



Welcome to your first session at Purposed by Design Counseling, LLC! This form provides information about the services you will receive: Please review it carefully, and feel free to ask any questions.

### ***Background Information***

Yulonda Driver is a Licensed Professional Counselor (LPC) in the state of Georgia as well as a Nationally Certified Counselor (NCC). LPC006274 and NCC212015

She received a Master's degree in Community Counseling and a Bachelor's degree in Human Services. She has also received a certification in Career Counseling.

### ***About our services:***

The potential benefits of counseling are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after counseling. Clients understand that healing and growth are often difficult and painful. Some discomfort, even a worsening of symptoms, will likely be a part of the counseling process. There is no specific time frame in which clients begin to 'feel better.' Some clients report improvement after the first few sessions and for others counseling may take years. Counseling is most effective when clients are willing to fully commit to the process. Honesty with your counselor and willingness to work outside of sessions will likely create better outcomes. There are no guarantees about what your experiences will be.

The first 2-3 sessions will involve a comprehensive evaluation of your history, needs and expectations/goals for counseling. After this time, your counselor may be able to give you an assessment of the time-frame for counseling and develop with you an initial treatment plan.

### ***Confidentiality/Personal Health Information:***

Your counselor is required to keep records of all the communications between client and counselor to include sessions, telephone calls, texts, and email contact. These records will be a brief synopsis of the conversation. Your records will be maintained in a secure location to protect your privacy. A judge can subpoena your records for a variety of reasons, and if this happens, the counselor must comply with the court order. Also, in order to file for insurance reimbursement, you may have to be assigned a diagnosis. If you have any questions, please let your counselor know.

All communications and records with your counselor are held in strict confidence with very few exceptions. Information may be released in accordance with state law, when ***(1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes, or (5) a subpoena or court order is received directing the disclosure of information.*** To protect your privacy to the greatest extent of the law, it is our policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

In working with couples and families, the couple/family as an entity is considered my client. Please note, that with couples and families, *I do not agree to keep secrets.*

### ***Methods of Contact:***

On occasion, you may have a need to contact your counselor outside of the therapy sessions. You may contact your counselor through phone, text or email. Your counselor will not respond after normal business hours but will make every effort to respond to your communications within 1-2 business day.

It is not appropriate to contact your counselor if you are in crisis, as your counselor will not always be available to speak. If you have an emergency:

-Call 911 or go to your local emergency room

-Contact the Georgia Crisis & Access Line at 1-800-715-4225 or the National Suicide Prevention Lifeline at 1-800-273-8255

*Electronic Communication.* Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. Purposed by Design Counseling, LLC sometimes communicates with clients using these mediums. There have been precautions taken to avoid the compromise of confidentiality-including encrypted email. If you would prefer to not be contacted by telephone or email, please inform your counselor and we will honor this request.

*Client Follow Up.* Your counselor may "follow up" with you after counseling has ended. 1 month, 3 month, or 6 month follow up calls may be made to check in with clients and see if gains made in counseling have been maintained. If you would prefer that Purposed by Design Counseling, LLC not contact you, simply inform your counselor and your preferences will be respected.

### ***Scheduling and Cancellations***

Scheduling an appointment is a commitment that both counselor and clients honor. Appointments can be cancelled or rescheduled if 24 hours notice is provided. If sessions are cancelled or rescheduled with less than the required notice, or if a client misses a session, the client agrees to pay for that session. Please know that exceptions to this policy *may* be made in the instance of a serious medical emergency or serious family emergency.

### ***Work Agreement***

It is agreed that the client shall engage in the counseling process as an important priority in his or her life. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior showing disinterest, lack of commitment, or for any unresolved conflict or impasse between counselor and client. Your counselor reserves the right to end therapy and provide you appropriate referrals for any reasons including, but not limited to, failure to participate in treatment, conflicts of interest, lack of payment of fees, or the belief that the counselor may not be the best person for your needs.

*Conflict Resolution.* Purposed by Design Counseling, LLC works hard to make sure that you have a positive counseling experience. However, if a conflict occurs, it is agreed that any disputes shall be negotiated directly between the parties. If these negotiations are not satisfactory, then the parties agree to mediate any differences with a mutually acceptable third-party mediator. If these are unsatisfactory, then the

parties shall move to arbitration, and then binding arbitration, choosing an arbitrator mutually agreeable to both. Litigation shall be considered only if and after all of these methods of resolution are given a good faith effort and are unsatisfactory.

### ***Emergency Contacts***

Your counselor will require emergency contacts for you, such as the phone number and location of a family member. Your counselor may also require alternative methods for contacting you, such as a mobile phone or work phone number. These emergency contacts may be used if the counselor perceives a need.

Purposed by Design Counseling, LLC is considered outpatient treatment and is set up to accommodate clients who are reasonably safe. Your counselor is not able to provide emergency services nor provides 24 hour availability. You will be referred to emergency services (911 or local emergency room) if a crisis occurs or you are deemed to be unsafe.

### ***Services Fees***

Payment is due at the time of your scheduled session. Payment can be made in cash or debit/credit cards. *Clients understand they are fully responsible for all fees.*

My standard fee is \$75.00 per session. The initial session/intake is \$125.00. A 30 day notice will be given of any change to fees.

If your counselor has to be subpoenaed to court for any reason regarding your case this will require that they clear their calendar for the day. You will be charged the hourly fee of \$75.00 per hour that the counselor is required to participate in this court case to include preparing documentation, discussion with lawyers or others related to the case, transportation to and from court, and attendance at court to include the time spent waiting at the court house. Please remember that if your counselor is subpoenaed to court you lose a certain degree of privacy.

### ***Insurance***

*Currently, I do not accept insurance.* The amount of reimbursement and the amount of any co-pays or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental health conditions. You should also be aware that you are ultimately responsible for verifying and understanding the limits of your insurance coverage. Your counselor is unable to guarantee whether your insurance will provide payment for the services provided to you.

### ***Other Rights***

If you are unhappy with what is happening in therapy please discuss your concerns with your counselor. These concerns will be handled with care and respect. Your counselor will make every attempt to help you feel supported and reach your personal goals within ethical limitations. If you continue to be unhappy with your treatment you have the right to report concerns to your counselor's licensing board within the state of Georgia. You have the right to ask questions about your service and the right to end therapy at any time. You have the right to safe and respectful care without any discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about your counselor's specific training and experience.

You have the right to expect that your counselor will not have any social or sexual relationship with clients or formal clients. Ethically, your counselor cannot enter into a personal (dual) relationship with a client outside of professional counseling services. Your counselor will make every effort to maintain your privacy therefore will not address you in public unless you speak first.

**We, the counselor and client, have read, understood, and agreed to honor the information and policies described in this form.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name Printed \_\_\_\_\_

If client is under the age of 18 a parent's signature is needed.

I consent that \_\_\_\_\_ may be treated as a client by Yulonda Driver at Purposed by Design Counseling, LLC.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider Name Printed Yulonda Driver, LPC

I have read and received a copy of the notice of Privacy Practice and Clients' Rights documents.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name Printed \_\_\_\_\_