**Alice Carpenter Bentley, BC- LPC, CPCS**

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**INFORMATION, AUTHORIZATION & CONSENT TO TREATMENT**

 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

 Providing the following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. My license can be verified through the Georgia Secretary of State website.

If you have any questions, please feel free to ask.

 Master’s Degree in Psychology with a Specialty in Counseling

 Fully Licensed as a Professional Counselor with the State of Georgia

 Nationally Certified Counselor (Board Certified)

 Certified Licensed Counselor Supervisor

# 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.** If I have reason to believe you are impaired, I may decide to reschedule the session. 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 willbe 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.

# 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 stored in my locked office. I also only use the highest level available (three-tiered) encryption on my electronic file (laptop). 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. If you have questions about this, please ask.

 **Structure and Cost of Sessions (PLEASE READ)**

 **I agree to provide psychotherapy for the fee of $140 per 60-minute session for individuals, $180 per 60-minute session for couples or families, $210 per 90-minute individual session, $250 per 90-minute session for couples and families and $50 per person per 90-minute group therapy session. A CARD MUST BE ON FILE AND A $100 DEPOSIT MAY BE TAKEN BEFORE THE FIRST APPOINTMENT TO PREVENT NO-SHOWS. A drug/alcohol assessment for court is $300 including documentation. Communicating with other health professionals, completing forms, or writing letters on your behalf will be charged at an appropriate rate.** Online psychotherapy will be provided for the same rate as in-office sessions. Any assistance provided for your legal issues (documentation, testifying) is billed at $250 per hour plus travel time. These services are not reimbursable by insurance. In order to accommodate some clients’ schedules, **there may be a $50 surcharge if I schedule appointments after 5:00 on weekdays or anytime on Fridays. If an appointment needs to be scheduled on the weekend or a holiday, my cash fee will be doubled and charged.**  The fee for each session will be due at the conclusion of the session. Cash, Visa, MasterCard, Discover, or American Express are acceptable for payment, and I can provide you with a receipt of payment. I can provide you with a Superbill if you are filing with an HSA or enable you to use your card through IVY. A 1% per month late fee will be charged for unpaid invoices.

 **For Concierge appointments (at your home/office), there is an additional hour travel feel of $140.** In order to have productive Concierge therapy, it is the Client’s responsibility to provide a private and uninterrupted space and time for us to meet.

 I will keep your credit card information on file and will charge your card the day of your appointment. You are responsible for letting me know if the credit card number changes. Billing for Aetna, UHS, and Cigna is provided by Headway. You will need to keep your credit card and insurance info updated with them.

 Insurance companies have many rules and requirements specific to certain plans. **Insurance appointments are usually limited by contract to 60 minutes.** Unless otherwise negotiated, it will be your responsibility to find out your insurance company’s policies and to understand your deductible and co-pay. I will file for insurance reimbursement if you prefer. I will also be glad to provide you with a superbill for your insurance company if you choose to file yourself.

**Cancellation Policy**

 You will receive reminders from my EMR 48 hrs. ahead of your appointment. In the event that you are unable to keep an appointment, you must notify me at least 48 hours in advance. **If such advance notice is not received,** **the full regular appointment fee may be charged (not the insurance rate or co-pay)**. On rare occasions, I am able to reschedule within the week and in that situation, I will not charge the missed appointment fee. **Please note that insurance companies do not reimburse for missed sessions.** If you are late, the appointment will still end on time for the courtesy of my next client and the fee remains the same. Please advise me via text at **404-731-4110** if you will be late or need to cancel your appointment. If your appointment is on Monday, **I need to hear from you by Friday afternoon.** To avoid being the arbiter of what is a justifiable cancellation, I charge for all no-shows and late (less than 48 hrs.) cancellations. I do prefer not to see you if you are sick and will work to help you reschedule or change to teletherapy. As a courtesy, I provide one “miss” per year to all clients.

# Please initial here indicating you have read and agree to the entire fee agreement. \_\_\_\_\_\_\_\_\_\_\_\_ (Initials)

## **In Case of an Emergency**

 My practice is considered an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I am not 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. Texting is usually the fastest way to reach me. Please do not include confidential information in your texts. 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 Behavioral Health Link/GCAL: 800-715-4225 or other crisis hotline
* Call Ridgeview Institute at 770.434.4567 or a local facility with mental health capabilities.
* Call 911.
* Go to your nearest emergency room (if necessary and possible, I can meet you there, if available and requested).

## **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 or acknowledge 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 and benefit.

## **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 have developed the following policies:

 Mobile phones: It is important for you to know that mobile phones may not be completely secure and confidential. My work number is HIPAA compliant, however, yours likely is not. 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. My work number and email are HIPAA compliant, however, yours likely is not. If you choose to utilize texting or email, understand that I cannot guarantee the security of that information. However, please know that it is my policy to utilize these means of communication strictly for brief topics. Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality unless we have previously agreed on an online therapy relationship. 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, or other Social Media: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, or other social media because it may compromise your confidentiality. **Alice Carpenter Bentley, LLC and Alice C. Bentley, BC-LPC, CPCS** have a business Facebook page, a Twitter account and is on LinkedIn. You are welcome to follow me on any of 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 Alice Carpenter Bentley, LLC or Alice C. Bentley, BC-LPC, CPCS. 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.

 Twitter & Blogs: I may post psychology news on Twitter 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.

## **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 about any part of this document, 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.

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 **Client Name (Please Print) Date**

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#  Client Signature

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

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#  Alice C. Bentley, LPC Date