



Informed Consent and Authorization

We are very pleased you have selected Family Renewal Counseling, LLC (FRC, LLC) and we are sincerely looking forward to assisting you. This document is designed to inform you about what to expect regarding your treatment with us. It is also part of our commitment to you to keep you informed about every part of your therapeutic experience. Please know that your relationship with your therapist is a collaborative one and we welcome any questions, comments, or suggestions related to your course of therapy at any time.

Background Information

FRC, LLC combines professional training with a Biblical worldview to provide professionally and spiritually sound counsel to individuals, couples and families. All counselors work from some moral and theoretical framework that may or may not include a religious orientation. At Family Renewal Counseling, we would like to make you aware that we operate from a Christian perspective. If you have any questions about this, please let us know before your first session begins.

All therapists at FRC, LLC hold at least a Master's Degree and are in good standing with their professional boards. All therapists are either fully licensed by the state of Georgia or are in the process of completing licensure requirements. Therapists completing licensure requirements or other professional certifications will be under professional supervision. Please feel free to ask your therapist about any additional credentials, certifications or trainings he/she may hold. Jessica Tomlinson, LAPC is

under the direction of Christie M. Poole, LMFT and under the supervision of Deanna Dennis, LPC. Erin Williams, LAMFT is under the direction and supervision of Christie M. Poole, LMFT, Director of FRC.

Therapy Process, Risks and Benefits

The therapy process is one that may bring up painful memories and responses. Clients may, at different times, experience anger, sadness, or anxiety when dealing with uncomfortable issues. However, the goal is to work through these issues to relieve both the immediate responses as well as the issues originally presented for treatment. Please be aware that others may take notice of changes you make as a result of therapy which may cause them discomfort. For example, when you begin to increase your ability to communicate assertively or when you become more expressive emotionally, others may not welcome this. If this occurs, we will assist you in navigating these relationships. Therapy is a collaborative process between you and your therapist in which your therapist will work with you but will not do the work for you. To achieve optimal results, you will be expected to arrive on time for and participate fully and honestly in your sessions. You may also be given therapeutic assignments to complete outside the therapy room. Refraining from drug use, excessive use of alcohol and other destructive or self-harming behaviors is also expected during your treatment at Family Renewal Counseling Center.

Therapists often need to confront difficult issues which may cause you discomfort. By signing this document, you agree to talk to your therapist about any issue you may have with him/her or about anything he/she may have said during your work together that caused you distress. This is a very valuable opportunity in therapy as it reinforces proper communication.

It is our policy to work with clients who are able to care for themselves and resolve their issues with help from us. It is our intention to empower our clients in their process to the degree that they are capable of facing life's challenges in the future without us. We do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not

seem to be helping. If this is the case, we will direct the client to other resources that will be of assistance to him/her.

Confidentiality

Your communications with FRC 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 office as well as electronically with TheraNest, a secure storage company that 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. Your PHI will be kept on my password protected computer in an encrypted file format. After your file is closed, your paper copy will be moved off site and stored under lock and key as long as required by state law. The PHI of the client is confidential with the following exceptions:(1) the client directs the therapist to tell someone else and signs a "Release of Information" form; (2) the sessions are being billed to an insurance company, and the client's insurance company requires the submission of information about treatment for claims processing or utilization review or (3) a court order by a judge is issued to disclose information (4) information is mandated by Homeland Security. Regarding an order, privileged communication is the client's right to have a confidential relationship with a therapist. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. FRC cannot guarantee that the appeal will be sustained, but will do everything in its power to keep what the client says confidential. However, you should be aware that if a judge orders the disclosure of your information, FRC does not have the final legal authority to maintain your confidentiality.

Information shared with your therapist is confidential and will not be shared outside legal, therapeutic boundaries unless there is threat of harm to you or others, an order from Homeland Security or in a court order by a judge. Suspected child abuse, elderly abuse, or abuse of the mentally or physically vulnerable/infirm will be reported. If you are involved with

couple or family therapy and are filing insurance, the company may have access to records which contains information regarding all participating members. By filing for or requesting our office to file insurance, you are waiving your right to confidentiality with that company.

Although we are able to provide confidentiality except in the aforementioned circumstances, we are not able to guarantee anonymity. Because we live in a small but active community, you may see people in the lobby whom you know and who know you. We ask all our clients to respect each other's privacy by not sharing their knowledge of attendance. We also ask that clients resist the temptation to compare therapy sessions with each other as each person's needs are different. Making comparisons may elicit responses that become uncomfortable and interfere with your therapeutic work.

When working with individuals, the individual holds the right to confidentiality. When working with couples and families, we are obligated to preserve confidentiality on behalf of the couple or family. This means information about any member of the couple or family will not be released to others without the written consent of all adult parties and legal guardians involved. This also means that confidences of any participant that will jeopardize allegiance to or neutrality with all parties in the couple or family will not be held from other members. If information is disclosed by one member of a couple or family that is necessary for the progression of treatment, that member will first be encouraged to also disclose the information to the affected parties with therapeutic support. If that member refuses, the information may be revealed if all parties concerned are adults or if any member is a child, particularly if the information appears to the therapist that it puts the other member(s) at risk. Therapy may be terminated if no risk appears imminent but therapy is hampered by the nondisclosure. Because we recognize the sensitivities involved in adolescence, your therapist will keep confidentiality of teens unless they disclose information that puts them at risk as described above. If information is revealed that does not put them at risk but may be difficult to discuss, the same procedure applies where your teen will be first encouraged to disclose the information to his/her parents with therapeutic

support. If the teen refuses, the information may or may not be revealed based on the professional judgement of the therapist. If therapy is hampered by the nondisclosure, therapy may be suspended. Please see the adolescent consent form for further clarification.

In order to provide quality treatment, therapists often consult with other professionals in order maintain accountability and high professional standards in our work. However, such discussions are limited only to the information needed for consult. If it becomes necessary to collaborate with your other care providers, or if you request collaboration between your therapist and any other entity, you will need to sign a release of information before such contact can be made. If you have been participating in therapy as part of a couple or family, the release of information form will need to be signed and dated by all adults and/or legal guardians involved.

Once therapy begins, you will enter into a professional relationship with your therapist which prevents the development of any other relationship. For example, your therapist can not be friends with you on social media and will be unable to attend social functions with you. This prevents a dual relationship from occurring and protects all involved. If your therapist sees you in a social setting, he/she will not speak to you unless you speak to him/her first. This allows you to control your privacy boundary and maintain confidentiality until you choose to share your participation in therapy.

Emergency Contacts

Family Renewal Counseling, LLC does not provide emergency services. Routine phone calls will be returned within 48 hours unless unforeseen circumstances prevent a call. The 48 hour period for messages left on Friday begins on the following Monday. On occasion, there may be an unavoidable delay; we appreciate your patience if this occurs. If your therapist is away from his/her office for an extended period of time, information will be left on his/her voicemail and email as to when he/she will return to the office and when you can expect return calls. Email and

texts are never to be used for emergency or critical information. If you encounter an emergency, please use one of the numbers below or go to your local emergency room. If this does not feel like enough support for you, please let us know and we will be happy to help you find someone to better meet your needs.

Call Lifeline at 1.800.273 8255 (National Crisis Line)

- Georgia Crisis and Access Line 1.800.715.4225
- Call 911
- Text “Go” to 741741
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589

Cost for Services

Therapy Sessions: Most therapy sessions last 50 – 55 minutes. minutes. If you require a longer or shorter session, it will be prorated based on your fee. Any client who has a balance of fees for more than two sessions will be unable to continue therapy until the payment is made. If you are unable to pay these fees, please talk to your therapist about this to make other arrangements. Please remember that final payment of your bill is your responsibility NOT your insurance company. In the event that we are unable to collect fees owed by you, we reserve the right to use an outside collection agency to work on our behalf to collect overdue balances plus fees incurred during the collection process (see Fee Disputes and Unpaid Balances below). Fees are assigned by therapist and range as follows:

Initial Session \$110-135
Family/Couples \$110-125
Individuals \$110-125

Payments may be made by debit card, credit card, check or cash (correct change only). If payments are made by debit or credit card, your information will be stored at an off-site location utilized by the credit card processing agency. This allows for billing after session if your session runs late, if the computer is down at the time of service or in the case of a no

show/late cancellation. **Paying by debit or credit card indicates that you are aware of this policy and are in agreement.** If you do not wish for your information to be stored, you may pay by check or cash (correct change only). Checks may be made to Family Renewal Counseling.

Insurance and Other Protected Health Information

We respect the privacy of your Personal Health Information (PHI) and will take reasonable precautions to secure and protect your privacy. When it is appropriate and necessary, we will provide the minimum PHI required facilitating your care/treatment or payment of services. FRC, LLC may have indirect treatment relationships with you (i.e. other healthcare providers) and may need to disclose PHI for purposes of treatment or payment of healthcare operations. These entities are most often not required to obtain patient/client consent. **By providing your insurance information and signing this document, you are giving your consent for FRC to file on your behalf, if applicable.**

Please be advised that not all services may be covered by your insurance company. For example, marital therapy is not always covered. If this is a concern for you, please discuss this with your therapist. Also, be aware that if you use your insurance, your records may be audited and the personal details for each member participating in your sessions will be made available to the insurance company. The client (or responsible party) is fully responsible for payment on any unpaid balance. We will be glad to file your insurance, if you prefer, once you have assigned benefits to the office. **Signing this document assigns insurance benefits to FRC, LLC.** Client (or responsible party) must pay the yearly deductible and any amount (or percentage not covered by insurance), including co-pays **at the time of service.** Client or responsible party is responsible for all services regardless of insurance coverage. All balances due to discrepancies in insurance payment or reimbursement must be paid in full within 30 days, unless prior arrangements have been made with your therapist. A fee of \$25 will be applied for every 30 days a balance remains unresolved unless prior arrangements have been made with your therapist. A \$5 fee will be applied for every invoice mailed due to late payment or unpaid balance.

Unpaid balances will be sent to collections after 45 days. Should the account be processed for collection, the balance, fees and/or collection costs incurred will be the responsibility of the patient/client (or responsible party). If you do not wish to file but change your mind at a later date, no services will be charged to your insurance company retroactively. **If you are ineligible to file for insurance or are eligible but do not wish FRC to file with your insurance company, please initial here or type N/A if not applicable _____.**

Your rights as a client regarding your protected health information are listed in our HIPAA Policies and can be found at any time on our website. A copy is also located in the lobby of our office. We recommend you read our policies and if you have any questions, please feel free to discuss them with your therapist. If you would like a printed copy of the HIPAA Policies, one will be made available to you at your request or you may print it from our website. By signing this agreement, you are stating that a copy of our HIPAA Policies has been made available to you.

Other Financial Assistance

Clients receiving financial assistance from other persons or organizations are responsible for all services not covered by the assisting agent as well as all fees after assistance has been exhausted or terminated. **Clients will be responsible for keeping track of available funds from their assistance provider.** Client or responsible party is responsible for all services regardless of insurance coverage All balances must be paid in full within 30 days, unless prior arrangements have been made with your therapist. Should the account be processed for collection, the balance, interest and/or collection costs incurred will be the responsibility of the patient/client (or responsible party) Please see Fee Disputes and Unpaid Balances below. **If you have been offered outside assistance but do not wish to have us file with them, please identify the entity and initial here or type N/A if not applicable: _____.**

Cancellation of Appointment

Unlike medical providers who schedule multiple people per hour, your time slot is reserved only for you. We cannot fill that slot unless we receive advanced notice from you. If you must cancel your appointment, please call the office and leave a message on your therapist's voicemail. You must cancel at least 24 hours in advance of your scheduled appointment. If you do not cancel your appointment 24 hours in advance, you will be charged our standard fee, not your co-pay. Insurance and other third party payers do not cover no show or late cancel fees; therefore you will be responsible for the full fees. If you are more than 15 minutes late, it will be considered a no show unless you have made other arrangements with your therapist. Your therapist may not be available after the 15 minute delay. Two no shows in a row will result in the termination of all other appointments until you contact or respond to your therapist's attempts to contact you. You will still be responsible for the no show charges. Two consecutive appointment cancellations or multiple cancellations within a short time frame will result in your therapist discussing with you your ability to attend consistently. If issues of inconsistency or lack of commitment are assessed by your therapist, further appointments may be denied. Unless other arrangements have been made with your therapist, if he/she has not heard from you in two weeks, your case will be closed. However, you are always welcome to contact your therapist about reopening your file and continuing your work.

A courtesy email will be sent to you reminding you of your appointment if you provide an email address. However, you are responsible for keeping up with your appointment times. If a technical issue arises that prevents the email from reaching you and you do not show up, there will be a charge. If you do not receive a message and would like to clarify your appointment time, please feel free to call, text or email.

If your therapist is unable to make an appointment due to illness or emergency, a member of the staff or colleague may contact you to cancel with you as soon as possible.

Telephone Consultations and Telemental Health

We understand that at times telephone consultations are necessary. If a conversation lasts over 10 minutes, fees will be applied. Please see the breakdown below:

10-20 minutes - \$35
20-30 minutes - \$65
35-50 minutes - \$125

Please be aware that your insurance company will not pay for phone sessions and may or may not pay for sessions by videoconferencing. Plans vary on telemental health coverage. If telemental health therapy is of interest to you, please ask your therapist if he/she makes this service available. A separate, additional contract is required for telemental health therapy.

Court/Legal Testimony

Therapists at FRC, LLC are not forensically trained and do not testify in court. There are **no** custody evaluators on staff at FRC; therefore, no staff member will express an opinion or comment on custody in court proceedings. No staff member will express an opinion or comment on divorce proceedings. If you think you may need someone to testify for you in court, you will need to find a therapist who provides that service. **By signing this document, you are agreeing that you, nor your attorney nor any party on your behalf will subpoena your therapist or any personnel at FRC, LLC to court nor will you request an affidavit nor will you involve us in the court process.** If any therapist or employee is subpoenaed to appear in court, is deposed, or is required to communicate with any member of the court system, including but not limited to an attorney, a guardian ad litem etc. you will be charged \$250 per hour, including travel time to and from destination, for as many hours as that person is away from their office, whether or not they are actually called to testify. If he/she is forced to clear their calendar for the day, you will be charged \$3000. This will be due 48 hours prior to the legal hearing or court date

and is non-refundable. If court is cancelled, a 72 hour notice will be needed or else the charge will stand and will be due within 48 hours of the cancellation.

Reports: Note that we do not freely release records to attorneys or other professionals. Mental health records are extremely personal and are often seen by multiple staff members in law offices, etc. This threatens your confidentiality and makes your information, thus you, vulnerable. Also, notes are often concise and can be misinterpreted or taken out of context which can work against you in a court of law. For these reasons, it is not advised that records be accessed by anyone other than the professionals providing service. However, if a request is received by you, a summary of treatment including dates of service and diagnosis will be released to you, the client, after a release of information is signed. We prefer to hand these to you personally, mail by certified mail, or fax them to you. You will not be charged for time spent making simple reports to your insurance company. However, for reports needed for other professionals, including but not limited to lawyers, courts, other providers including medical doctors, and school officials, a fee will be charged as will be postage. Reports may take up to two weeks for completion. For fees, please see the breakdown below. Time spend copying and preparing paperwork for other entities will also be charged at the following rate:

- 10-20 minutes - \$50
- 20-30 minutes - \$125
- 35-60 minutes - \$250

Fee Disputes and Unpaid Balances

In case of fee disputes, this paperwork serves as an official record of the fee agreement. By signing this paperwork, you are agreeing that it serves as the official record and give permission to use it in any arbitration with credit card companies, banks, credit services or other necessary organizations to resolve the issue.

Any unpaid balance will need to be paid in full before any additional sessions are scheduled. Therapy will be suspended if a balance goes unpaid for more than 2 sessions and may resume again once the issue is resolved. A fee of \$25 will be applied for every 30 days a balance remains unresolved unless prior arrangements have been made with your therapist. A \$5 fee will be applied for every invoice mailed due to late payment or unpaid balance. Unpaid balances will be sent to collections after 45 days. Should the account be processed for collection, the balance, fees and/or collection costs incurred will be the responsibility of the patient/client (or responsible party).

Statement Regarding Ethics, Client Welfare & Safety

Services at FRC will be rendered in a professional manner consistent with the ethical standards of your therapist’s professional affiliation. If at any time you feel your therapist is not performing in an ethical or professional manner, we ask that you please let him/her know immediately. If we are unable to resolve your concern, you may request information to contact the professional licensing board that governs your therapist.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are 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. It is our 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. Also, please know that therapeutic change will not take place immediately and will occur at different rates for different people. For some, it may take place over a few weeks, for others, it may take months or years. We encourage you to be patient with yourself and the process and know that you are in control of therapy. You may end your therapy at any time; however, we encourage you to discuss this with your therapist before ending your relationship with him/her.

Use of Technology: There are various methods to communicate electronically; however, these methods are often not advised due to the inability to guarantee confidentiality. Although cell phones are not completely safe in terms of privacy or confidentiality, they are usually the primary means of communication. Texting may be used for changing appointments, letting your therapist know if you are running late or other quick messages only. Texting is not to be used for personal or clinical information. Any personal or clinical information sent by text will not receive a reply. You may request your therapist supply you with his/her direct line for texting. Any inappropriate use of phone, email or text will result in the blocking of your number or email address. Emailing personal information is also strongly discouraged and will not receive a reply. If you prefer to make or change appointments by email, we will comply with your wishes but be aware that any use of technology involves risk. We have taken measures at FRC, LLC to make our phone system and email HIPAA compliant but complete security is never guaranteed. Please know that copies of emails will be printed and put in your file. Voice mails may be stored in phone and email accounts as well as with the phone company. Gsuite is the email platform used at FRC and the phone service is 8x8. We utilize Theranest, a HIPAA compliant electronic healthcare record system to store client data, charge client credit cards, store payment data, record client notes and clinical information, and file insurance claims. Once we offer a password protected portal service in order to communicate with you or to provide an avenue by which we exchange documents, you will receive an invitation to join. Joining is voluntary. Any messages left by phone, text, email or portal will be returned within 48 office hours. Your phone number may be stored in your therapist's phone so that you may be contacted when necessary. However, your number will appear under an account code as opposed to your own name. **If you do not wish your therapist to store your phone number in his/her phone under an account code, please initial here _____.**

If a Release of Information is signed to send authorized information to your physician or other party, that information may be sent by fax. Fax machines and internet services may not be a secure form of transmitting information. Additionally, information that has been faxed may also

remain in the hard drive of the fax machine. It is our intent to keep our fax machine behind two locked doors in our office and if the fax machine needs to be replaced, the hard drive will be destroyed in a manner that makes future access to information on that device inaccessible.

Our office now uses a Constant Contact email page in order to get announcements (etc. office closings) and other news (changes in staff, blogs on therapeutic issues by our staff) to our clients quickly. It is also used for our practice newsletter. We will use the primary email address listed in your intake paperwork unless you request otherwise. Emails from this account will be sent as a blind copy so that your identity will not be revealed. You may unsubscribe at any time.

If you do not wish your therapist or FRC to contact you via a Constant Contact page, please initial here _____. **If you prefer to provide an alternate email address for office announcements, please supply that address here _____.**

During the course of treatment, your therapist may refer you to various websites on the internet or to certain applications (apps) to 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 have visited these sites or apps. They may utilize your information in order to view your activities other product purchases. 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 and communicate to your therapist whether or not you would like this information to serve as an adjunct to your treatment. You may also request that your therapist not make such recommendations.

Internet and Social Media

In order to maintain a professional relationship, therapists are not allowed to be friends on Facebook or other social media with clients. If FRC, LLC begins a Facebook page or participates in any other form of social media

