



## **Catherine Baer, MS, MS, LPC**

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### **INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT**

Welcome! It usually takes a lot for someone to seek out therapy. I look forward to being a part of your healing journey. If, after our first meeting, we decide to enter into a therapeutic relationship, it is important to understand the protections and limitations of that relationship. Please take a few minutes to read the following information carefully. Feel free to ask any questions during our sessions.

#### **What to Expect from Therapy (benefits and risks)**

The purpose of meeting with a therapist is to help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because a parent, doctor or teacher has concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you, and together we will create a plan for improving these problems. It is important you feel comfortable talking to me about these issues that are bothering you.

Unfortunately, there are no guarantees that any or all of your problems will be "fixed" by entering into treatment with me. It is possible that you will experience uncomfortable emotions, strained relationships, or other difficulties as a result of doing the work of therapy. As is often said, "Growth happens outside of our comfort zone." Things can feel worse before they start to get better. It is helpful to talk about painful or uncomfortable feelings as they come up. For couples, there is no guarantee that couples therapy will ensure that your relationship stays together. Finally, parents whose teenagers or young adults see me for therapy may experience anxiety about what is being discussed in their therapy. We will respectfully address these challenges. My intention is to assist those I work with in repairing damaged relationships whenever possible. Please remember, that sometimes we cannot see the changes as they are happening, but the seeds for it are growing beneath the surface. I have learned to trust the process.

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Sometimes, for minors and young adults, issues will include things that you don't want your parent to know about. Hopefully, knowing that what you say will be kept private will help you feel comfortable and have more trust in me as your therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

### **Confidentiality and Exceptions**

As a general rule, I will keep the information you share with me in our sessions confidential. There are however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. There are some limits to your rights to confidentiality. Information about your treatment may be shared during consultation with other professionals. In some situations, I am required by laws, or by the guidelines of my profession to disclose information whether or not I have your permission. These situations are:

- You tell me that you plan to cause serious harm or death to yourself. In this situation, I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be, and I must take appropriate steps to protect you from harming yourself.
- You tell me you plan to cause serious harm or death to someone else. In this situation, I must inform a parent/guardian, your emergency contact and the person you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will use my professional judgement to decide whether a parent or emergency contact should be informed.

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.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

### **Therapeutic Relationship and Boundaries**

A therapeutic relationship is not like any other kind of relationship. There are certain boundaries, or protections, put in place. I have certain expectations for you which include: you are expected to come to your appointments, live up to your financial obligations, and be honest in our work. Our relationship is professional, and you can expect me to uphold that boundary. We will only meet in my office for structured sessions and scheduled times. Even after our therapeutic relationship is terminated, we will be unable to have a relationship other than a therapist/client relationship. I will also not engage with you on any social media platforms, including professional ones. This ensures the preservation of the therapeutic relationship if you should ever return to therapy. We can discuss any questions or feelings you have about these boundaries.

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## Office Policies

### Scheduling and Cancellations

All scheduling is done by me. Any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through my voicemail or text at 770-843-6311. Although you may ask to schedule an appointment via email at Catherine\_Baer@yahoo.com, please send any time-sensitive communication via voice mail or text.

Cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time. Sunday appointments require **48** hours notice. If you do not cancel according to these policies, a therapist cannot see another client and this time is lost. This business practice helps structure the business side of therapy and ensures your time is reserved for you. Please note, should you be submitting superbills for insurance reimbursement, no insurance company reimburses for missed appointment fees. Also, because technology can sometimes be unreliable, no appointment is considered cancelled unless it is confirmed by me in a written response. I would also appreciate that you confirm that you have received my written response.

### Payment Policies

You will be financially responsible for all services rendered. I am not on any insurance panels. If you are planning to seek insurance reimbursement, you will be given a receipt called a Superbill. This will indicate the necessary procedure codes for all sessions and payments made. You can then submit this to your insurance company for them to reimburse you. There is no guarantee they will do that, however. I encourage you to contact them and ask about out-of-network benefits for whatever you are seeking treatment for. Please note, your deductible must be met before insurance will cover any out-of-network benefits. Payment should be made at beginning of our sessions (to get the business out of the way) and in the office unless other arrangements are made ahead of time. Payment can be made in cash, check or with most major credit cards. A service charge of \$40 is required for all returned checks. If you are delinquent with payment, there will be a \$25 late fee after 30 days, assessed once a month thereafter until the bill is paid in full. You will be contacted by letter and/or phone to discuss a payment plan before your bill is turned over to a collection agency. You may pay by check payable to my company, Life Wellness & Chiropractic, PC or by credit card (Visa or Mastercard).

### Fees are as follows:

\$225 for a 60-minute individual session  
\$300 for a 60-minute family session  
\$350 for a 75-minute family session

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## **Emergency Needs**

My practice is considered to be an outpatient level of care, and I am set up to accommodate individuals who are reasonably safe and resourceful. I try to make myself available for emergencies. But, if you cannot reach me, and are experiencing a genuine emergency, you are advised to call 911 or the Georgia Crisis and Access Line (**1-800-715-4225**) or go to your nearest mental health facility or emergency room. If you require hospitalization, please sign a Release of Information for me and I will stay in touch with the treatment professionals with your permission. We can resume outpatient treatment after an assessment of your needs and appropriateness for that level of care. There is no charge for brief, 10 minute phone check-ins if there is an emergent need. However, you will be charged the pro-rated amount for a longer session or phone consultation. Unless my voicemail states otherwise, I check messages regularly. On weekends, however, I only return urgent calls. I try to return calls within 48 hours during the week. No therapeutic advice will be given over text or email.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

## **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.

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## 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.

I am 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.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

\_\_\_\_\_  
Client's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

## If Applicable:

\_\_\_\_\_  
Parent's or Legal Guardian's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Legal Guardian's Signature

Please initial that you have read this page \_\_\_\_\_

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

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