

Susan Kerley, MS, LAPC, NCC
Marietta Counseling for Children and Adults
2440 Sandy Plains Road, Bldg 13, Suite 300
Marietta, GA 30066
770-971-9311 ext. 4

Welcome! You have taken a courageous step in getting support for yourself. The following information is designed to provide you with both general and specific information regarding counseling services, as well as to gather relevant and important information from you. Please read carefully through this information and let me know what questions or concerns you may have. Thank you and I look forward to working with you!

Client Information (please add additional pages as needed)

Name: _____ Date of Birth: _____

Spouse/Significant Other/Partner: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer/Occupation: _____

Emergency Contact (Name, Relationship, Phone): _____

Referred by: _____

Appointment reminders: You can opt to receive appointment reminders the day before your appointment. Appointment information is consider "Protected Health Information" under HIPAA. By noting the preference below, I am waiving my right to keep this information completely private, and requested that reminders be handled as noted below. For text reminders, please include cell phone carrier information.

Reminder type requested: _____ (text, email, phone message, none)

For text reminders, cell phone # and carrier: _____

What is the primary reason you are seeking counseling at this time?

When did you first notice the problem, issue, or symptoms?

What have you already tried to improve the problem or symptoms? What has helped or has not helped?

Have you ever been in counseling before? If yes, please provide approximate dates and provider. What helped or did not help?

Please list current medications, dosage, prescribing physician and office telephone number, and length of time they have been taking this medication.

Please sign to indicate permission to consult with prescribing physician: _____

Date of last physical/well visit checkup: _____

Have you ever expressed or experienced thoughts or feelings of suicide, self harm, or harm to others? If yes, please provide approximate time frame(s) and details.

Please describe any significant medical history (including chronic conditions, hospitalizations, surgeries, premature birth, etc.)

Please describe any significant difficulties experienced in your childhood (medical, social, emotional, family)

Please describe any significant transitions, losses, or traumatic events you have experienced (examples: moving, changing jobs, divorce/separation, death, illness of a close family member or friend)

Please list the names, ages, and relationship of all individuals currently living in your home

What goals or changes would you like to see accomplished through counseling?

Please list anything else you would like me to know before we begin our work together. _____

General Information

Practice Location and Professional Responsibility

I am a Licensed Associate Professional Counselor (LAPC) in the state of Georgia and a Nationally Certified Counselor (NCC). I have a Masters Degree in Mental Health Counseling (Summa Cum Laude) from Capella University and a Bachelors Degree in Communication (Summa Cum Laude) from the State University of New York College at Brockport. I am an inducted member of Chi Sigma Iota, International Counseling Academic and Professional Honor Society. I am also an active member of the American Counseling Association (ACA), the Licensed Professional Counselors Association of Georgia (LPCA-GA), and the Association for Play Therapy (APT).

I have rich experience in providing psychotherapy services to children, adolescents, adults, and families. I have been providing services at Marietta Counseling for Children and Adults since 2010. Cecelia Myers, LPC, NCC is the owner and director of Marietta Counseling, LLC, a limited liability company established to provide counseling and psychotherapy services. I receive regular, professional licensure supervision offsite with Faith Arkel, LPC.

Overall, I approach counseling from an integrative perspective. I draw heavily from Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and both directive and nondirective play therapy approaches, as deemed appropriate based on the age, needs, and collaboratively determined treatment goals of each individual client and family.

Marietta Counseling, LLC is a limited liability company in the state of Georgia providing counseling and psychotherapy services for children, adolescents, and adults. Marietta Counseling provides office space and peer consultation contracting with both associate and fully licensed therapists.

Confidentiality

Information obtained during the provision of counseling services remains confidential in accordance with the American Counseling Association (ACA) Code of Ethics and Georgia state law. ACA Ethics and Georgia state law require exception to confidentiality in the following circumstances:

- a) When a client is believed to be a danger to himself or herself
- b) When a client is believed to be a danger to someone else
- c) When a minor is suspected of experiencing physical and/or sexual abuse, a report must be made to the Department of Family and Children's Services

Additionally, if you are or will be involved in court proceedings and my records are ordered by a judge or if a guardian ad litem is appointed in a custody case, I may be ordered by a court to produce evidence or records. The Patriot Act of 2001 requires me in certain circumstances to provide federal law agents with records, papers, and documents upon request and prohibits me from disclosing to my client that the FBI sought or obtained items under the Act.

During professional supervision or consultation with fellow licensed therapists, information may be shared about cases or clients (without revealing names or identity) for the purpose of gaining further perspective and ideas for how to best serve my clients. Therapists at Marietta Counseling share office space, record storage, and voicemail system. All associates are bound by confidentiality.

If you wish to communicate with me via email, in order to protect your privacy, please set up a free email account at www.hushmail.com and send emails to me at susankerley@hushmail.com. This systems encrypts the content of your email and mine and provides an additional layer of protection of your private health information.

In the case of my death or major medical incapacitation, all of my records will be accessed by Cecelia Myers, LPC, Owner/Director of Marietta Counseling, LLC.

Confidentiality and Minors

Legally, the parent(s) or legal guardian(s) of child clients (under the age of 18) have the right of confidentiality. To establish and preserve the essential relationship and setting for a child's therapy, I honor what the child or teen says or does in our sessions as confidential while providing parents/guardians periodic summaries of treatment goals, plans, recommendations, and progress.

Divorce and Custody Cases

I am not a custody evaluator and cannot make any recommendations on custody. I can refer you to a list of licensed psychologists or parent coordinators if needed.

Due to the sensitive nature of divorce and all potential issues that may arise in such cases, I have very specific policies to which you must agree to before we enter into a counseling relationship.

- 1) If I am seeing a child whose parents are in the process of divorce or already divorced, I require a copy of the standing court order demonstrating the custodial rights of each parent and/or the parenting agreement signed by both parents and judge.
- 2) Identical summaries of the child's therapy progress, treatment plan, and parent recommendations are available to both parents who share in the legal custody of the child client and will offer and encourage opportunities for both parents to participate in parent consultations along the way. Family sessions may be recommended.
- 3) I ask all clients to waive right to subpoena me to court. This policy is set so that I can preserve the efficacy and integrity of the therapeutic progress and relationship with you and/or your child(ren). My appearance in court often damages the client-therapist relationship and it is my ethical duty to make every reasonable effort to promote the welfare, autonomy, and best interests of my clients. By signing this agreement, you are waiving the right to have me subpoenaed and agreeing not to have me or my records subpoenaed. I will provide a referral to another therapist who will be willing to appear in court if needed as an alternative if you prefer.
- 4) In the case I am subpoenaed to appear in court even with this waiver – whether I testify or not – I charge by full standard fee for court related work of \$120/hour of my professional time. Any time dedicated to any court mandated appearance including preparing documents, discussions with attorneys and/or guardian ad litem in connection to the court appearance and any time spent waiting at the court house in addition to time on the stand as well as travel time will be billed at \$120/hour.

I understand these policies and hereby waive any and all rights to subpoena Susan E. Kerley, LAPC, NCC, and her clinical record on any current or future legal proceedings.

Printed Name _____ Signature _____ Date _____

Initial Interview, Assessment, and Possible Referral

The first appointment is an assessment interview in which your needs and expectations are discussed and a preliminary determination is made as to what services would be most beneficial to you. On occasion, this may require more than one interview. If the services provided by Susan Kerley do not meet your needs, she will refer you to a more appropriate resource. Full payment is expected at the time of this service.

Appointments and Scheduling

A minimum of 24 hours is required to cancel an appointment. If a client does not arrive for a scheduled appointment or cancels with less than 24 hour notice, full session payment is due. If there is a true, unavoidable emergency or if serious or contagious illness, please call me as soon as possible and I will work with you to reschedule within the same week when possible. If sudden onset, please call me as soon as possible and request waiver of 24 hour policy.

Office hours: Tuesday through Friday

Session Length and Fees

Initial intake session \$120.00, 50 minutes
Play therapy sessions \$100.00, 45 minutes
Individual therapy, parenting sessions, family sessions \$100.00, 50 minutes

Phone calls or email communication exceeding 10 minutes: prorated and billed at relevant session rate
Preparation of summaries of treatment or letters at request of client: 1 per sixth month period no charge, other custom letters or documents charged at prorated session rate based on amount of preparation time.
Court related: \$120.00 per hour, applied to preparation, consultation, waiting at court house, and travel time

A limited number of reduced fee slots are available based on application and extended based on financial need and circumstances. Please ask about reduced fee options if needed. I am sensitive to current economic challenges and willing to discuss alternate payment arrangements at our initial intake session or in the case of sudden unemployment. A reduced fee agreement must be signed once application is approved.

There is a \$25 fee for returned checks. After more than 2 returned checks, payment must be made in form of cash, money order, or credit card.

After Hours Support and Emergencies

Marietta Counseling is by appointment only and not an emergency services facility. I do not provide emergency services. You may call me during business hours at 770-971-9311 ext. 4 and leave me a confidential voicemail including your telephone number (even if you know I have it). I will call you back when I have finished all sessions or between sessions when possible. I strive to return all calls within 24 hours, though occasionally, it may take up to 48 hours depending on schedule and day of week. When I will be out of the office for an extended period, I update my voicemail and email messages to reflect when I will return and provide all current clients with advance notice.

If you have a life threatening emergency, call 911 or go to the hospital of your choice FIRST. Only contact me after emergency services have been obtained for your safety. You can also reach me during business hours or on an emergency basis after hours at 678-697-0194.

Additional emergency services facilities (not to be substituted for 911 for life threatening emergencies):

Ridgeview Institute 770-434-4567
Peachford Hospital 770-455-3200
Cobb Mental Health Crisis Line 770-422-0202

Release of Information and Records

Clients or their legal guardians often request that I obtain or provide information to other healthcare or mental health professionals, schools, insurance companies, and other relevant parties. For clients over 18, a signed authorization form must be filled out by the client to allow me to speak to anyone regarding their care, even parents. For children and teens, parents or legal guardians must fill out an authorization form before I can even acknowledge knowing the client.

Pursuant to HIPAA, I keep information about clients in a collection of professional records, known as your clinical record. You may receive a copy of your clinical record if requested in writing. Because these are clinical records, they are easily misinterpreted by untrained readers. For this reason, I recommend reviewing them together within a scheduled session or have them forwarded to another mental health professional so you can discuss the contents. There is an administrative fee of \$35 for copying and mailing the record for release.

Notice of Privacy Practices – Short Version

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Commitment to Your Privacy

Our practice is dedicated to maintaining the privacy of your protected health information. I am required by law to do this and must provide you with this important information. The information presented here is a shorter version of the full, legally required Notice of Privacy Practices (NPP), which is located in the binder on the wall bin in the waiting area. Please refer to the NPP for more information. Also, feel free to take a personal copy from the binder. Since we cannot cover all possible situations, please talk with me about any questions or problems.

I will use the information about your health that I get from you or from others, mainly to provide you or your child with treatment, to arrange payment for services, or for other business activities, which are called in the law "healthcare operations". After you have read this NPP, I will ask you to sign a consent form to let me use and share this information. If you do not consent and sign, I cannot treat you or your child.

Of course, I will keep your health information private, but there are times when the laws require me to use or share it, such as the following:

- 1) When there is a serious threat to you or your child's health and/or safety, or the health and/or safety of another individual and/or the public. I will only share information with a person or organization who is able to help prevent or reduce the threat.
- 2) Some lawsuits and legal or court proceedings.
- 3) If a law enforcement official legally requires me to do so.
- 4) For workers compensation and similar benefit programs.

There are some other situations like these that do not happen very often. They are described in the long version of NPP.

Your Rights Regarding Your Health Information

- 1) You can ask me to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask me to call you at home, and not at work, to schedule or cancel an appointment.
- 2) You have the right to ask me to limit what I tell certain individuals involved in you or your child's care, or in the payment of your care, such as family members and friends. While I do not have to agree to your request, if I do agree, I will keep our agreement except if it is against the law or in an emergency, or when the information is necessary to treat you or your child.
- 3) You have the right to a copy of this notice. If I change this NPP, I will post it in the waiting area and you can always get a copy of the NPP from me.
- 4) You have a right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with me and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care I provide to you in any way.
- 5) If you have any questions regarding this notice or our health information privacy policies, please let me know. I can be reached by phone at 770-971-9311 ext. 4 or by mail at 2440 Sandy Plains Rd, Building 13, Suite 300, Marietta, GA, 30066.

The effective date of this notice is July 1, 2012.

Signature indicating I have received and read the Notice of Privacy Policies:

Printed name

Signature

Date

Agreement to Enter into Counseling Services and Fees for Services Agreement

I have read or had read to me and understand all the information in the above paperwork, pages 1-6. I have had a chance to review and ask questions and have all questions answered to my satisfaction. I agree to abide by all the policies outlined herein. By signing this agreement, I am consenting to treatment and understand all the benefits and risks of counseling. I also hereby acknowledge that I have received the Notice of Privacy Policies.

Every time I schedule an appointment with Susan Kerley, MS, LAPC, NCC (Therapist), I understand that I am entering into a contract with Marietta Counseling for Children and Adults, and for the professional time and services of the therapist. 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 include preparation for my scheduled session, case review, case notes, and confidential consultations with other professionals as agreed in writing. I understand therapist's professional fees as outlined. At this time, therapist and I have agreed to the fee for sessions will be: \$120 initial intake session, \$100 each session thereafter, and I agree to pay this fee at the time of each session. Marietta Counseling does not reimburse for cancelled appointments paid in advance, but that any such fees will be credited to your account and applied to future services provided.

I understand the cancellation policy requires 24 hours advance notice in order to be released from the contract for time and services of preparation for my session. I agree that if I fail to cancel my appointment within the 24 hour time frame prior to my session, I will be charged a full session fee for the appointment. I hereby authorize Marietta Counseling to charge my Visa / Mastercard / Discover / American Express (circle one) credit card number:

Credit card number

Expiration date

if I indeed fail to observe this cancellation policy. I also understand if there is an emergency situation or sudden onset of contagious illness, I can discuss this with Susan directly and request a waiver of this policy but I understand Susan is not bound to grant that waive and may by this contract proceed with charging my credit card as agreed herein.

Client (or parent/legal guardian of child client) Printed Name

Client (or parent/legal guardian of child client) Signature

Date