

# Positive Energy Solutions Corporation

2993 Piedmont Road NE  
Atlanta, Georgia 30305

## Consent and Authorization to Treatment

The following is a consent and authorization for Positive Energy Solutions, Corp to provide psychotherapy services to you (hereinafter "Client") and to obtain payment. Please be aware that you may revoke this consent at any time by requesting cancellation. However, we cannot treat you unless you sign this document. If you consent to this authorization, then please read the information below and sign at the end with today's date.

**Welcome!** We are pleased that you have selected Positive Energy Solutions, Corp. This document is designed to inform you about the educational background, theoretical orientation, and work experience of your therapist, as well as to insure that you understand our professional relationship. Although providing you with this document is part of an ethical obligation of our profession, more importantly, this document is part of our commitment to keep you fully informed of every part of your therapeutic experience. Please know that our relationship is a collaborative one, and we welcome any questions, comments and suggestions regarding your course of therapy at any time.

**Background and Experience:** Our counselors hold Masters Degrees. They are licensed in the state of Georgia and hold additional certifications in their specialty areas. They have experience counseling couples, families, adolescents, adults and children.

**Confidentiality:** If you are participating in group, family or couples psychotherapy, then please be aware that we cannot guarantee that all participants will maintain your confidentiality. By signing this document you are indicating that YOU will agree to uphold any information learned during a therapy session in the utmost confidence. Likewise, please be aware that we have required each participant in psychotherapy with us to also make this agreement. However, please be aware that in couple's counseling we do NOT agree to maintain confidentiality between partners.

**Professional Relationship:** Although our sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you have with us. As your therapist, we cannot be your social friend. You will be best served if our relationship remains strictly professional and if our sessions concentrate exclusively on your concerns.

**Emergency:** If you are having a medical emergency, then call 911 or seek out services at your local hospital emergency room. If you are having a psychiatric emergency, then you can call Ridgeview Institute at 770-434-4567. Please understand that we are not available at all times. If you are in need of immediate assistance, then do not wait for us to call you back. Positive Energy Solutions, Corp is an outpatient facility and is designed to accommodate individuals that

are reasonably safe and resourceful. If at any time this support does not feel sufficient, then please inform us. We can discuss additional resources or find you a therapist or clinic with 24-hour availability.

#### FEES FOR SERVICES PROVIDED

Intake/Diagnostic Assessment: CPT Code 90791 (45 minutes) \$175

Individual Outpatient Psychotherapy: CPT Code 90834 (45 minutes) \$125

Individual/Family/Couples Psychotherapy: CPT Code 90837 (60 minutes) \$175

Individual/Family/Couples Psychotherapy: CPT Code 90833 (90 minutes) \$250

Group Therapy: CPT Code 90853 (45-50 minutes) \$65

Career Assessment Services: Starts at \$300

Form or Paperwork Completion: Starts at \$75 per hour

Our purpose is healing, and whenever possible, we avoid involvement with legal issues or court appearances. If anyone at Positive Energy Solutions is subpoenaed to appear in court, there is a charge of \$175 per hour and this will include travel and waiting time. There is a payment for THREE HOURS of time due in advance, in cash, before anyone from Positive Energy Solutions, Corp can attend any type of legal hearing.

**Proof of Identity:** You will need to present picture identification to substantiate name and person (e.g. valid driver's license). If treatment has been mandated by another agency, you may need to provide information/documentation.

By your signature below you are indicating that you, Client, have read and understood this consent and authorization, and/or that any questions you have had about this document have been answered to your satisfaction. If you have any further questions, then please feel free to ask at any time. This consent and authorization is effective beginning on the date indicated below.

Client's Printed Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_