

### INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome! I'm grateful you've chosen me as your therapist, and I hope the information below helps you prepare for our work together. I know it's a lot to review, but I encourage you to read it carefully, as this document represents the foundation of our "contract" — built on the belief that clear expectations and boundaries create a safe, effective therapy relationship. When we define these together, it helps both of us bring our "best Selves" to the work and maximize the benefits of your experience. While providing this document fulfills an ethical responsibility to my profession, it also reflects my relational commitment to keeping you fully informed at every stage of your therapeutic journey. I take a collaborative approach to therapy and welcome any questions, comments, or suggestions you may have about this document or any part of your work with me.

- I. **My Qualifications** I am ethically required to provide information about my educational background and credentials as a psychologist, which is provided at the end of this document in Addendum II.
- II. **Confidentiality and Limits of Confidentiality**
  - a. **Commitment to Your Privacy**: Your privacy and confidentiality are central to our work together. I am legally and ethically required to protect what you share in therapy — including your identity, session content, paperwork, and any records related to our work.
  - b. **Exceptions to Confidentiality**: There are specific situations where I may be legally required to break confidentiality, even without your consent:
    - **Imminent Risk of Harm**: If I believe you are at serious risk of harming yourself or someone else, I must take steps to ensure safety, which may include contacting emergency services, law enforcement, or a designated support person.
    - **Suspected Abuse or Neglect**: GA law requires therapists to report suspected abuse, neglect, or exploitation of children, elderly individuals, or vulnerable adults to protective services or law enforcement.
    - **Court Orders or Legal Proceedings**: If I receive a court order or subpoena, I may be legally obligated to share certain records or testify. These situations are rare, and I will make every effort to speak with you beforehand and share only what is absolutely necessary. Georgia law supports "privileged communication" between a therapist and client, which means I can often protect your information from being disclosed in court. However, in rare instances, a judge may override this privilege. If that happens, I will do everything I can to protect your privacy, though I cannot guarantee the outcome of an appeal.
  - c. **Legal Involvement Disclaimer**: If you are involved in legal matters such as divorce, custody dispute, or lawsuit and you or your attorney request my involvement (e.g., to serve as a character witness or to provide documentation), please know that I *do not participate* in legal proceedings or offer forensic evaluations. This role is outside the scope of my practice, is considered a conflict of interest and can interfere with the therapeutic process. Further, getting a therapist involved in your legal matters (unless the psychologist is hired specifically to fill a forensic role), even if your attorney recommends it, is generally not advised given the possibility of negatively impacting the outcome of your case.

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- d. **Consultation with Other Professionals:** To ensure the highest quality of care, I may occasionally consult with other professionals. These consultations (also called “clinical supervision”) are standard clinical practice and are also protected by confidentiality, meaning I do not share identifying details. I only keep records of those conversations if they are a part of risk assessment or unless I have an ROI and the consult is already an established part of your treatment plan.

### III. **Release of Information (ROI) and Clinical Records**

- a. **Release of Information (ROI):** This is legal document that allows me to share specific information about your therapy with individuals or organizations you designate. This might include healthcare providers, family members, or others involved in your care. Once information is shared through an ROI, it may no longer be protected by confidentiality laws. However, I will always share information thoughtfully and in your best interests. You can revoke your ROI at any time by providing a written request. Otherwise, ROIs remain in effect until your treatment with me officially ends. You might choose to sign an ROI for the following reasons:
- *Coordinating Care:* To communicate with your psychiatrist, physician, or other providers to ensure your treatment is well-coordinated.
  - *Family Involvement:* To share limited, specific information with a family member at your request.
  - *Legal Purposes:* To allow me to release information if it's needed for a legal matter, with your written consent.
  - *Insurance or Billing:* To permit sharing necessary information with your insurance company or billing service for claims or reimbursement.
- b. **Storage of Records:** All communications and notes from our work together are considered part of your clinical record, referred to as Protected Health Information (PHI). Your PHI is stored electronically through Theranest, a secure, HIPAA-compliant platform with a Business Associate Agreement (BAA) ensuring confidentiality. Records are encrypted and stored on my password-protected computer for added security.
- c. **Requests for Records:** You have the legal right to request access to your therapy records at any time. However, because therapy records are sensitive and personal, there are special ethical considerations to keep in mind.
- Releasing full records can sometimes create unintended consequences, particularly if sensitive information is involved or if third parties (such as family members or legal representatives) become involved.
  - Georgia law allows me to deny a records request if I believe that disclosure could cause harm to you or others, interfere with your therapeutic progress, or compromise your emotional well-being.
  - If you request access, we will discuss the reasons for your request, the potential risks and benefits, and the most supportive way to provide you with appropriate information — typically through a treatment summary rather than full session notes. Please note that preparation of any documentation or summaries may involve a fee, which I’ll discuss with you if applicable. If you have any questions or concerns about accessing your records, I encourage you to bring them up — I am always happy to clarify and support you in making informed decisions about your care.

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IV. **Responsibility, Boundaries, and the Nature of the Therapeutic Relationship**

- a. **Your Role in Therapy:** Therapy is most effective when you're actively engaged in the process. This includes attending sessions consistently and on time, participating openly, taking care of basic needs (e.g., sleep, nutrition, hygiene), making timely payments, and managing your responsibilities outside of therapy. Even when you're doing deep trauma work and working with vulnerable or protective "Parts," your adult Self is expected to uphold our agreements and take ownership of your progress. While I bring warmth, understanding, and flexibility to our work, therapy is not a replacement for the systems and supports in your everyday life. Being in therapy does not exempt anyone from responsibility for their behavior, functioning, or financial obligations.
- b. **The Scope of Our Work:** While we can talk about many areas of your life, it's important to understand that I am ethically obligated to maintain my role as a professional psychotherapist, practicing within my scope of clinical knowledge and experience. This role differs from that of a life coach, addictions counselor, case manager, legal advocate, prescriber, or primary emergency contact. I do not assume roles outside of therapy (e.g., coordinating logistics of other aspects of your health care, intervening in legal or financial matters, etc.). Therapy is not intended to replace medical, legal, financial, or crisis support systems.
- c. **Recommendations and Higher Levels of Care:** Sometimes I may recommend additional resources like psychiatry, group therapy, or a higher level of care (e.g., PHP, IOP, or residential treatment). These recommendations are made with your best interest in mind, but I cannot guarantee outcomes or be held responsible if an outside referral does not meet your expectations. Choosing to engage (or not) with such recommendations is ultimately your choice. If you pursue an external resource, I will provide information, guidance, and support where appropriate, and I am always willing to consult with other professionals about your care; however, I am not responsible for coordinating admissions, follow-up care, or communicating with outside providers unless a separate Release of Information (ROI) or other agreement is signed.
- d. **Communication Outside of Sessions:** For our work to remain focused and effective, I limit communication to scheduled sessions. Email and text may be used for logistical matters (e.g., rescheduling, billing), but not for therapeutic or casual conversations. This helps ensure that I can give you my full attention and energy during our time together and prevents misunderstandings that often arise through written communication. I do not provide emergency or crisis services outside of my normal hours (crisis support is discussed in more detail later).
- e. **Dual Roles and Boundaries:** To maintain a safe and ethical environment, I avoid dual-role relationships. This means I will not enter into friendships, romantic or sexual relationships, business relationships, or social media connections with clients. This boundary helps preserve the objectivity, privacy, and focus that therapy requires. You deserve a space where your growth and emotions are the only focus—free from other relational expectations.
- f. **Shared Relationships or Communities:** If we discover meaningful overlap in our social lives or communities, we will discuss whether it may impact our work. In some cases, this may lead us to consider the possibility that therapy should end, and I will support you through a thoughtful transition if needed.

- g. **Encountering Me in Public:** If we see each other outside of sessions, I will not initiate contact unless you speak to me first. This is to protect your privacy. If this happens, we can talk about it in session so you feel safe and supported in how we manage these encounters.
- h. **Curiosity About My Personal Life:** You're welcome to ask questions about me—curiosity is natural, as is caring about me and my well-being. However, I may encourage you to explore what's underneath the question, as these moments often offer valuable insight into your own process. I may share limited personal information if it serves your therapy goals, but I'll always keep the focus on you. If there is something going on in my personal life that may impact any aspect of our work together, I will only share what I believe is necessary to reassure you of my capacity to continue providing the highest quality care and to maintain the general professional integrity of our work together.
- i. **Termination and Transitions:** If either of us feels that therapy is no longer helpful, we'll discuss it openly. If possible, we will schedule 1-3 sessions for closure, and I will provide you with at least one referral to another provider or resource unless you decline that offer or arrange for your own support independently. Unless we agree to resume, your file will be closed after our last session.
- j. **Risks and Discomfort in Therapy:** Therapy can be deeply rewarding—and also deeply uncomfortable. You may experience temporary emotional discomfort, especially when addressing difficult topics or changing long-held patterns. Relationships may shift as you begin to grow and assert yourself in new ways. These challenges are not signs of failure; they're often signs of progress. We will navigate these together, and I'll support you in finding steady ground through the process.
- k. **Feedback and Collaboration:** You're always encouraged to share how therapy is going—what's working, what's not, and anything in between. Your feedback helps shape the process and is a valuable step in practicing open, honest communication. If something isn't working, we can shift our approach or explore whether another provider would be a better fit. Speaking up is a strength, not a disruption.

V. **Communication Between Sessions**

- a. **General Availability:** My business hours are Monday–Friday, 8:00 am–6:00 pm. I typically hold sessions between 9:00 am–5:00 pm, with an hour midday break, and set aside administrative time on Fridays. I return all phone calls, emails, and texts within two business days unless I am out of town, in which case you will receive an automatic reply. I do not return calls or messages on weekends or holidays.
- b. **Emergencies:** I do not offer after-hours, weekend, or crisis support. Therapy with me is structured to help you build the internal and external resources you need to stay safe between sessions. If you experience a mental health crisis during business hours, please contact me to request an extra session or a brief phone consultation. I will do my best to accommodate you if my schedule allows.
- c. **Crisis Resources:** If you experience a crisis outside of my hours, please use one of the following resources:
  - Georgia Crisis and Access Line: 800-715-4225 | [GCAL Website](#)
  - Suicide Prevention and Crisis Lifeline: Call or text 988

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- Wildflower Alliance Peer Support Line: 888-407-4515 | [Wildflower Website](#)
- Trevor Project (LGBTQ+ youth support): Text "START" to 678-678
- Call BlackLine (BIPOC support): 1-800-604-5841 | [Call BlackLine Website](#)
- Hospital Crisis Facilities:
  - Emory Wesley Woods: 404-728-6222
  - Ridgeview Institute: 770-434-4567
  - Peachford Hospital: 770-454-5589
- Crisis Text Line: Text "HOME" to 741741
- Call 911 or go to your nearest Emergency Room

- d. **Electronic Messaging:** Email and text messaging are not fully secure forms of communication and may compromise confidentiality. I use these methods only for administrative purposes, including scheduling, billing questions, appointment reminders, or sharing pre-agreed-upon resources. Please do not use text or email to discuss therapy content or crisis situations, as I may not see them promptly. Additionally, I maintain a copy or summary of any communication related to your care as part of your clinical record.
- e. **Written Material Outside Sessions:** If we agree in advance to exchange any therapeutic material outside of session (e.g., letters, journal entries), I will bill for the time spent reading, reflecting, and responding, prorated based on my hourly fee. In general, I do not respond to therapy-related content via text or email; such material will be held for discussion in our next scheduled session.
- f. **Social Media Policy:** To protect your confidentiality and maintain healthy boundaries, I do not accept friend requests or social media connections from current or former clients. Please do not use social media messaging platforms (e.g., Facebook Messenger, Instagram Direct Message) to communicate with me, as they are not secure and are not monitored regularly.
- g. **Ending Therapy and Chart Closure:** You have the right to discontinue therapy at any time for any reason. If you stop attending sessions without formally ending therapy, I will make an effort to reach out once to check in. If I do not hear back within 30 days, I will close your file and consider our work complete. You are always welcome to return when you are ready; if my schedule allows and we agree it is a good fit, I will gladly reopen your chart and continue our work together.

VI. **Telemental Health (Telehealth)**

- a. **What is Telehealth?** Telehealth refers to psychotherapy services provided remotely via electronic communication, including using telephone, video conferencing, smartphones, tablets, or computers. In Georgia, telemental health is defined as the use of technology-assisted media to support client care through secure, encrypted communication (Georgia Code 135-11-.01). While I take every precaution to ensure privacy, no platform is 100% risk-free. I have completed specialized training in telemental health practices to help protect your confidentiality and provide you with high-quality remote care.

- b. **Telehealth in My Practice:** I primarily use Zoom for sessions. You will receive a link to my secure personal meeting room before our first telehealth appointment. If needed, we can use phone or FaceTime as a backup; however, these are not HIPAA-compliant, and I will discuss this risk with you if necessary.
- c. **Special Considerations for Out-of-State Clients (PSYPACT):** I am a registered provider under PSYPACT, allowing me to see clients located in PSYPACT-participating states. If you are physically located in a PSYPACT state at the time of session, we can legally meet. If you move or travel to a non-PSYPACT state, I will not be able to provide services until you return to a participating state.
- Because I am not physically located in your state, I cannot directly coordinate crisis services. Therefore, you must have reliable access to local crisis and emergency resources.
  - You must inform me immediately of any significant changes to your mental health, including increased risk related to self-harm, substance use, eating disorders, domestic violence, or other safety concerns.
  - If your needs require a higher level of care, I may need to refer you to a local provider better able to offer in-person or crisis support.
  - I can only provide ongoing telehealth services to out-of-state clients who are well-resourced, high-functioning, and not in need of intensive trauma work or complex crisis management. If at any point we determine that your needs exceed the scope of what I can provide remotely, we will collaboratively plan for appropriate referrals.
- d. **Important Expectations for Successful Telehealth Sessions:** To help your sessions run smoothly, please prepare carefully.
- Test your audio, video, and internet connection before each session.
  - Use a stable Wi-Fi connection (preferably not cellular data).
  - Position your camera steadily on a stable surface, framing yourself from the chest up.
  - Avoid using distracting backgrounds (e.g., Zoom blur or template settings).
  - Ensure good lighting so that we can see each other's expressions.
  - Please ensure I have an up-to-date phone number on file in case we need to reconnect.
  - Create a private, quiet space free from interruptions or concerns about being overheard.
  - Respect the scheduled session time: technical issues on your end will not extend the session time.
- e. **Limitations of Telemental Health:** While telehealth offers convenience and access, there are limitations to be aware of:
- Technical difficulties (e.g., dropped calls, frozen video) may interrupt sessions.
  - Nonverbal communication and subtle cues may be harder to observe compared to in-person therapy.
  - Certain therapeutic approaches, particularly somatic or trauma-focused work requiring full-body observation, may not be appropriate via telehealth.
  - Complete privacy cannot always be guaranteed on either side; we are each responsible for securing our environment.



- f. **In Case of Technology Failure:** If a session is disrupted by a technical issue, first try to reconnect immediately. If we cannot reconnect within 10 minutes, call me at (404) 313-0464. If we are unable to reconnect, we can continue the session by phone or reschedule, depending on the situation.
- g. **Confidentiality, Security, and Policies:** The same confidentiality laws that protect your information in-person apply to telehealth. However, because technology is involved, there is a slight risk of security breaches despite encryption efforts. Your signature on this agreement indicates that you understand and accept this risk. All office policies related to confidentiality, payment, fees, and cancellations apply equally to telehealth services. Fees for late cancellations due to technology issues will not be waived.
- h. **Prohibited Actions:** Please do not record sessions without my explicit consent. Please do not engage in therapy sessions while driving or in public locations without appropriate privacy safeguards.
- i. **Telehealth May Not Be Appropriate for Every Client:** If I believe at any point that your needs would be better served through in-person therapy, higher levels of care, or alternative resources, I will discuss this with you and provide referrals as needed.

**VI. Business and Office Policies**

- a. **Services & Fees:** Please refer to the “Fee Sheet” located in Addendum I at the end of this document.
- b. **Cancellation Policy:** When an appointment is canceled with less than 24 hours' notice, I am unable to offer that time to another client. Therefore, the full session fee will be charged for late cancellations or no-shows. Please note:
- Insurance companies do not reimburse for missed or canceled sessions.
  - Monday appointments must be canceled by Friday.
  - My EMR system (Theranest) sends reminder emails as a courtesy, but these are not guaranteed. Not receiving a reminder does not waive the cancellation fee—you are responsible for managing your appointments.

**Cancellation Policy Exceptions:** I understand that emergencies happen. I will waive the late cancellation fee in the following circumstances:

- Acute illness (e.g., COVID-19, sudden respiratory illness)
- Medical emergency (yourself or dependent children)
- Car accident en route to the office
- Mental health emergency requiring immediate care
- Work-related emergencies: I will generally waive the first late cancellation for work emergencies, but repeated cancellations due to work will be billed at the full session fee.
- If you schedule an appointment within 24 hours, the cancellation policy still applies.
- If you are sick but feeling well enough to meet, telehealth is always an option as is a briefer session.

**Cancellation Tips:** Communicate early if you anticipate *even a possible* need to cancel or reschedule. Double-check your work, social, and family calendars when confirming appointments. If you miss a session but still

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want to utilize the time, we can schedule a brief check-in via phone. I am always happy to be flexible and reschedule for the same week when possible.

**Frequent Cancellations:** If you cancel or reschedule half or more of your sessions in a three-month period, I may begin charging for late cancellations regardless of reason. Frequent cancellations may also lead to reevaluating whether we maintain a standing appointment, adjust your treatment plan, or take a break.

- c. **Annual Fee Increases:** Fees are subject to annual increases, typically at the start of each year. I will provide at least 30 days' written notice of any fee change. My fees remain competitive with those of psychologists in the Atlanta area with similar training and experience.
- d. **Payment Information:** Payment is due at the time of service unless otherwise arranged. Accepted payment methods include cash, check, Zelle, Venmo (@Jaime-Blandino, set to "Private"), or online BillPay. Please include the session date in the memo line for electronic payments.
- e. **Third-Party Payers:** Even if someone else is paying for your therapy, invoices are still sent directly to you (the client). A signed Release of Information (ROI) is required for me to communicate with a third-party payer.
- f. **Other Notes @ Payment:** You are responsible for tracking your account balance and ensuring timely payment. If reconciling payment issues requires significant administrative time, I may charge an administrative fee.
- g. **Outstanding Balances:** Outstanding balances must be resolved before additional appointments are confirmed unless other arrangements have been explicitly agreed upon in writing.
- h. **Invoices and Superbills:** Invoices are emailed at the time of session unless payment has already been received. Superbills (for insurance reimbursement) are generated upon request only after full payment is received on the day of service. If needed, please email me with specific dates of service and I will send a superbill for those dates within two business days.
- i. **Other Practice Policies:**
  - If we agree on a standing weekly or biweekly appointment, I reserve that time for you and will assume you intend to keep future appointments unless you notify me otherwise.
  - Standing appointments, regardless of "off weeks" where we may meet at a different time than usual, will still be expected to be kept and subject to the cancellation policy.
  - If your account remains unpaid for 60 days without an agreed upon payment plan, I may use legal means (e.g., collections, small claims court) to recover payment.
  - All of these policies apply equally to in-person and telehealth services.
- j. **Financial Hardship and Fee Adjustments:** In cases of financial hardship, a temporary fee adjustment may be available. Any fee adjustments or alternative agreements will first be discussed, then documented separately and signed by both of us.

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**VII. "House Rules"**

- a. **Parking:** Free 2-hour parking is available on nearby streets (E. Howard, Church St., E. Maple). Hourly metered parking is available on N. McDonough Street. Our back lot is staff only, please do not park there. Please allow ample time before your appointment to find parking; if you experience issues finding a spot, feel free to text me for assistance.
- b. **Animals:** Our building policy prohibits animals due to severe allergies among staff and clients. If you require a service animal, please discuss this with me in advance.
- c. **Weapons and Illegal Substances:** Both are strictly prohibited on the premises.
- d. **Waiting Room Etiquette:** Please refrain from using cell phones in the common areas inside (and just outside) of the building; sessions are taking place throughout the building, and we aim to maintain a peaceful and quiet environment for all.

**VIII. Agreement to Enter a Therapeutic Relationship:** By signing this document, you acknowledge that you have:

- Read and understood the contents of this Informed Consent
- Reviewed the HIPAA Notice of Privacy Practices (available on my website)
- Agreed to the outlined policies and expectations for treatment
- Provided informed consent to begin therapy with Dr. Jaime Blandino
- This consent supersedes any previously signed informed consent documents.

I sincerely look forward to partnering with you on your journey toward healing, growth, and greater self-leadership. If you have any questions about any part of this document, please feel free to ask!

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Client Name (Please Print)

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Date

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Client Signature

When you, the client, sign this document, my signature below indicates that you have read, understand, and accept the terms of this agreement. If you would like to discuss any aspect of this before you sign it, please let me know before we begin working together. Once signed by you, my signature below indicates that we have discussed this form together and that I have answered any questions you have regarding this information.

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*Jaime A Blandino, PhD*

Therapist's Signature

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Date

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## Addendum I

### Fee Schedule and Office Policies

Service:	Hourly Fee:
45-50 minute psychotherapy session or consultation (individual/couples/family/conjoint).....	\$220
First session/intake appointment.....	\$235
No-show or late cancellation (<24 hours).....	\$220
Documentation preparation, records request or review (list of documentation services and fees avail upon request).....	\$220
Written communication between sessions (e.g., consultation via email, journal sharing, therapy “homework” done collaboratively)	\$220 (prorated by minute)
Clinical consultation/collaborative care (e.g., psychiatrist, family, previous therapist, other providers).....	\$200 (no charge if <10 min)
Business consultation or clinical supervision (professional community service, not for current clients).....	\$220
Services related to legal proceedings (list of services and fees available upon request).....	\$350
Returned checks.....	\$35 flat + bank charges

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## **Addendum II**

### My Qualifications to Practice as a Psychologist

I am a licensed clinical psychologist in the state of Georgia (license number PSY003050) and I have met all the qualifications required to practice in an outpatient setting. This includes completing a doctoral degree in clinical psychology from an accredited institution (Georgia State University), fulfilling the required internship and postdoctoral supervised experience (Emory University), passing a series of licensing board exams including the Examination for Professional Practice in Psychology (EPPP) and the Georgia Psychology Jurisprudence Examination, and ongoing professional training and education to maintain licensure status (40 CE hours every licensure renewal term).

I only practice within the areas of clinical competence in which I have formal education, training, and experience which may include ongoing clinical supervision as needed to provide the highest quality of care within the bounds of my competence as well as the within the limits of an outpatient psychotherapy office.

I am a registered member of PSYPACT Interstate Telehealth Practice (PSYPACT), which authorizes licensed psychologists to provide Telehealth services across state lines in participating PSYPACT states.

I am in compliance with all business licensing and permitting requirements in Georgia, under my business names Jaime A Blandino, Ph.D., PC and Thrive Center for Psychological Health, LLC.

As a licensed professional, I adhere to the ethical and legal standards set forth by the Georgia Board of Psychology and the American Psychological Association (APA) and am required to obtain ongoing continuing education in the area of Ethics, including additional ongoing training in the current ethics and laws pertaining to Telemental Health.

I carry professional liability insurance through the American Psychological Association (APA) Insurance Trust. This ensures that I am covered for any claims related to my professional practice. This policy is maintained to protect both you and me in the unlikely event of a legal issue arising during our work together.

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