

## Rachel Krasner, LMSW

### Informed Consent and Administrative Policies

Welcome. The following information is meant to inform you about my policies and my understanding of our professional relationship. Therapy is a relationship that requires open communication. If you have any questions about these or any other aspects of your psychotherapy, please feel free to bring them up at any time.

#### Professional Background and Philosophy:

I am a Licensed Master of Social Worker. I have a Master's degree in Social Work from the University of Georgia. I believe that all individuals and families have the capacity to thrive. It is a privilege to work with you in helping you do so. It is impossible to guarantee specific results regarding therapy. However, we will work together to achieve the best possible results for you. It is essential that you are actively involved in setting your goals.

#### Fee:

My regular fee is \$125 per fifty-minute psychotherapy session, \$80 per thirty-minute psychotherapy session, and \$175 per the initial assessment/meeting. My fees are the same for individuals, couples and families. I do not charge for brief phone calls, but do charge for longer calls (15 minutes or more.) Fees for these calls will be charged to the credit card on file or will be due at the next appointment and are as follows: 15 minutes = \$30.00, 20 minutes = \$40.00, 25 minutes = \$50.00, 30 minutes = \$60.00. If you are late for your appointment, that amount of time is deducted from our session. Payment is due in full at the time of service, unless prior arrangements have been made. At the end of each session, you will receive a receipt that you can submit to your insurance company for reimbursement. At this time, I am not associated with any insurance panels. I accept credit card (Visa, American Express, and Mastercard), check, or cash. If you choose to pay by check, please note that there is a \$25 charge for any returned checks.

\*Fee Increase: You will be given 2 months advance notice if I increase my fees.

#### Cancellations:

If you cannot keep your appointment time, please give me **at least 24 hours notice** so that I can make the time available for others. **If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment.** If you are going to be more than 15 minutes late for your appointment, please let me know by calling **404-520-1762**. Please leave a message if you do not reach me directly. Otherwise, if you are more than 15 minutes late, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the missed appointment. Fees are not prorated if you are late.

## **Confidentiality & Exceptions:**

Confidentiality is an essential part of the therapeutic process and is a commitment that I make to you. Consistent also with the mental health laws of Georgia, I will not release any information about you without your written consent. There are specific exceptions to the commitment of confidentiality:

- When I consult with other mental health professionals about our therapy - specific identifying information is not necessary in that instance.
- When I feel as though you are a threat to your own or someone else's safety.
- When a minor child is endangered by abuse or neglect.

In each of these instances, I will make every effort to speak with you before I speak with anyone else. If you are seeing another healthcare provider, it may at times be necessary to exchange information regarding your treatment. In those cases, you will be asked to complete an authorization to release information.

Please review the Notice of Privacy Practices provided to you as part of this new client information. It describes in more detail your rights with regard to Protected Health Information. By signing this Administrative Policies sheet, you are acknowledging your receipt of the Notice of Privacy Practices.

**Communication and Emergency Contact:** I do my best to return phone calls within 24 hours; however, occasionally there are unavoidable delays. Also, routine calls received after 6pm and on the weekends will be returned the next business day. If you need to speak with me immediately, please indicate so on my voice mail and I will make every effort to call you back as soon as I possibly can. In case of emergencies, dial 911.

## **Text Messaging and Emails**

While I do communicate via text and email, I will not have a therapeutic conversation using technology. If you decide to cancel an appointment within the 24 hour cancellation period, please wait for a confirmation from me to confirm your cancellation. **You will be charged for the appointment if you cancel with less than 24 hours notice.**

## **Termination:**

If you decide that you would like to terminate our therapeutic relationship, I do request a termination session to discuss any feelings associated with termination. This session is intended to provide closure for both you and myself.

Please note that all initial paperwork must be redone if a year has passed since our last session.

**Client Signature:**

Your signature indicates that you have reviewed and understand this document, have had all questions answered to your satisfaction, and agree to adhere to the policies. A copy for your records has also been received.

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Client Signature  
(or signature of parent if client is a minor)

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Date