



**INFORMATION, AUTHORIZATION, &  
 CONSENT TO TREATMENT**

Welcome to Legacy Strategy, Inc. (LS)! We are pleased that you selected our facility for your therapy, and we are sincerely looking forward to assisting you! This document is designed to inform you about what you can expect from therapeutic services, policies regarding confidentiality, emergencies, and several other details regarding your treatment here at LS. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your therapist is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

**Theoretical Views & Client Participation**

It is our belief that as people become more self-aware, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness is a goal that may take a long time to achieve. Some clients need only a few sessions to achieve their therapeutic goals, whereas others may require a longer amount of time. As a client, you are in complete control of the duration of treatment, and you may end your relationship with your therapist 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 your therapist talk about both during and between sessions. It is recommended that you avoid any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest in the therapeutic process, the greater the return.

A therapist offers you choices and helps you choose what is best for you. It is the therapist's responsibility to assist you in learning how to solve problems better and make healthy decisions. A therapist's responses to your situation are based on tested theories and methods of change.

Furthermore, it is our policy to only see clients who we believe has the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your therapist. We will make appropriate recommendations in the event that the therapeutic intervention does not seem to be helping. If this is the case, your therapist will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you believe that transferring to another facility or another therapist is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit.

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### Confidentiality & Records

Your communications with your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet at the LS primary office. All records are kept in this secure location as mandated by law for a period of seven years after your last DOS (Dates of service) and disposed on sight under supervision by a bonded company of the Director's choosing. Your PHI includes all identifying information, your treatment plan and diagnostic information, your DOS, any and all communication with us, any and all reports made by us on your behalf, your financial transactions with us and your Patient information forms that you have completed upon your first appointment. Additionally, your therapist will always keep everything you say to him or her completely confidential, with the following exceptions: (1) You request in writing for your therapist to release your information and you sign a "Release of Information" form; (2) Your therapist determines 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; (4) In keeping with the generally accepted standards of the mental health industry and state laws, your therapist may seek consultation with the Director or other LS therapists in order to better serve your needs; or (5) Your therapist is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her 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 counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that an appeal will be sustained, but we will do everything in our power to keep what you say confidential. Please note that in family and couple's counseling, your therapist does not agree to keep secrets from other family members who enter into treatment with you.

### Education & Credentials

Our therapists have different levels of education, expertise, and experience. Please visit our website at [www.legacystrategy.com](http://www.legacystrategy.com) for more information on your therapist. All Legacy therapists are independent contractors that are under the direction of Dr. M. Diane Pearce, a Marriage & Family Therapist who is also an AAMFT Clinical Supervisor. In order to verify your therapist's credentials, you may to either review the LS website or contact the GA Composite Board at 478-207-2440 or <http://sos.georgia.gov/plb/counselors/>

### Structure, Cost of Sessions & Insurance

Your therapist agrees to provide psychotherapy for a fee ranging anywhere from \$100 and \$150 per 45-50 minute session. The session fee is determined by the license level and the years of experience within our industry. After the first session is paid in full, you may choose to fill out a Reduced Rate Application and request a lower fee with your therapist if you are NOT using insurance to cover your fees. Telephone calls that exceed 10 minutes in duration will require that a full session be scheduled and will be billed at the normal session rate.

Our practice accepts payment at the time of service in the form of cash, personal check, Visa, MasterCard, Am Exp., Discover, or HSA (Health Savings Account). We will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance IF applicable to

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you. We are unable to schedule clients with an outstanding balance of \$200 or more. Please note that there is a \$40 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise arranged, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement, as some of our therapists are considered to be out of network. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. All Clinical material with your personal information, including but not limited to receipts or reports requested by you, given to you by LS or its representatives is your sole responsibility upon receipt.

### **Cancellation Policy**

In the event that you are unable to keep an appointment, you must notify our office at 678-468-9103 at least 24 hours in advance. If such advance notice is not received, LS, will assess a late cancellation or no show fee of half to the full therapist's customary fee. Please note that insurance companies and all third party payers do not reimburse for missed sessions. We understand that on occasion an emergency arises preventing the client from keeping an appointment or calling within the 24-hour period for cancellation. However, we will charge the late cancellation fee after three (3) emergency cancellations have occurred within a 12-month period of time.

### **In Case of an Emergency**

LS is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. LS is **NOT** considered a crisis clinic; therefore we are not available at all times. If at any time this does not feel like sufficient support, please inform your therapist, and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, your therapist will return phone calls within 24-48 hours. However, keep in mind that in the event of a mental health emergency, to avoid using electronic forms of communication with your therapist and do one of the following:

- Call GA Crisis Hotline at 1-800-715-4225
- Call 911.
- Go to your nearest emergency room.

### **Professional Relationship**

Psychotherapy is a professional service we will provide to you. Due to the ethical standards of our industry, the relationship with your therapist must remain professional. Dual relationships are to be avoided. Therapists are also required to avoid the appearance of anything other than a professional relationship.

In order to protect your privacy the therapist will not address you in public unless you speak to him or her first. Therapists are obligated ethically and legally to remain diligent in protecting your privacy, your therapist must also decline any invitation to attend gatherings with your family or friends. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for the purpose of confidentiality.

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

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LS assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association and/or the American Counseling Association and/or the American Association for Marriage and Family Therapy. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact our Director, Dr. Diane Pearce, at 678-468-9103.

Due to the very 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 be aware that changes made in therapy may affect your personal relationships or your work satisfaction. 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 relationships in a manner that is respectful of yourself and others.

When you and your therapist are able to target your specific treatment needs and the particular modalities that work the best for you, typically improved relational benefits are seen as well as a reduction in maladaptive behavior.

### **Court Appearances & Legal Fees**

As therapists, we consider our participation in court proceedings to be counterproductive to the therapeutic process. Therefore, some of our therapists have chosen not to be involved in any kind of court proceedings. If it is your intent to have your therapist involved in legal proceedings, it is necessary to disclose that to your therapist at the onset of treatment.

In the event that your therapist is required to participate in court proceedings on your behalf, it is customary and usual practice that all court fees are to be charged at double the hourly therapeutic rate of your therapist. Please review this with your therapist in the event that this is pertinent.

### **Technology & Tele Mental Health Concerns**

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 us that we maintain your confidentiality, respect boundaries, and ascertain that your relationship with your therapist remains therapeutic and professional. Therefore, we've developed the following policies:

**Cell phones:** It is important for you to know that cell phones may not be completely secure and confidential. However, we realize that most people have and utilize a cell phone. Your therapist may also use a cell phone to contact you. If this is a concern for any reason, please feel free to discuss this with your therapist.

**Text Messaging:** It is against LS policy for a therapist to utilize texting with a client.

**Email:** Email is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to email because it is a quick way to convey information. Please know that it is our policy to utilize this mean of communication strictly for brief

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topics only and topics that are not clinical in nature. Therefore, please do not bring up any therapeutic content via email to prevent compromising your PHI. In addition, please know that we are required to keep a copy of all email transactions as part of your clinical record.

**Social Media (Facebook, Instagram, etc.):** It is our policy not to accept requests from any current or former client on social networking sites such as Facebook or Instagram because it may compromise your confidentiality. Our therapists may have a Twitter account or be on LinkedIn. You are welcome to follow us on any of these professional 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 your therapist or LS.

**Google, etc.:** It is our policy not to search for our clients on Google or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself to your therapist as you feel appropriate. If there is content on the Internet that you would like to share with your therapist for therapeutic reasons, please print this material out and bring it to your session.

**Twitter & Blogs:** We may post on Twitter or write an entry on a blog. If you have an interest in following either of these, please let your therapist know so that he/she may discuss any potential implications to your therapeutic relationship. Once again, maintaining your confidentiality is a priority. We would recommend using an RSS feed or locked Twitter list, which would eliminate you having a public link to our content.

**Tele Mental Health policy:** Phone sessions and/or video conference sessions (i.e., skype, web cam, etc.) are not recommended. However, we do recognize that at times you may request a session via phone or electronic device. In doing so, LS cannot guarantee the privacy of your session due to the ever-changing technology implications. Please review your therapist's availability if this is your desire, as not all licensed therapists will provide tele mental health counseling. Doing psychotherapy by telephone or other video conferencing is to be avoided if possible.

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 we are open to any feelings or thoughts you have about these and other modalities of communication.

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We are 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 your therapist.

Please print, initial the bottom of each page, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your therapist/group leader, and you are authorizing your therapist/group leader to begin treatment with you.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

*If Applicable:*

\_\_\_\_\_  
**Parent's or Legal Guardian's Name** (Please Print)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's or Legal Guardian's Signature**

The signature of the Therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist's Signature**

\_\_\_\_\_  
**Date**

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