



**Kelly Moore, MS, LAPC, NCC**  
**6100 Lake Forrest Drive, Suite 450**  
**Atlanta, GA 30328**  
**[Moorek430@gmail.com](mailto:Moorek430@gmail.com)**  
**(678) 793-5104**

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 the 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. If you are not comfortable with both your rights as a client and my limitations as your therapeutic partner, we can discuss other options for treatment.

### **Credentials**

I am a Licensed Associate Professional Counselor and Nationally Certified Counselor with a MS in Clinical Mental Health Counseling from Mercer University. While pursuing full licensure I will be under the supervision of David Lane, PhD and under the direction of Ephrat L. Lipton, LCSW.

### **What is Psychotherapy?**

Psychotherapy is both a way of understanding human behavior and of helping people with their emotional difficulties and personal problems. Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that often intrude into a person's social life, personal relationships, school or work activities, and physical health. Specific psychotherapeutic strategies may be employed to alleviate specific problems causing distress such as depression, anxiety, or relationship problems. Self-knowledge is seen as an important key to changing attitudes and behaviors. Psychotherapy may involve the development of insight as to how our physical health may be compromised in many ways by emotional and relationship issues. Therapy is designed to help clients of all ages understand how their feelings and thoughts affect the ways they act, react, and relate to others. Whether or not therapy works depends a great deal on the client's willingness and ability to experience all relationships deeply, especially in the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately and to make connections between past and current conflicts that illuminate the way one relates to oneself and to others. Therapy may be emotionally painful at times. Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings toward the therapist. These feelings are important because elements of one's history of important affection and hostilities toward parents and siblings or significant others are often shifted onto the therapist and the process of therapy. Psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, and better integrate all the parts of their personalities.

## **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 that 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 and assist you on your 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.

### **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 of 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.

## **OFFICE POLICIES 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 text to (678) 793-5104 or email to [moorek430@gmail.com](mailto:moorek430@gmail.com). You may also leave a voice message if you would prefer that method.

Cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time. If you have an appointment on a Monday, you must let me know by the Friday before. Therapists 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 insurance panels. If you are planning to use insurance for reimbursement, you will be given a special receipt called a superbill with all necessary procedure codes for all sessions and payments made, and you will be responsible for filing with your insurance company. There is no guarantee that your insurance company will reimburse you. Please note, deductibles must be met before insurance pays any part of the bill. **Payment is required at the time of the session in the office.** *Payment*

*can be made in cash or by check*

Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns. A service charge of \$40 is required for all returned checks. 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 and 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 voicemail states otherwise, I check messages regularly both weekdays and weekends. On weekends, however, I only return calls, texts or emails of an urgent nature. No therapeutic advice will be given over text or email.

### **The Appointment Hour**

A therapy “hour” consists of 45-50 minutes of therapy time. Often, more time than that is needed, and arrangements can be made for longer therapy sessions; 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) 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 legally authorized person 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 physical location or a HIPPA compliant cloud destination. 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.

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to a reasonable well-identified victim is communicated to the therapist.

3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance provider.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matter with private or public agencies. **Think carefully and consult with an attorney before you sign away your rights.**

### **Confidentiality for Couples and Families**

Clients being seen in couple, family or group work are obligated legally to respect the confidentiality of others. I will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. When I am working with couples, or a family with two legal guardians, 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 the consent of both, including for divorce proceedings. This also mean that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple. Secrets cannot be kept by me from others involved in your treatment—any secret that you tell me but refuse to share with your partner will result in termination of our therapeutic relationship. Please refer to the Couples Therapy Statement of Understanding for more details about my policies with couples.

When working with children or adolescents, I do not reveal to parents everything that a child or an adolescent tells me, because this would interfere with the need to establish trust and rapport with your child. If a child or 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

child or adolescent's only choice regarding confidentiality is to participate or not to participate in telling his/her parents.

## **Privacy**

In daily practice, I or the office, may use facsimile, email, written correspondence, and cellular phone service. In all these instances, confidentiality will be protected to the best of my ability, but is limited due to the risk of information being overheard or ending up in the wrong hands. Every precaution will be taken to protect your privacy.

## **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, however, when I may initiate termination. The reasons for this decision will be discussed with you and will include an explanation. Possible reasons for a therapist terminating treatment include: failure on your part to comply with mutually developed treatment goals and procedures; the realization that you are not benefitting from therapy; failure on your part to pay a 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 two 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.

## **Client Rights**

You have the right to information regarding my training and professional credentials.

You have the right to be treated by me in a consistently competent, ethical and respectful manner.

You have a right to a personal, individual assessment of your treatment needs in which your expertise about yourself is as important as my professional opinion about you.

You have a right to referrals to other competent professionals and services when your treatment needs indicate it.

You have a right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques.

You have the right to confidential treatment except in circumstances already described in this document.

You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are a danger to yourself or someone else.

You have a right to resume services following termination after assessment.

You have a right to discuss your treatment, concerns, questions, and complaints with me.

## **Interaction with the Legal System**

I understand that I will not involve or engage my therapist in any legal issues or litigation in which I am a party to at any time either

during my counseling or after counseling terminates. This would include any interaction with the Court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that I wish to have a copy of my file, and I execute a proper release, my therapist will provide me with a copy of my record. If I believe it necessary to subpoena my therapist, I would be responsible for his or her expert witness fees in the amount of \$1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time I spend over one-half (1/2) day would be billed at the rate of \$375.00 per hour including travel time. I understand that if I subpoena my therapist, he or she may elect not to speak with my attorney, and a subpoena may result in my therapist withdrawing as my counselor.

**PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND 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. IF MINOR CHILDREN ARE INVOLVED, PLEASE PRINT THEIR NAMES AND IDENTIFY WHO IS THE PARENT/GUARDIAN SIGNING FOR THEM.**

**THE ORIGINAL COPY OF THIS DOCUMENT 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 (48 HOURS ON WEEKENDS) CANCELLATION REQUIREMENT TO AVOID FULL CHARGE FOR CANCELLED APPOINTMENTS. I ALSO UNDERSTAND THAT THIS PROVIDER IS NOT ON INSURANCE PANELS AND DOES NOT FILE INSURANCE CLAIMS.”***

**Signature and printed name(s) of client(s): Date:**

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**Signature of Therapist:**

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