



CAMERON MCINTOSH, LMSW
6100 Lake Forrest Drive, Suite 450
Atlanta, GA 30328
404-421-4598
cmcintoshtherapy@gmail.com

Informed Consent

Welcome to my practice. Beginning therapy is an important decision, and I am glad I can be a part of that experience for you. If, after this first meeting, we decide to enter into a therapeutic relationship, it is important that you be aware of the protections and limitations of that relationship. We will review the following information together and any questions regarding the information will be addressed.

Benefits and Risks of Treatment

There are many benefits to psychotherapy. These benefits have been established by scientific research but are sometimes difficult to monitor or pinpoint. I am responsible for ensuring that, for the most part, the benefits of your therapy outweigh the risks. I will always keep you informed, to the best of my ability, of any possible risks as we make treatment decisions together. I will also assist you in getting to another treatment resource if, at any time, you decide you would like to make a treatment change. My belief is that any person, who has a desire to heal and/or change, can do so with proper help and support. Ultimately, the decision to make changes is yours. I am here to guide you and assist you on the journey.

Unfortunately, there are no guarantees that any or all of your problems will be remedied by pursuing treatment with me. It is quite possible that you may experience stress, strained relationships, and other difficulties as a result of working in therapy, especially as you share painful feelings and thoughts that can cause unpleasant internal experiences. Growth is difficult, and often things feel worse before they feel better. You may experience anxiety as you are challenged to make major life decisions and/or changes. It is helpful to talk about these issues as they surface. For couples working in couple's therapy, there is no guarantee that therapy will ensure the continuation of the relationship. Research does show, however, that couples therapy improves the odds of relationship success. Finally, parents whose adolescent children participate in individual therapy may experience anxiety about the issues their adolescent present to me in therapy. I am very respectful of parental roles and know how difficult parenting can be. My agenda will always be to assist families and couples in repairing damaged

relationships whenever possible. Please know that change is slow, and often patience is required by both the client/s and therapist as this process continues.

Boundaries of the Therapeutic Relationship

The therapeutic relationship is unique to any other kind of relationship. For your protection and to preserve the integrity of our work, there are certain boundaries which are held in therapy. You are expected to come to therapy, live up to your financial obligations, and be honest in our work together. You will never be asked to engage in any kind personal relationship with me, and I would be unable to do so with you. Although therapy work can be extremely personal and meaningful, the relationship will always remain professional. We will only meet in my office or for structured groups and only at scheduled times. Even once therapy is terminated, we will be unable to have a relationship other than a therapist/client relationship. This ensures the preservation of the therapeutic relationship if you should ever choose to return to therapy. We can discuss any particular feelings you may have in response to these therapeutic boundaries. In fact, this is an important part of the therapy process if and when it becomes an issue.

Post Graduate Work

I am a licensed masters level Social Worker, and am currently in the process of obtaining clinical licensure. The Georgia Licensing Board requires all post graduate Social Workers to obtain 3000 hours of supervised work experience post-degree. Therefore, my work here is supervised by Ephrat Lipton and/or Dr. Tara Arnold, meaning they are privy to case notes and/or case consultation. This is to ensure you are receiving the best services possible. I would be glad to answer any questions or concerns regarding my post-graduate standing.

Scheduling and Cancellations

All scheduling is done by me; therefore any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through my voicemail or text at (404) 421-4598. You can also email me at cmcintoshtherapy@gmail.com. For more timely communication ***voice mail and text is preferred over email.***

Cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time. Therapists/psychiatrists schedule blocks of time. If someone doesn't show up, we cannot see another client. That time is lost. I know this can be an emotional and controversial subject. You are not being blamed; it is the structure of a business. Please note that no insurance companies reimburse for missed appointments. Also, because wireless communication is not 100% reliable, my policy is that ***no appointment should be considered cancelled unless it is confirmed by me in***

a written response. I would also appreciate a written confirmation that you have heard from me about appointment changes.

Payment Policies

You will be financially responsible for all services rendered. I am not on any insurance panels. If you are planning to use insurance for reimbursement, you will be given a receipt. There is no guarantee that your insurance will reimburse you. **Payment should be made at the time of session in the office unless other arrangements are made in advance.** *Payment can be made in cash, by check or with most major credit cards. Please note: credit card payments are charged a 3% courtesy fee.* Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns. If you are delinquent with payment, there will be a \$25 monthly late fee after 30 days, assessed once a month thereafter until the bill is paid in full (unless special payment plans have been made in advance). You will be contacted by letter and/or phone to discuss a payment plan before your bill is turned over to a collection agency. After 3 months and 3 notices to you without a response, your bill will be turned over to a collection agency.

Emergency Needs

I try to make myself available for emergencies. If for some reason, you call and do not get a response, and are experiencing a genuine emergency, you are advised to call 911 or go to your nearest mental health facility or emergency room. Ridgeview Institute has a 24 hour emergency walk in assessment center. They can be reached at (770) 434-4567. If you require hospitalization, I will stay in touch with your treating mental health professionals with your permission. We can resume outpatient treatment after an assessment of your status and needs. There is no charge for a brief (10 minute) phone check-in if there is an emergent need. However, you will be charged accordingly for a longer session or phone consultation.

Return Calls

Unless my voice mail states otherwise, I check messages regularly both weekdays and weekends. On weekends however, I only return calls of an urgent nature. I will always try to return calls within 48 hours on the weekdays.

The Appointment Hour

A therapy "hour" consists of 50 minutes of therapy time. Often times, more time than that is needed, and arrangements can be made for longer therapy sessions, and the fee will be adjusted accordingly. If I am late for an appointment, I will either complete with you the full time of your appointment (assuming your schedule permits this) or owe you the extra time. If you are late, the appointment will end at its scheduled time and you are responsible for full payment.

Confidentiality

As a client, your privacy and rights to confidentiality are protected. Confidential information may be disclosed when you, the client, give written valid consent or when a person legally authorized gives consent on your behalf. Information you share with me may be entered into records in written form. All written documentation regarding your treatment will be secured in a private location. Information about you and your treatment will not be shared casually or in public places.

There are some limits to your rights to confidentiality. Information about your treatment may be shared during supervision or consultation with other professionals and or members of your treatment team. When this occurs, this information will be limited to only that which is necessary and relevant for the purpose of supervision or consultation. When possible, your identity will be protected.

Couples

When I am working with individuals, the individual holds the right to confidentiality. When I am working with couples, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without consent of both, including for divorce proceedings. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple.

Adolescents

When working with adolescents, I do not reveal to parents everything that an adolescent tells me because this would interfere with the need to establish trust and rapport with kids. If an adolescent, however, tells me anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the adolescent's only choice regarding confidentiality is to participate or not to participate in telling his/her parents.

Privacy

In daily practice, your therapist and/or the office may use facsimile, email correspondence, other written correspondence (for example progress reports to third party payers), and cellular telephone service. In all these instances, confidentiality will be protected as well as possible, but is limited due to the risk of the information being

overheard or ending up in the wrong hands. Precautions will be taken whenever possible.

Termination and Follow-up

Termination is an important process in psychotherapy. If you are ready to begin the process of terminating, we will discuss this at length and spend several sessions putting closure on our work together. Terminating treatment is usually up to the client. There are occasions when I may initiate termination. The reasons for this decision would be discussed with you and would include an explanation. Possible reasons for therapist termination of treatment include a failure on your part to comply with the mutually developed treatment goals and procedures; the realization that you are not benefiting from therapy; failure on your part to pay your bill; any violent, abusive, threatening, or litigious behavior on your part; and/or if the therapeutic relationship is compromised in any way due to unforeseen circumstances. Any non voluntary termination will be accompanied by an appropriate referral. I leave it up to you to call and request an appointment time. If you have a standing appointment and do not show up for 2 weeks in a row, I will call you one time and then take you off the schedule and consider you terminated. Unless arrangements are made, if you are a regular client but have not called to schedule an appointment for one month, I will call you one time and then I will consider you terminated.

PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND THAT YOU UNDERSTAND THE INFORMATION DESCRIBED HEREIN AND THAT YOU HAVE DISCUSSED WITH ME ANY PART OF THE INFORMATION YOU DO NOT UNDERSTAND. ALL FAMILY MEMBERS SHOULD SIGN BELOW. THE ORIGINAL COPY WILL REMAIN IN MY FILE AND I WILL GIVE YOU A COPY FOR YOUR PERSONAL FILES.

I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE 24 HOUR CANCELLATION REQUIREMENT TO AVOID FULL CHARGE FOR CANCELLED APPOINTMENTS AND THE FACT THAT THIS PROVIDER IS NOT ON INSURANCE PANELS AND DOES NOT FILE INSURANCE CLAIMS.

Signature and printed name/s of client/s:

Date:

Signature of therapist:

Date:
