



5755 North Point Pkwy Suite 101 Alpharetta GA 30022
181 Tenth Street NE, Suite 103 Atlanta GA, 30309
1606 Memorial Drive, Burlington, NC 27215
GA Phone: 678-310-6631
NC Phone: 336-567-3001
Fax: 866-907-3948
info@1alliancecps.com

Client Service Agreement, Policies, and Consent for Treatment

Counseling & Psychotherapy Services Provided

Welcome to our practice. Therapy provides a unique opportunity to form a relationship with an empathic professional for you to learn the tools you need in the journey toward self-discovery, growth and change. Know that you will not be judged and will have an environment free of shame and blame. This is your place to conquer issues that keeps you from having the life you desire. In the first few sessions we will gather information about your background and the issues that led you to seek therapy. We will then discuss with you impressions and recommendations for us to pursue in treatment. During therapy we will talk about issues and concerns in your life to gain greater insight into these problems and implementing more adaptive coping strategies. The process of therapy can have benefits and risks since therapy often involves discussing or experiencing unpleasant aspects or feelings of your life but psychotherapy has also been shown to have great benefits as well. It is never easy to take the step to go to therapy and it can be very hard to not only talk about your problems but to do it with someone you just met. It is essential that not only you work in the therapy session but as well outside of the session. That is where the real work comes into play. Therapy can lead to better relationships, solutions to specific problems, and significant reductions in feelings of stress and conflict, as well as leading to improved quality of life. However, there are no guarantees or promises. You must actively participate in treatment during the sessions and integrate what was discussed into your life to facilitate change. Remember therapy involves a large commitment of time, money and energy and we want you to feel safe and comfortable to ask questions about anything that happens in the sessions, so please discuss them as they arise.

Sessions

Your initial session is an assessment session devoted to defining your concerns, developing a treatment plan and determining whether we can reach your goals or whether another mode of treatment would be more appropriate. If you need a service that we cannot provide we will help assist you in obtaining appropriate providers. All sessions are 45-55 minutes in length, unless otherwise arranged. Out of respect for you and other clients, we will begin and end on time. You are welcome to come for your appointment if you are late, but the session will end on the original scheduled time. A 24 hour cancellation policy applies to all appointments. Please, kindly inform us as soon as you know that you will not be able to attend your appointment. If you have an emergency, you may contact us and we can reschedule your appointment. There is a \$65 fee for any other sessions that are cancelled within the 24-hour cancellation period. It is important to note that Insurance companies will not pay for late cancellation fees or missed appointments and the client is responsible for the entire \$65 fee. Two missed appointments or late cancellations (in a row) often indicate a lack of commitment with the therapy and may result in the termination. We do not accept e-mails or texts for cancellations of appointments. Please do not appear for a session under the influence of alcohol or any mind-altering drug. If this occurs the session will be cancelled and you will be charged for the missed session, and



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ultimately termination of the counseling relationship may occur. In the event that I may need to cancel an appointment, I will try to contact you as quickly as possible. Inclement weather or emergencies may require rescheduling. I will make every attempt possible to contact you at home, work, or on your cell phone to arrange another appointment.

Informed Consent for Treatment

In keeping with ethical standards of the American Counseling Association, State and Federal Laws all services provided by 1 Alliance Counseling & Psychotherapy Services, LLC therapists are kept confidential except as noted in the HIPPA Notice of Privacy Practices. Therapists of 1 Alliance Counseling & Psychotherapy Services, LLC consult with other professionals. It is also protected by GA Law 135-7-03 Confidentiality #5 which describes "discussing case material with a professional colleague for the purpose of consultation or supervision" however your identifying information will not be used in these discussions. It is our custom to send a thank you note for the person or agency who referred you, please note below if you do NOT permit this action. Drug screens are a form of client accountability, clients agree to random urine drug screens and will provide one at one's own expense when requested by therapist within 24 hrs of the request. Refusal will be considered a positive drug screen and possible grounds for termination.

TeleMental Health / Distance Counseling, Use of Electronic Mail & Text

TeleMental Health/ Distance Counseling is 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/ Distance Counseling facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.

We request that when using distance counseling, technology that we use a agreed upon code phrase that is used by the client at the beginning to ensure your protection from a friend, partner or parent who just took your (client's) phone or logged onto your (client's) computer account and is trying to be nosy or not honoring your privacy. E-Mail correspondence, text and voice messages are not considered to be a confidential medium of communication. Clients who choose to use text, e-mail or voicemail cannot be guaranteed confidentiality and use these mediums at their own risk. DO NOT TEXT OR E-MAIL IN ANY EMERGENCY BECAUSE THE THERAPIST MAY NOT HAVE IMMEDIATE ACCESS TO THE MESSAGE. FOLLOW OUR EMERGENCY GUIDELINES. We do work with a end-to-end encryption application as a way to communicate with or clients electronically. Please talk to your therapists for details. We do not regularly answer texts, emails or calls from 6 pm to 9 am. Appointment reminders and non-sensitive correspondence may be sent to you via email. We recommend for you to choose a secure location where others are not likely to walk in during sessions and to use headphones. We ask you to not be in public areas or driving during your sessions. Sessions are not allowed to be recorded. If connection is dropped and your therapist is unable to reconnect, they will call



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you in the phone number you provided to give continuation to session. If your therapist is unable to reach you, please call us in our main office number and press 1 for assistance.

Phone Availability, Emergencies, Consultations, & Therapist Vacation

Please understand that we make every effort to be respectful of your time and that of others; however our availability after hours or between sessions is limited but we make every effort to return phone calls on the same day unless the call comes in very late. All calls are kept confidential. Once you have started therapy your primary therapist will return your call and/or answer your concerns. Phone consultations may not be covered by your insurance. We are happy to speak to you but a charge of \$45.00 will be applied to consultations lasting greater than 15 minutes but less than 30 minutes. Consultations lasting 30 minutes or more will be charged according to our current fee schedule.

Your therapist will inform you of scheduled vacations at least 1 week in advance. During this time you may contact the our office to leave a message for your therapist.

If you consider your situation an emergency that will not allow a delay, immediately reach emergency services by calling 911 or one of the following mental health crisis stabilization hospitals that can provide 24/7 **EMERGENCY SUPPORT**:

Georgia - Peachford 770-454-2302, Grady Hospital 404- 616-5500, or Anchor Hospital 770-991-6044.

North Carolina - Moses Cone Behavioral Health (1-800-525-9375) or High Point Behavioral Health (1-800-525-9375).

You may also go to the your nearest emergency room.

Do NOT text, call or e-mail 1 Alliance Counseling & Psychotherapy Services while you are experiencing an emergency. If you do not consider your situation an Emergency and it can be delayed you can always call and say you are having difficulties and state your name and telephone number on our telephone identification line; however, our preference when in doubt is for you to call 911, or one of the above mental health crisis stabilization hospitals that can provide 24/7 emergency support.

Legal Proceedings & Medical Attestation

We do not participate in divorce mediation, divorce cases, child custody assessments, forensic evaluations; and we do not provide expert witness testimony as a part of our practice in context with our clients. We prefer to have no direct involvement in legal proceedings because our goal is to keep the integrity of the therapy session sacred. If I am summoned to court on your behalf, you are responsible to pay the agreed upon hourly rate for any associated time and efforts. This includes, but is not limited to, time spent in transcribing records, time in court, travel, meals, and any wait time preceding the actual court appearance. We also do not provide evaluation or attestation for disability, bariatric surgery or gender re-assignment surgery/ hormone replacement treatment. Please note that in couple's counseling, your therapist does not agree to keep secrets. Information revealed in any context may be discussed with either partner.



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Payment Options, Insurance & Billing.

Our fee for conducting psychotherapy is \$ 150.00 a session or applicable contracted insurance rate. You will be expected to pay for each session at the time it is held. Acceptable forms of payment include cash, check, credit card, and electronic payments services (i.e. PayPal). In order for us to set realistic treatment goals and priorities, it is important to evaluate your resources to pay for your treatment. If you have Health Insurance it will usually provide coverage for mental health treatment. We do accept most insurance companies. Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefit that are available to you. If you choose to utilize your insurance benefit, due diligence will be made to assist you in taking advantage of this option which may require a diagnostic code becoming part of your medical record for treatment to be covered. Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries. Should there be any problems with your insurance or your coverage lapses without notification to your health care provider; you will be held responsible for the unpaid balance of your care. Please note that a recurring problem with missed appointments and/or nonpayment for services may result in termination of services. We will make every effort to cooperate and make arrangements with any individual seeking counseling services that has financial concerns. However, if no payment has been made or any special arrangements set in place, all accounts become overdue after thirty (30) days. If you maintain an unpaid balance on your account without making special arrangements, the account will be turned over to the Credit Bureau. This will result your identification as a client.

Prescription Medication and Consultation with Psychiatrist (M.D.)

1 Alliance Counseling & Psychotherapy Services, LLC does not offer psychiatric medication assessment or management services. In the event that a referral is necessary, a medical doctor or nurse practitioner will appropriately evaluate the situation and make their suggestions for treatment. If medication management becomes necessary, we believe that the exchange of information between one's therapist and psychiatrist is essential and greatly benefits those requiring prescription medications. It is important to be aware that a diagnosis does become part of your permanent record.

Explanation of Dual Relationship

Although your sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social relationship being it in person or virtual. Therefore, contact with your therapist will be limited to the sessions you arrange with your therapist, so please do not invite your therapist to social gatherings, offer gifts, participating in social media/networking (i.e. Linked In/ Facebook) or ask to relate to you in any other way than a professional context of your counseling sessions. It is in your best interest if your



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relationship with your therapist stays strictly professional and if your sessions concentrate exclusively on your concerns even if you do learn about your therapist. If your therapist encounters you outside of the counseling sessions, he/she will not approach you in order to protect your confidentiality. Our practice and your therapist may use social media sites for personal and private use only and respect your private boundaries as well.

Complaints

Our goal is to establish a nurturing relationship with all clients, and certainly we would want to know if that was not being achieved. If you are unhappy with any aspect of the provided counseling services please feel encouraged to discuss this with your therapist and our practice manager/members. If you feel that your concern has not been resolved after communicating that concern to us, you may contact and voice your concern to:

Georgia State Licensing Board

214 State Capitol
Atlanta, Georgia 30334
Phone: 844-753-7825

North Carolina Board of Licensed Professional Counselors

PO Box 77819
Greensboro, NC 27417
Phone: 844-622-3572
LPCInfo@nclpc.org

Limits of Confidentiality

Your health care provider may use or disclose PHI without your consent or authorization in the following circumstances:

1. Suspected child abuse or dependent (vulnerable) adult or elder abuse. (The therapist is required by law to report this to the appropriate authorities immediately)
2. If a client is threatening serious bodily harm to another person or persons. (The therapist must notify the police and inform the intended victim)
3. If a client intends to harm himself or herself or lacks the capacity to care for him or herself. (The therapist must make every effort to enlist the client's cooperation in ensuring their safety. If the client does not cooperate, further measures must be taken without the client's permission in order to keep the client safe, i.e. calling 911.)
4. Prenatal Exposure to Controlled Substances. (Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.)
5. Judicial and Administrative Proceedings- where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed in the course of that action.
6. When there is a valid court order for the disclosure of client files. (This is very rare and will be reviewed by our attorney before handing anything over to the courts.)
7. To comply with laws relating to workers' compensation and similar laws.



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8. Health Oversight Activities: If provider is subject of an inquiry by the Georgia Board of Psychological Examiners or North Carolina Board of Licensed Professional Counselors (NCBLPC), provider may be required to disclose protected health care information regarding you in proceedings before the Board.
9. Other uses and disclosures of PHI not described in this notice will be made only with your authorization.

Once again, the information disclosed throughout the counseling process will be held confidential according to license and state law. It is important to be aware that, at times, your therapist may participate in supervision/consultation with other licensed professions, so that your therapist may receive feedback about treatment strategies in order to be most effective as your therapist. Your therapist will not reveal your identity without your express written consent. Also, in a counseling setting with multiple clients, such as group, family, or couples counseling, it is important to note that we can only guarantee our own assurance to uphold confidentiality as described above.

To further protect your confidentiality, please do not use cell phones, text or email to provide sensitive information. These are convenient for communication but we cannot guarantee confidentiality with these technologies.

Please sign below to indicate that you have read, understand and agree to participate in therapy in accordance with the above described: