

Tiffany Whittington, LPC

2854 Johnson Ferry Rd., Suite 200, Marietta, GA 30062,

678-908-5820, [www.counselingofeastcobb.com](http://www.counselingofeastcobb.com)

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

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### **Background Information**

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I received my bachelor's degree from Birmingham-Southern College in 1994 and my master's degree in Community Counseling from University of South Alabama in 1997. I have been practicing psychotherapy since 1997 at such facilities as Center for Children and Young Adults, Transitional Family Services, Family Ties, Inc. and Bethany Christian Services prior to entering private practice in 2014. I also provided online (tele-therapy) with Talk Space for approximately 6 years and was previously a Certified Professional Counselor Supervisor, supervising therapists new to the field during their 3-year training period to become fully licensed therapists in Georgia. Additionally, I have been a member in good standing in the following professional associations: Licensed Professional Counselors Association of Georgia. I'm licensed in the state of Georgia as a Professional Counselor, license #3420 and have been licensed since 2001.

### **Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be the most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you can face life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate

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

healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions.

**If at any point you are unable to keep your appointments or I don't hear from you for one month (unless previously discussed), I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.**

### **Confidentiality & Records**

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my home office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

### **Professional Relationship**

Our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other way, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

There is another dual relationship that therapists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that I will be providing therapy only and not forensic services. You also understand that this means I will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first. I must also decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### **Statement Regarding Ethics, Client Welfare & Safety**

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

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the Licensed Professional Counselors Association of Georgia and American Counseling Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility, nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is a success. Once you and I can target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

For the safety of all my clients, their accompanying family members and children, other therapists in the building and staff, I maintain a zero tolerance weapons policy. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others. I reserve the right to contact law enforcement officials and/or terminate treatment with any client who violates my weapons policy.

### **TeleMental Health Statement**

TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01)

Therapists have been using technology-assisted media for years. Breaches of confidentiality in regards to tele-mental health have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services to provide you with the highest level of care. Therefore, I have completed specialized training in TeleMental Health as required by my licensing body in Georgia. I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

### **The Different Forms of Technology-Assisted Media Explained**

#### **Telephone via Landline:**

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. *Please be aware that extended (over 10 minutes) telephone conversations (other than just setting up appointments) are billed at my hourly rate.*

#### **Cell phones:**

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

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I will also use a cell phone to contact you, typically only regarding setting up an appointment if needed. *As with calls from a landline, lengthy telephone conversations meaning over 10 minutes (other than just setting up appointments) are billed at my hourly rate.* While not a personal practice, I may keep your phone number in my cell phone, but listed by your initials only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

### **Text Messaging:**

Text messaging is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text because it is a quick way to convey information. **Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations.** Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

### **Email:**

I utilize a secure email platform that is hosted by Google G Suite. I have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize emailing as part of your treatment, I encourage you to also utilize this software for protection on your end. Otherwise, when you reply to one of my emails, everything you write in addition to what I have written to you (unless you remove it) will no longer be secure. My encrypted email service only works to send information and does not govern what happens on your end. I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Email (other than just setting up appointments) is billed at my hourly rate for the time I spend reading and responding to them. If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see below under "Emergency Procedures." Finally, you also need to know that I am required to keep a copy or summary of all email as part of your clinical record that address anything related to therapy.

### **Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:**

It is my policy not to accept "friend" or "connection" requests from any current or former client on my **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

### **Video Conferencing (VC):**

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. I utilize doxy.me. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that doxy.me is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, I will send you a link to my secure doxy.me room and give you detailed information on how we initiate our video call. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Once I see you've signed in, I will start our call at our mutually agreed upon time. Please note that missing our call is the same as missing our appointment and you will be charged the missed appointment fee of \$75.00.

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

I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

### **Website**

I have a website at [www.counselingofeastcobb.com](http://www.counselingofeastcobb.com). My website is powered by [Wix.com](http://Wix.com). My website is set up as a site for information and does not include a specific client portal. However, you are able to access my email and send messages securely through the website (see previous paragraph about my email and security). Again, I strongly suggest that you only communicate through a device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.) when sending an email.

### **Recommendations to Websites or Applications (Apps):**

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

### **Electronic Transfer of PHI for Billing Purposes:**

If I am credentialed with and a provider for your insurance, please know that I utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to Availity. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, my billing company, or both.

### **Electronic Transfer of PHI for Certain Credit Card Transactions:**

I utilize Ivy Pay as the company that processes your credit card information. This option for taking payment was specifically designed for therapist and has taken every effort to be HIPPA compliant as well as having a signed Business Associate Agreement. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card for my services, the date you used it, and the amount that was charged. Please know that you may receive a text notification when payment is taken. Additionally, please be aware that the transaction will also appear on your credit-card bill.

### **Your Responsibilities for Confidentiality & TeleMental Health**

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

### **In Case of Technology Failure**

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

During a TeleMental Health session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number.

If we get disconnected from a video conferencing or chat session, end and restart the session. If we are unable to reconnect within ten minutes, please call me.

If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to *my* phone service, and we are not able to reconnect, I will not charge you for that session.

### Limitations of TeleMental Health Therapy Services

TeleMental Health services may have some limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I've done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

### Identification & Passwords for New Clients

During our first session, I may require you to show a valid picture ID and another form of identity verification such as a credit card in your name.

### Consent to TeleMental Health Services

Please check the TeleMental Health services you are authorizing me to utilize for your treatment or administrative purposes. Together, we will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying me in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to my practice, and I will be utilizing that technology unless otherwise negotiated by you.

- ☐ Texting
- ☐ Email
- ☐ Video Conferencing
- ☐ Website Portal
- ☐ Recommendations to Websites or Apps

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

### Communication Response Time

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not typically answer calls or emails after regular business hours (6pm-8am) and therefore, I am not available at all times. If at any time you feel you are not receiving sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I will return phone calls, texts and email within 24 hours. However, I do not always return calls, texts, or emails on weekends or holidays. I also “close” each day from 6pm-8am. At times there is an exception on

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

weekends if I notice you have a Monday appointment and are requesting to cancel or reschedule over a weekend. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

### **In Case of an Emergency**

If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567 or local hospital
- Call Peachford Hospital at 770.454.5589 or local hospital
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

If we decide to include TeleMental Health as part of your treatment, there are additional procedures that we need to have in place specific to TeleMental health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or we determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- You agree to inform me of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). Please list this hospital and contact number here:

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Structure and Cost of Sessions**

I offer primarily face-to-face therapy sessions. However, based on your treatment needs, I may provide video conferencing (TeleMental Health). The structure and cost of both in-person sessions and TeleMental Health is \$145 per 50 minute session, unless otherwise negotiated by your insurance carrier. If you are using insurance for sessions, in these cases you would be required to pay the hourly rate as described in the 3<sup>rd</sup> paragraph. Please note that any phone, text, and email messages are not billable to insurance. I will bill any of these if they are over 10 minutes or email requires extensive response time. The fee for each session will be due at the conclusion of the session. I will accept cash or as stated earlier, I will use online payment via Ivy Pay where you will enter the payment card of your choice (debit, credit card, HSA). The receipt of payment may also be used as a statement for insurance if applicable to you. *I do not accept personal checks.*

Phone calls, texting, and emails (other than just setting up appointments) are billed at my 50 minute session rate of \$145 (\$2.90/minute) for the time I spend reading and responding over 10 minutes. I strongly encourage you

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

to schedule an appointment for yourself or family member in lieu of discussing therapeutic matters at length via technology and to avoid these out of pocket expenses. These fees will be billed to the card you enter into the Ivy Pay system after your 1<sup>st</sup> session for ease of billing. Your credit card will be charged at the conclusion of each therapy session (face to face to telehealth). **Again, this includes any therapeutic interaction other than setting up appointments.**

Insurance companies have many rules and requirements specific to certain plans. For example, most insurance companies will not cover conversations over the telephone, text, or email. Therefore, I will bill your insurance for face to face in office visits and scheduled teletherapy appointments, however, you will be required to pay my hourly rate for any other form of conversation we may do together via telephone, text, email, or video conferencing that is not covered by insurance. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies. As mentioned above, I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

### **Cancellation Policy**

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, you must notify me at least 24 hours in advance. I do my best to be flexible but as a therapist in private practice, I have reserved your session time specifically for you and therefore must have this policy in place. If such advance notice is not received, you will be charged a **\$75.00 fee** for the session you missed UNLESS it is an emergency. I also allow a 15 minute grace period for your arrival before considering it a missed appointment. This will be charged to the credit card on file. Please note that insurance companies do not reimburse for missed sessions. If you arrive to the office at the 15 minute mark or later, that will still be a missed appointment and we will have to reschedule at that time. **Please initial understanding of the missed appointment/late cancellation policy: \_\_\_\_\_**

### **Our Agreement to Enter into a Therapeutic Relationship**

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you. Please note that this updated "Information, Authorization & Consent to Treatment" replaces any previously signed informed consents.

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.

\_\_\_\_\_  
**Client Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

**If Applicable (for children under 18; both parents, if present, please sign):**

\_\_\_\_\_  
**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 \_\_\_\_\_

**Parent's or Legal Guardian's Name (Please Print)**

**Date**

---

**Parent's or Legal Guardian's Signature**

The signature of the Therapist below indicates that they have discussed this form with you and has answered any questions you have regarding this information.

---

**Therapist's Signature**

---

**Date**

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