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INFORMED CONSENT

Welcome to COPE™ at Atlanta Center for Wellness. Beginning any new therapy or group is an important decision, and we are glad that we can be a part of that experience for you. It is important that you be aware of the protections and limitations of the therapeutic relationship. If, after reading this informed consent, you have any questions regarding the information, please let us know and the concerns will be addressed. If you are not comfortable with both your rights as a client, and our limitations as your therapeutic partners, we can discuss other options for treatment.

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. We are responsible for ensuring that, for the most part, the benefits of your therapy outweigh the risks. We will always keep you informed, to the best of our ability, of any possible risks as we make treatment decisions together. We will also assist you in getting to another treatment resource if, at any time, you decide you would like to make a treatment change. Our 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. We are 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 at AC4W. 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 children participate in individual, group or family therapy may experience anxiety about the issues their children present in therapy. We are very respectful of parental roles and know how difficult parenting can be. Our 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 the client/s, family members, and the therapist as this process continues. We consider clients and their support people important parts of the treatment team.

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 us, and we 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 the office or for therapeutic outings (ie: meals or grocery trips with an ED dietician), for structured groups and only at scheduled times. Even once therapy is terminated, we will be unable to have a relationship other than a clinician/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 COPE™ at AC4W associates. Every participant must be approved through a screening by one of the COPE™ at AC4W associates. Any cancellations or appointment changes must go through the clinician providing the service or group. The best way to reach AC4W associates regarding scheduling is through their individual phone number or email. ***For more timely response, please contact the clinician who runs the group directly. All contact info is on our website, <https://atlantacenterforwellness.com/> under the “Clinicians” tab <https://atlantacenterforwellness.com/clinicians/>*** You can also email AC4W at admin@atlantacenterforwellness.com or call us at (404) 343-4162.

Cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time. While we have compassion and empathy for the numerous things that can happen in life that create obstacles, we do not want to be in a position of discerning whether or not there is a reason worthy of an excused absence. When you reserve a time slot or group space, that time cannot be used by anyone else. We 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, our policy is that ***no appointment should be considered cancelled unless it is confirmed by us in a written response.*** We would also appreciate a written confirmation that you have heard from us about any appointment changes.

Payment Policies PLEASE SEE THE FINANCIAL POLICY FOR MORE INFORMATION.

You will be financially responsible for all services rendered. AC4W is not on any 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 will reimburse you. We will be happy to assist you with this process by giving your insurance company any needed clinical information, but only at your request and with your written permission. Please note, deductibles must be met before insurance pays any part of the bill. **Credit Cards will be charged at the time of session unless other arrangements are approved in advance.** Any billing or payment issues should be discussed with AC4W associates immediately so that we can resolve any problems and address any concerns. Our billing representative is Kim Frey and she can be reached at AC4Wbilling@gmail.com or at (678) 984-6722.



Emergency Needs

COPE™ group leaders will **NOT** be available for any emergencies or outside of group needs. If needed, we advise you to call your individual therapist or the Georgia Crisis and Access Line at (800) 714-4225 or the Crisis Text Line (text “START” to 741741). Both are staffed 24/7 by professional therapists. 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, we can resume outpatient treatment after an assessment of your status and needs.

Return Calls

Unless our voice mail states otherwise, we check messages regularly on weekdays. We will always try to return calls within 24-48-hours on the weekdays.

The Appointment Hour

A therapy group usually consists of ~50 minutes of therapy time. There are instances where more time is needed, and longer groups may be scheduled. The fee will be adjusted accordingly. If the clinician is late for an appointment, they 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 AC4W may be entered into records in written form. All written documentation regarding your treatment will be secured based on HIPPA standards 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 (your identity would be protected wherever possible) and or with members of your treatment team (with a release of information). When this occurs, the information will be limited to only that which is necessary and relevant for the purpose of supervision or consultation. COPE™ associates will discuss your care with each other for the purposes of collaborative care. There is a legal mandate to report abuse of a vulnerable person, if disclosed to a therapist. This mandate overrides your right to confidentiality. Finally, if there is a concern regarding you or someone else’s imminent safety, a clinician may breach confidentiality in order to keep you or someone else safe.

Couples/Family

When we work with individuals, the individual holds the right to confidentiality. When we work with couples, or a family with legal guardians, we are obligated to preserve confidentiality on behalf of the couple or system. This means that we will not release any information about any member of the couple or family without consent of all adults, including for divorce proceedings. This also means that we will not



hold individual confidences of any party that will jeopardize our allegiances to other parties in the system.

Children/Adolescents

When working with children or adolescents, we do not reveal to parents everything that a child or an adolescent tells us, because this would interfere with the need to establish trust and rapport with kids. If a child or adolescent however, tells us anything that makes us seriously concerned about safety and well-being of themselves or someone else, the child or adolescent's only choice regarding confidentiality is to participate or not to participate in telling their parents. *WE DO NOT REPORT EVERY SYMPTOM OF ACTING OUT. We WILL report increasing destructive patterns or serious life threatening concerns.

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. In the demographics form, you have the right to refuse the use of email or text messages.

Termination and Follow-up

Terminating treatment is usually up to the client. There are occasions when the clinician 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.

If you do not show up for 2 weeks in a row, we will call you one time and then take you off the schedule. Unless arrangements are made, if you are a regular client but have not called to schedule an appointment for two months, we will call you one time and then we will consider you terminated. You would need to be assessed and fill out paperwork again if you return.

Client Rights

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

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

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

You have a right to referrals to other competent professionals and services when this is indicated by your treatment needs.

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



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

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 without any obligation other than to pay for the services you have already received unless you are dangerous to yourself or someone else.

You have the right to resume services following termination after assessment (and if appropriate).

You have the right to discuss your treatment, concerns, questions, complaints with your provider.

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 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 WILL REMAIN IN OUR FILE.

I UNDERSTAND AND AGREE TO ALL CONTENT IN THIS DOCUMENT INCLUDING THE FINANCIAL POLICY, 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/s:
