Summer Alvarez, M.Ed., LPC
6100 Lake Forrest Drive, Suite 450
Atlanta, GA 30328
(706) 383-1137
summeralvarezlpc@gmail.com
http://atlantacenterforwellness.com/

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 an ongoing 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.

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, guardians whose children participate in individual or family therapy may experience anxiety about the issues their children present to me in therapy. I am very respectful of parental roles and know how difficult caregiving 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

Please Initial_____

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.

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 email at summeralvarezlpc@gmail.com or you can leave a message on my phone or voicemail, **(706) 383-1137.** For more timely communication***, my preferred mode of communication is email.***

Cancellations must be made at least 48 hours in advance in order to avoid being charged for the appointment time. Therapists schedule blocks of time. If someone doesn't show up, we cannot see another client. That time is lost. I know cancellation fees 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. Once you have paid, you can be given a special receipt called a super-bill 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. I 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. **Payment must be made at the time of session in the office unless other arrangements are made in advance.** *Payments are preferred through credit card, which will be securely stored on our EHR (electronic health record) system. Please note: credit card payments are charged just under a 3% courtesy fee. If payment via credit card is not possible, checks may be accepted at time of service.* Any billing or payment issues should be discussed immediately with me and/or my admin, Kim Frey (678) 984-6722, so that we can resolve any problems and address any concerns. If you do pay by check, 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

Please Initial_____

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 and treatment will be considered terminated.

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 988 or go to your nearest mental health facility or emergency room. Ridgeview Institute (770) 434-4567 and Peachford Hospital (770) 455-3200 have 24 hour emergency walk in assessment centers. 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. 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 phone consultation and scheduled phone sessions.

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 45-50 minutes of therapy. Often times, more time than that is needed, and arrangements can be made for longer therapy sessions, and the fee will be adjusted accordingly. This will be discussed with you (per no surprise billing). 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 per HIPPA guidelines. 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, and when possible, your identity will be protected. Also, if you disclose abuse of or as a minor, and/or intention to harm yourself or another, confidentiality is no longer protected. A loved one and/or protective agency will be informed for your and/or other's protection.

Couples/Family

When I am working with individuals, the individual holds the right to confidentiality. When I am

Please Initial_____

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 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.

Children/Adolescents

When working with children or adolescents, I do not reveal to guardians everything that a child or an adolescent tells me because this would interfere with the need to establish trust and rapport with kids. If a child or adolescent however, tells me anything that makes me seriously concerned about their immediate 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 their guardian.

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.

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

Please Initial_____

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 I 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 from me 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.

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

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. 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 MY FILE AND I WILL GIVE YOU A COPY FOR YOUR PERSONAL FILES.

I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE 48 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/guardian: **Date:_____**

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Signature of therapist:

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