

**Jessica Todd, LPC  
2993 Piedmont Rd. NE  
Atlanta, GA 30305  
404-861-8181**

### **Information, Authorization, and Consent to Treatment**

Thank you for selecting me as your counselor. This document is designed to inform you about what you can expect from me regarding my understanding of therapy, confidentiality, emergencies, and several other details regarding your/your child's treatment.

My office space is rented through Positive Energy Solutions which consists of individual therapists. Your contract is solely with me.

**Please initial each of the following sections to indicate that you have read them.**

\_\_\_\_\_ Background Information:

I am a Licensed Professional Counselor in the State of Georgia. I received a Bachelor of Science degree in Psychology from Jacksonville University and a Masters in Counseling at Loyola University in New Orleans. I have experience working with children, adolescents, adults, families and groups.

\_\_\_\_\_ Theoretical Views & Services Provided:

Entering into a therapeutic relationship can be rewarding and at times challenging, but with support and guidance, one can find a safe place to communicate their thoughts and feelings. With children, this is done through play therapy. For adolescents, traditional talk therapy is combined with creative expressive interventions. Developing a trusting relationship and working towards agreed upon therapeutic goals may take different amounts of time for each individual, child and/or family. The duration of the therapeutic process varies for each client. Some clients may achieve resolution to their concerns in a few sessions while others may take years to complete their process. Please note that when working with children, the therapeutic process typically takes longer and is slower. Children need to feel comfortable with the therapist with whom they are working and processing significant issues requires high levels of trust and safety. If at any time you wish to stop receiving services from me, I ask that you schedule one final session in order for us to have appropriate closure and to address any remaining needs that you may have.

During your initial session, I will speak with you about the reasons that you scheduled the appointment. If you are seeking therapy for your minor child, I require that I meet with the parent(s)/guardian(s) alone for part or all of the first session. During this time, a decision will be made between client and therapist as to whether or not we are a good fit for treatment or if an outside referral will be made to someone with more expertise in your area of need. Each therapy session lasts 50 minutes.

\_\_\_\_\_ Working with Children:

Due to the importance of trust between client and therapist, when the client is a minor child, I will offer parents general information about the therapeutic process and overall themes, but not specific details about what information is exchanged during each session. If, at any time, I feel that your child is engaging in dangerous behavior, I will immediately inform you of the situation, or have your child do so as part of the therapeutic process. I will touch base with you briefly in between sessions to update you on your child's progress and I encourage you to contact me when you feel it is needed. I will not provide you updates after each session; however, if you need to speak with me about your child's behavior, please call prior to their weekly session or arrange a time to come in and speak with me. It is important that your child feel that my office is a place where they can trust me enough to share the sensitive things that may be underlying the presenting problem.

\_\_\_\_\_ Risks:

Given the work required for personal growth and change to occur, therapy may involve some risks. Since therapy involves discussing difficult aspects of life, one may experience uncomfortable feelings or strong reactions. Making and adapting to changes in one's life may have a profound impact on you/your child and your relationships as well as challenge long held assumptions or behaviors. Reasonable efforts will be made to discuss the potential impact, positive and negative, that may result from the changes in your life as a result of therapy. Please ask questions if you have any concerns. There are no guarantees for successful therapy due to the overall complexity of the process and the multiple variables brought into it by each individual/family.

\_\_\_\_\_ Confidentiality:

The information you share with me both written (i.e. intake paperwork) and verbally is part of your Protected Health Information (PHI) and is considered confidential. If you are a minor, it is the legal right of your parents to have access to the information that we discuss in our sessions. I will discuss with each minor client and their parent/guardian the expectations of exchange of information between parent/child, therapist/child, and therapist/parent for their particular situation. It may be imperative to my therapeutic relationship with a child or adolescent not to reveal the information disclosed to me in session to their parents/guardians. It is important that all parties involved in the therapeutic process are clear on our communication expectations. It is important that you understand the legal limitations to confidentiality which include, but are not limited to:

- 1) When individuals express intent to harm themselves or others, the therapist may be required to break confidentiality to assure the health and safety of all concerned.
- 2) Therapists are mandated by law to report to the appropriate state authorities' information documenting child and/or elder abuse or neglect.
- 3) If you direct me to tell someone else and you sign a "Release of Information" form.

In case of an emergency when I need to cancel an appointment and I am unable to notify you, a staff member at Positive Energy Solutions will contact you to notify you about the cancelled appointment.

\_\_\_\_\_ Fees and Insurance:

Sessions are 50 minutes in length. My fee is \$100.00; please pay in full by cash, personal check or credit card at the end of each session. There is a 2.75% transaction fee when using a credit card. Please note that for any returned checks, there is a \$25 fee in addition to the amount of the check. My fee will only increase at the beginning of the calendar year and will not increase more than \$10.

Other fees include:

Phone communications initiated by client *that exceed fifteen minutes* will be billed at the regular session rate of \$100.00.

School meetings or observations will be billed at the agreed upon regular session fee.

Insurance:

I do not accept insurance.

Proof of Identity:

You will need to present picture identification to substantiate name and person (e.g. valid driver's license). If the client is a minor, the client's parent/guardian will need to present picture identification. If treatment has been mandated by another agency, you may need to provide information/documentation.

\_\_\_\_\_ Records:

Your folder is kept for 7 years. Your folder contains my copy of this informed consent, your client information form, and all materials that pertain to you, including notes I take. This folder is confidential with the exception noted in the above confidentiality section. Your folder is protected by 3 locks. Your folder will be destroyed by shredding at the end of 7 years.

\_\_\_\_ Email and Social Networking (e.g. Facebook, Twitter, LinkedIn, etc.):

If you should choose to communicate with me via email, I cannot guarantee your confidentiality as sometimes an email remains on a server and may be accessible by others. Please indicate your preference by circling Yes or No and signing here:

Yes, I understand my email is a limit to confidentiality and I do authorize you to communicate with me via email.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email address where you authorize me to send emails

No, I do not authorize you to communicate with me via email.

\_\_\_\_\_  
Signature

I do not accept friend or contact requests from current or former clients on any social networking sites (Facebook, Twitter, LinkedIn, etc.).

\_\_\_\_ Cancellations/Inactive Files:

If you need to cancel your appointment please call **NO LATER THAN 24 HOURS PRIOR** to your scheduled appointment. You will be charged the full session fee for appointments cancelled with less than 24 hours' notice. If your child is contagious, has fever, is vomiting, has incessant coughing, has a profusely runny nose, please call me as soon as you notice these indications, as we do not wish to put other clients at risk of illness.

Any files that have no activity for a period of 3 months will be closed.

\_\_\_\_ Emergencies

My practice does not provide emergency services. I do not carry a pager and I am not available at all times. If this does not feel like it will be sufficient support for you, please inform me and we can discuss additional resources or transfer your case to a therapist or clinic that has 24 hour availability. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Ridgeview Institute (ages 11-18) at 770-434-4567 or Peachford Hospital (ages 4-18) at 770-454-2302.
- Call 911.
- Go to your nearest emergency room.

\_\_\_\_ Ethical Considerations

I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards for licensed counselors. If at any time you are dissatisfied with my services, please let me know. If we are unable to resolve your concern, you may report your complaints to the Georgia Composite Board for Licensed Counselors, Social Workers, and Marriage and Family Therapists. For a copy of the code of ethics to which I adhere, you may contact the above board.

In order to maintain ethical standards, I find it helpful to occasionally consult with other professionals. In these consultations, I do not reveal the identity of my client(s). The consultant is also bound to keep any information about a case confidential by the ethical standards of their own professional association. I do not consult with therapists who are not bound by such ethical standards.

\_\_\_\_ Consent to Treatment

By signing below you agree that you have read all of the above sections of the informed consent form and that you understand the risks and benefits associated with the therapeutic process. You understand that you can ask questions about the process at any time. You also hereby acknowledge that you have received the HIPPA notice form mentioned herein.

\_\_\_\_\_  
Signature of client or client's legal guardian if client is a minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client or client's legal guardian if client is a minor

\_\_\_\_\_  
Date

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**Fees for Services Agreement**

I am entering into a contract for Jessica Todd's, LPC professional time and services when I set an appointment. I understand that by entering this contract for Jessica Todd's professional time, I am specifically contracting for her services to prepare for my session in advance. I recognize that professional services are not only provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and consultations with other professionals as agreed in writing by me to assist with my treatment. I understand Jessica Todd's **professional fee is \$100.00 per scheduled session** and I agree to pay this fee at the end of my session unless there has been a reduced fee agreement made. In that case, I understand that Jessica Todd and I have agreed to the following fee \_\_\_\_\_.

I understand that Jessica Todd does not reimburse for cancelled appointments that were paid for in advance, but that any such fees will be credited to your account and applied to future services provided.

I understand that Jessica Todd's cancellation policy requires 24 hours advance notice in order to be released from the contract for Jessica Todd's time and services of preparation for my session. ***I agree that if I fail to cancel my appointment within the 24 hour minimum time period prior to my session I will be charged the full session fee for the appointment as stated above.***

I have read and understand the above fees for services provided by Jessica Todd, LPC. Please have all consenting adults sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date