Date

Client 1, Signature

Client 2, or Parent / Legal Guardian Name (Please Print)

Date

Client 2, or Parent / Legal Guardian Name Signature

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’s Name (Please Print)

Date

Therapist’s Signature

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____

Credit Card Payment Authorization

I have read, understood, and agreed to all the information in the MRC’s Information, Authorization, & Consent to Treatment agreement. I have had the opportunity to review, ask questions, and have all questions answered to my satisfaction. I agree to abide by all the policies outlined within the Information, Authorization, & Consent to Treatment agreement. By signing this Credit Card Payment Authorization, I am consenting to treatment as described in the Information, Authorization, & Consent to Treatment agreement and all MRC’s representatives, agents, contractors, or staff to make charges to my credit card without my being present.

I understand and accept that it is my responsibility to maintain a valid credit card on file at all times while consenting to treatment. I further understand that MRC has the right to charge a \$30.00 declined or denied payment fee if the credit card on file is declined or denied for any reason at the time payment is processed.

I understand and have agreed that my fee for each session will be \$_____ and I agree to pay this fee according to the polices in the Information, Authorization, & Consent to Treatment Agreement. I understand that MRC 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 MRC will protect my credit card information in accordance with HIPPA rules and regulations.

Name of card holder (as appears on card): _____

Credit card number: _____

Exp. Date: _____ CVC Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Client (parent/legal guardian) Printed Name: _____

Client (parent/legal guardian) Signature: _____ Date: _____

Therapist Printed Name: _____

Therapist Signature: _____ Date: _____

Client 1, Please initial that you have read this page _____

Client 2, Please initial that you have read this page _____