



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

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. Should you decide not to read the full document, the following are key points that require your approval.

**Background** Claire Horner, M.S., M.S., LPC, is nationally certified and state licensed professional counselor. For 11 years, she has worked with older teens, adults, couples, and groups with symptoms such as anxiety, sexual abuse, mood disturbance, post residential addiction recovery, post-traumatic stress, marriage preparation, relationship conflicts and depression, among others. Claire is presently a member of the Georgia chapter of the Licensed Professional Counselors Association, the American Group Psychotherapy Association, and the Atlanta Group Psychotherapy Society.

**Theoretical Views & Client Participation** My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. You are hiring me to assist you to improve what is not working in your life. We are both committing to take an active role in the process. Please note this includes avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time.

**Confidentiality & Records** 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. Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner. I will not address you in public unless you speak to me first.

**Structure and Cost of Sessions** I agree to provide psychotherapy for the fee of \$120 per 50 minute individual session, \$140 per 50 minute couple session, and \$250 per 90 minute couple session. Fees are provided through *cash or check only* for RCC. Depending on your provider, you may be able to receive reimbursement through "out of network" benefits. Reimbursement is not accessible through Aetna, BlueCross BlueShield, and Cigna. See full document for additional service rates.

**Cancellation Policy** Standard practice is to charge the full rate for late cancellations, however, the fee for providing less than **24 business hours** notice is \$75 for all patients/clients to account for standard life events (i.e. get sick over the weekend for a Monday appointment). The full session rate will be charged if no communication is made prior to appointment. \*Cancellation fees go directly to ATL Shrink, Inc., therefore a credit card will be placed on file for such occasions, although you are welcome to use an alternative form of payment. Please discuss with me if you have a chronic illness or situation that will make this difficult in order to make a modified agreement. A time commitment is made to you and is held exclusively for you. If you do not agree with this policy or have questions, be sure to discuss them.

**In Case of an Emergency** 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 carry a beeper nor am I available at all times. If you have a mental health emergency, I encourage you not to wait for a call back. Call 911 or other numbers listed therein or on the “Mental Health 911” section on the website: [www.atlantashrink.com](http://www.atlantashrink.com)

**Professional Relationship** Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. You will certainly learn things about me over time, but the focus is on you, unlike a friendship.

**Statement Regarding Ethics, Client Welfare & Safety** I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the [American Counseling Association](http://www.amcounseling.org). 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.

**Technology Statement** Please read full section for cautions. Texting is reserved for late arrival messages only. Email is preferred for schedule adjustments. Please utilize the professional Facebook, YouTube, and LinkedIn platforms, but please do not identify yourself in any way as a patient to protect confidentiality.

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

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions, please ask.

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.

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

\_\_\_\_\_  
Date

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

If Applicable:

\_\_\_\_\_  
Spouse, Partner, Parent’s or Legal Guardian’s Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse, Partner, Parent’s or Legal Guardian’s Signature

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

\_\_\_\_\_  
Therapist’s Signature

\_\_\_\_\_  
Date



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

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.

Claire Horner, M.S., M.S., LPC, is nationally certified and state licensed professional counselor. She attended Auburn University to earn a B.S. degree in Rehabilitation Services. Assisting others in finding their strengths, talents, and passions led her to pursue a Masters in Professional Counseling at Georgia State University. In 2004, to enhance her approach to spiritual matters, she completed a Masters in Christian Psychological Studies from Richmond Graduate University (formerly The Psychological Studies Institute) in Atlanta, Georgia. Claire is presently a member of the Georgia chapter of the Licensed Professional Counselors Association.

Claire has worked with men and women in a correctional facility with symptoms such as anxiety, abuse, mood disturbance, drug/alcohol/sexual addiction, post-traumatic stress, and depression, among others. Co-lead a group with Joseph Whitwell for women survivors of sexual abuse for 11 years and works with: older teens, premarital or distressed couples, adults exploring a faith crisis, those trying to understand issues related to being an adult child of an alcoholic, or concerns such as life transitions, anxiety/depression, sexual identity, abuse and relationships.

#### **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 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 are capable of facing 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 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, 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 locked office and/or within the Simple Practice patient management system. 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.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

### Structure and Cost of Sessions

I agree to provide psychotherapy in partnership with Relationship Counseling Center (RCC) for the fee of \$120 per 50 minute individual session, \$140 per 50 minute couple session, \$250 per 90 minute couple session, unless otherwise negotiated. Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$1.00 per minute. The fee for each session will be due at the conclusion of the session. Cash and personal checks are acceptable for payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$15 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Marriage or couples counseling is rarely covered as such, but can possibly be covered when one partner is the "identified patient." RCC does not submit claims to insurance providers. Depending on your provider, you may be able to receive reimbursement through "out of network" benefits. Reimbursement is not accessible through Aetna, BlueCross BlueShield, and Cigna.

### Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 **business** hours in advance. If such advance notice is not received by phone or via email, you will be financially responsible for a \$75 late cancellation fee (\$150 for 90 minute sessions). If no correspondence is made ("no show"), the full session rate for the time scheduled (50 minutes, 90 minutes, etc.) will be charged. This is necessary because a time commitment is made to you and is held exclusively for you. Please discuss with me if you have a chronic illness or situation that will make this difficult in order to make a modified agreement.

### In Case of an Emergency

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 carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 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 DeKalb CSB's Central Access line at 404.892.4646 - The Mobile Crisis Response Unit is staffed by DeKalb Regional Crisis Center psychiatric nurses who ride with DeKalb County police officers in a specialized unit to respond to calls related to mental health and substance abuse issues. Dekalb only. Family member may request.
- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call 911.
- Go to your nearest emergency room.

### Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me 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 ways, 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.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must 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 duty 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

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the [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 actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

## Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. **However, please know that it is my policy to utilize these means of communication strictly for brief topics such as appointment confirmations.** For ideal security, please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. I have taken measures to use an email program and additional medical email option for sensitive information that demonstrate HIPAA compliance. However, it is still the internet and your level of risk is up to you. **You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.**

Facebook, LinkedIn, Instagram, Pinterest, Etc: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. ATL Shrink, Inc. has a business Facebook page. I have a YouTube Channel and LinkedIn account under "Claire Horner, LPC." You are welcome to follow me on these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to ATL Shrink, Inc. If you would like to follow me on any of these media, you might want to consider using an alias to keep your connection with me confidential, but that is entirely your decision. Facebook comments should not identify you as a client.

Google, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

Twitter & Blogs: I may post psychology news on Twitter (should I join in the future as I am currently not a user of this platform) or write an entry on a blog. If you have an interest in following either of these, please let me know so that we may discuss any potential implications to our therapeutic relationship. Once again, maintaining your confidentiality is a priority. I would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to my content.

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