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Informed Consent For Treatment

If you chose me as your counselor, this page is to inform you about the relationship between counselor and client to inform you of basic policies, to inform you about my professional background, and to help ensure that you understand our professional relationship.

Professional Background: I have worked as a Licensed Professional Counselor in Georgia since 1994. My undergraduate degree is from Purdue University. My Master in Community Counseling degree is from Fairfield University. I also completed a certificate program in Marriage and Family Theory and Therapy from the University of Bridgeport.

Counseling Philosophy and Expectations of Clients: I practice systems and cognitive therapy. With systems therapy I work with the person or persons in my office but I assess the systems in which you are currently living and the systems in which you grew up. As a cognitive therapist we together examine your beliefs, perspectives, that may voluntarily or involuntarily be creating self defeating patterns of behavior. Your goal for requesting counseling guides the focus of the counseling, combined with my professional direction as to the process of achieving those goals. Our forming an open, honest, trusting relationship is an essential ingredient for healthy change to occur. While results are not guaranteed, positive change is attainable with persistence and hard work.

Our sessions will last approximately fifty minutes. This will allow time to reschedule and take care of payment for the session. If we both agree to enter into a counseling relationship, you will need to sign, date, and keep a copy of this informed consent. I will be considered your therapist until termination occurs. Your case will be closed if I have not seen you in session for more than 6 weeks from the date of our last session, unless we have a prior agreement to leave your case open for a specified amount of time. Termination of the counseling relationship is a natural occurrence when your goals for counseling have been met. You may return to counseling after termination, but will need to sign another Informed Consent Form. Should you reenter counseling with me after your case has been closed, you will be charged the fee specified in the terms of the informed consent in use when you begin counseling again.

_____ Initial

Scope of Practice/Emergency Contact: I operate an outpatient private practice. I do not have an emergency practice nor do I specialize in crisis intervention. My office hours are Monday 12:30 to 6:30; Tuesday, Wednesday, Thursday 8:30 to 6:30.

I will return phone calls as soon as possible, but there may be unavoidable delays on some days due to my schedule. In the event of a life-threatening emergency, please call 911 or go to the nearest hospital emergency room. *I do not specialize in court cases of any kind. If your situation will involve the participation of a therapist in any legal proceedings, you will need to seek someone who will be able to provide those services.*

Confidentiality and Exceptions: Please understand that I will keep confidential anything you or your adolescent tell me, with the following exceptions:

- You direct/allow me to tell someone else by signing a release of information
- **I determine that you are a danger to yourself or others**
- **I determine that your adolescent is a danger to him/her self or others**
- **I am ordered by a court to disclose information**
- **You have or are currently abusing a child or elderly person**
- **Your adolescent is being abused**

Ethical Guidelines and Standards: 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, or the services of my office, please let me know.

Consultation: In keeping with accepted standards of practice and to ensure quality of care, I may consult with other mental health professionals regarding clients. Client identity is protected at all times.

Records: Your record is kept for seven years from the first date seen. Your records contain my copy of this informed consent, your client information form, and all materials that pertain to you, including notes I take. Shredding at the end of 7 years will destroy all information.

_____ Initial

Fees/Financial Policy: My fees are the same regardless of the number of people involved in the session. Sessions *are* fifty minutes in length. The fee for the initial session is \$125.00 and the fee for follow-up sessions is \$100.00 per session. All payment is due by the end of each visit. I accept cash, checks, Visa, MasterCard, American Express, and Debit cards. However, I prefer a check or cash. Since I am self-employed, I would appreciate prompt payment for services. There will be a charge for any returned checks.

In the event you require any correspondence from my office, to a third party, there will be a charge of \$25.00 due to the time required to formulate the letter. You will need to sign a release of information before any correspondence is released.

I outsource my insurance filing and we will be happy to process insurance claims for you. Please understand, however, that your insurance is a contract between you, your employer, and the insurance company. Not all services are a covered benefit in all contracts. It is your responsibility to understand your policy. I will ask for your insurance card and a picture I.D. at your first session. You will also be asked to fill out an Insurance Assignment form. If your insurance company has not responded with a payment in a reasonable amount of time, the billing service will contact the company to find out why the payment is delayed. I may ask you to contact your insurance company in the event of lack of payment. **All charges are your responsibility. If your bill reaches a balance of \$500.00, I will ask that you pay for further sessions in full until your insurance company begins reimbursing for services.**

If you are unable to keep an appointment, please cancel 24 hours in advance, in order to allow someone else that time. If you are using insurance, missed appointments are not covered: therefore there will be a personal charge to you for \$50.00 for any missed appointments except in the case of an emergency. This fee also applies to anyone not using insurance.

For persons with limited resources, a temporary reduced fee may be available. You may ask for a Reduced Fee Application form. The application form will be used to determine your eligibility.

*Your signature indicates that you have reviewed this document had your questions answered to your satisfaction, and that you agree to adhere to the policies specified in this document
Please initial each sheet and sign and date below.*

Client Signature

Date