

# Journey 4 Hope Counseling Center, LLC

Douglasville, GA 30134

404-500-9177

Client's Name: \_\_\_\_\_ Insurance: \_\_\_\_\_ DOB: \_\_\_\_\_

## Client Rights and Responsibilities

1. As a client, you will have certain legal and privacy rights. These rights are highly related to the degree of trust necessary in the therapy process. Information regarding these rights is included in the HIPAA packet. Please make sure that you understand these rights and ask questions if you are unsure about these practices.
2. You have a right to be treated with consideration and respect. If you feel otherwise, it is important that you address this with your provider.
3. Know who and when to contact for emergencies. In medical or mental health emergencies, contact 911, go to your nearest emergency room or contact your general doctor. If you are in crisis, please contact Georgia Crisis & Access Line at 1-800-715-4225.
4. Make sure that you have an active role in developing your Treatment Plan and understand it. The treatment plan is the way in which the success of therapy is evaluated and helps in making sure you are accomplishing your goals.
5. Take an active role in therapy by honestly sharing your thoughts, feelings and concerns.
6. Make a commitment to your success, which includes working through tough spots, following through on homework, and being on time for your appointments.

## Appointments, Structure, and Cost of Sessions

1. Appointments are scheduled weekly, biweekly or monthly. If you would like to reserve a certain time period for several weeks in advance, please let us know. Your therapist agrees to provide psychotherapy for the fee of \$125 per 50 minute intake session, \$80-100 per ongoing session, unless otherwise negotiated by you or your insurance carrier. If you have insurance, you are required to pay your co-pay/deductible at time of service. Telephone calls that exceed 10 minutes in duration will be billed at \$2.00 per minute. Telehealth services are available and will be charged the same rate as in-person sessions. Fee for each session will be due at the time of session. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable forms of payment with applicable credit card usage fee. Please note there is a \$25 fee for any returned checks.
2. If you are unable to keep your appointment, *every effort should be made to cancel as far in advance as possible*. Other clients may have preferred the time slot you had for your appointment and may be able to use the time if proper notice is given. ***At least a 24-hour notice is required.*** If the office is closed at the time of cancellation be sure to leave a message with time and date of appointment to avoid fees. If you do not cancel in at least 24 hours in advance, you may be charged a \$65.00 late cancellation fee. Charges are due upon request for payment and can be charged to the credit card on file.

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3. You will notify Journey 4 Hope Counseling Center of your decision to file insurance, know your benefits, and verify pre-certification requirements 24 hours prior to your next scheduled appointment. Proof of insurance will be provided at the time of service, or you will be required to pay the session fee at the time of visit. You will be responsible for paying your full balance should your insurance default on payment for any reason.

4. You may also choose to pay privately as a self-pay client. In this case, you will be provided a written Good Faith Estimate of costs in accordance with the No Surprise Act. Fees are \$125 for initial intake session and range from \$80-100 per ongoing psychotherapy session.

5. If your counselor is subpoenaed to court on your behalf, the charge will be a minimum of \$300.00 (two hours including travel) and \$150.00 for each hour thereafter. If court is canceled or postponed or it is decided that your counselor's testimony is not needed without a 48 hour notice, you will be charged a \$65.00 fee for each hour you have booked. Less than 24 hours notice to Therapist will result in the full fee being charged.

5a. You have the right to request records. For records requests of under 10 pages, there will be no charge. For record requests over 10 pages, the fee shall be 50 cents per page (either printed or emailed). For a clinical summary or original letter with a clinical opinion, and approved by Practice Owner, the fee for this service starts at \$25 and is variable based on extent of opinion and detail rendered.

6. Journey 4 Hope requires a method of payment for the portion of services approved by your insurance carrier, but for which you are responsible. By signing the Credit Card Authorization Form, you authorize secure storage and charges to your credit card through Stripe via SimplePractice for services rendered. This relates to all balances approved by your insurance carrier but, are my responsibility.

7. You should be aware that in the event of default of payment on this account, your account may be turned over to an outside collection agency or legal representative for collection. Any additional costs incurred by Journey 4 Hope Counseling Center to collect the outstanding balance will become your responsibility.

8. The therapeutic process requires regular and consistent effort to make and maintain progress. If there are 3 missed/improperly cancelled appointments, the therapist can make the decision to terminate therapy. You will be notified of this decision if this occurs.

9. The frequency of your appointments will be a joint decision, however, it is strongly encouraged that the first four sessions be weekly so goals can be established and you can develop a good working relationship with your therapist.

## **Statement Regarding Ethics, Client Welfare, & Safety**

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*Journey 4 Hope Counseling Center* assures you that services will be rendered in a professional manner consistent with the ethical standards of the *National Association of Social Workers*. If you are dissatisfied with any aspect of the counseling process, please inform your therapist immediately so you both can determine if your work together can be more effective or whether referral would be appropriate. If you think you have been treated unfairly or unethically and we cannot resolve the problem, you may contact the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapists at 844-753-7825; <http://sos.ga.gov>; 237 Coliseum Dr. Macon, GA 31217.

Due to the nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your therapist, with your participation, 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 our intention to help you manage changes in your interpersonal relationship 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 your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form and agree to these policies.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

If Applicable:

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date