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Informed Consent & Office Policy Statement

I. Welcome!

Thank you for choosing DSW Diversity Consulting for your psychotherapy needs! The following information will acquaint you with information relevant to treatment, confidentiality and policies. Please inform me of any questions you have regarding any of these policies. When you sign this document, it will represent an agreement between us.

II. Aims and Goals:

The major goal of therapy is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychological and spiritual healing and growth and/or psychiatric treatment.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session. Remember that therapy is an active process and does require work. Simply coming to therapy will not bring about change.

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III. **Appointments:**

Initial sessions include an intake evaluation and are scheduled for up to 90 minutes. The aim of the initial session is to give you a chance to tell me about your presenting concerns and how you hope to benefit from therapy. The first few sessions are also meant to help us both decide if I am the best person to provide the services you need in order to meet your treatment goals.

Follow-up psychotherapy sessions are scheduled for 50 minutes. The frequency of sessions will be negotiated between therapist and client. Based on the issue we are working on, we may choose weekly, biweekly, or monthly sessions. Oftentimes, people will have more frequent sessions at the beginning of treatment or during times of extreme stress and will attend less frequently as time goes on. Together we will reevaluate your needs on an ongoing basis.

In some situations, if it is deemed appropriate, we may agree to have a telehealth session (video/online/telephone) which will be provided through a HIPAA-compliant platform called doxy.me for video/online. Initial sessions must be conducted in person. The same fees apply as in person sessions. Insurance plans typically do not reimburse for services not conducted in person, therefore, this service is self-pay and the credit card on file will be charged prior to the session.

IV. **Emergencies:**

Due to my schedule, I am often not immediately available by phone, as I am usually with clients. I will not answer the phone if I am in session with another client; however, phone calls are answered by voice mail that is frequently monitored and I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. Further, I am unable to provide emergency services. In the case of an emergency, please do one or more of the following:

- Call 911,
- Go to the nearest hospital Emergency Room,
- Call the National Crisis Line (1-800-273-8255)
- Call Behavioral Health Link/GCAL (1-800-715-4225)
- Call Peachford Hospital (770-454-5589)
- Call Lakeview Behavioral Health (770-766-7006)
- Call Ridgeview Institute (770-434-4567).

Please do not wait to be contacted before you utilize these resources. If I am going to be unavailable for an extended period, you will be provided with the name of a trusted colleague providing coverage.

V. **Fees:**

Individual therapy sessions are charged at the rate of \$190 for the initial intake session and \$175 per subsequent 50-minute session. DSW Diversity Consulting reserves the right to change the fees with a 30-day notice. Phone calls will be charged a prorated rate of \$2.50 per minute if they last longer than 10 minutes. This will be charged to the credit card on file. If you fail to pay any costs or outstanding

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balance, you agree to pay the costs incurred for collections. In most collections situations, the only information I release regarding a patient's treatment is their name, the nature of services provided, and the amount due. Therapy sessions may be postponed until full payment of outstanding debt is made.

VI. **Payments:**

Payment is due at the time of the session unless other arrangements have been made. Accepted methods of payment include credit/debit card, Paypal, cash, or personal check. Cash payments must be exact change only as I do not keep change on hand in the office. There will be a \$30.00 fee for any checks returned from your bank.

I am an out-of-network provider, which means that I am not currently accepting any insurance plans; however, I can provide you with a receipt (superbill) that you may remit for reimbursement through your insurance company for out-of-network benefits. If you plan to use insurance benefits to help with the cost of therapy, it is very important that you find out exactly what mental health services your insurance policy covers by calling the customer service phone number on the back of your insurance card (there is often a separate phone number for mental health or "behavioral health" services information). When speaking with your insurance company, you will want to ask them the following questions:

- What are my "out-of-network" outpatient mental health insurance benefits?
- What is my deductible and how much of it have I met?
- Is it possible to meet with a provider that I choose and submit receipts for reimbursement?
- What is the process for seeking reimbursement?
- Are there any limitations on how many services a year that will be covered?
- What is the coverage amount per therapy session (CPT codes: 90837 [50 min] or 90834 [45 min])?
- How long will it take to receive my reimbursement?
- Do I need a referral from a primary care physician?
- Do my benefits cover telehealth services (online counseling)?

Please note that although you may receive reimbursement, you (rather than your insurance company) are responsible for full payment of the fees at the time of the session.

Please be aware that typical insurance plans such as HMOs and PPOs are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for reimbursement of additional therapy after a certain number of sessions. While much can be accomplished in short-term therapy, some people feel that they need more services after insurance benefits end. Some managed care plans will deny you reimbursement after your benefits run out. You should also be aware that your contract with your health insurance company often requires that I provide information relevant to the services I provide to you

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and I may be required to provide a psychiatric diagnosis. Your insurance company may also request that I provide additional personal history and clinical information or copies of your entire Clinical Record. In such situations, I will discuss with you your options. I will also make every effort to release only the minimum information about you that is necessary for the purpose of reimbursement. This information will become part of the insurance company files. I encourage you to carefully weigh the economic benefits against the privacy risks that may arise from sharing the information described above when determining whether or not to request reimbursement from your insurance carrier.

VII. Cancellations and Missed Appointments:

If you must cancel your appointment, please notify me at least 24 hours in advance of your scheduled appointment. Messages may be left via voicemail. An \$85 charge will be incurred for cancellations with less than 24-hour notice or for No Show appointments and will be charged to the credit card on file. It is important to note that insurance companies do not cover costs for appointments not attended, so you will likely be solely responsible for the charge.

VIII. Court:

As your therapist, I will not participate in legal proceedings (including divorce or child custody proceedings) because my primary relationship with you is therapeutic in nature. If subpoenaed by court, I will assert client-therapist privilege. If ordered by a judge to disclose information, by signing this form you agree to the following fees: DSW Diversity Consulting, LLC bills at the rate of \$300 per hour for court attendance, which begins once I leave the office. A fee of \$900 for three hours will be charged to your credit card on file prior to the court attendance and is non-refundable if less time is needed. If the court attendance exceeds three hours, your credit card on file will be billed for the remaining time. This fee is for my time and preparation, even if I do not testify and applies even if I am subpoenaed by another party. Please be aware that you are also agreeing to pay for fees for time spent managing legal issues i.e., responding to court orders, phone conversations, reviewing files, etc. DSW Diversity Consulting, LLC bills at the rate of \$50 per 30 minutes for the above services and \$50 must be paid before I will respond to legal matters.

IX. Confidentiality:

In general, the privacy of all communications between a client and a psychologist is protected by law, and I can only release information about our work to others with your written permission (signed Release of Information). There are a few important exceptions to this where I am permitted or required to disclose information without either your consent or authorization. These situations are as follows:

1. In most legal proceedings, you have the right to prevent me from providing any information about your treatment; however, in some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if they determine that the issues demand it.
2. If a government agency requests information for health oversight activities, I may be required to provide it to them.

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3. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client to defend myself.
4. If a client files a worker's compensation claim and I am providing treatment related to that claim, I must, upon request, furnish copies of all medical reports and bills.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment:

1. If I have reason to believe that a child has been abused, I am required to file a report with the appropriate state agency. Once such a report is filed, I may be required to provide additional information. In addition, the Georgia Child Endangerment Law requires that I report to the appropriate governmental agency if I am made aware of a child witnessing acts of violence between adults.
2. If I have reasonable cause to believe that a disabled adult or an elderly person (over 65 years of age) has had a physical injury inflicted upon them other than by accidental means or has been neglected or exploited, I am required to report this to the appropriate agencies. Once such a report is filed, I may be required to provide additional information.
3. If I determine that a client presents a danger of physical harm to another, I may be required to take protective actions. These protective actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
4. If a client threatens to harm themselves, I may be obligated to seek hospitalization or to contact family members or others who can help provide protection.

There are other situations that require that you provide only written, advanced consent. Your signature at the bottom of this form provides consent for these activities as follows:

1. I may find it helpful to consult other professionals about a case. During a consultation, your identifying information remains anonymous. The consultant is also legally bound to keep the information confidential.
2. Disclosure required by health insurers or to collect overdue fees as discussed in the Georgia Notice form.
3. I currently do not employ administrative staff. If this situation changes, I will notify you in writing with a revised consent form.

If one of these situations occurs, I will make every effort to fully discuss it with you before taking any action.

Minors and Parents

Clients under 18 years of age (who are not emancipated) and their parents should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child or we agree otherwise. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is my policy to request an agreement from parents

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that they consent to limited access to their child's records. If they agree, during treatment I will provide them only with general information about the progress of their child's treatment and their attendance at scheduled sessions. Any other communication will require the child's Authorization. However, if I feel that the child is in danger or is a danger to someone else, I will notify you of my concern, if prudent. If possible, I will discuss the matter with the child before giving any information to you and I will do my best to handle any objections they may have. **If you are divorced or separated, or were never married to your child's other parent, you must provide to me, in writing, proof that you are able to provide consent for treatment, as soon as possible.**

Sign

Date

*Your signature indicates your agreement with the Minors and Parents policy.

X. Record Keeping:

The laws and standards of my profession require that I keep a clinical record of treatment, which is referred to as Protected Health Information (PHI). A clinical chart is maintained describing your condition, your treatment and progress in treatment, dates and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section. Medical records are kept in a file stored in a locked cabinet in my home office. Your mental health records will be maintained for a period of not less than 7 years.

XI. Record Requests:

You are entitled to examine and/or receive a copy of your records if you make a written request except in certain circumstances that involve: 1) danger to yourself and/or others, 2) where records make reference to another person (unless such person is a healthcare provider) and I believe that access to records is reasonably likely to cause substantial harm to such person, 3) where information has been provided to me by confidential others. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, if you wish to see your records, I recommend that you review them in my presence or have me forward your records to another mental health professional so that you can discuss the contents and ask any questions that may arise. In the event you request your record to be sent or picked up, a fee of \$45.00 is charged for time spent preparing, copying, and mailing your record. Payment is required before the record is sent. Record requests are typically able to be handled within 2 weeks of the request unless I am out of the office/on vacation.

XII. Professional Relationships:

Psychotherapy is a professional service that I will provide to you. A unique relationship forms between a therapist and a client which oftentimes feels like a friendship due to the level of trust and rapport that

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has been established. The difference is that therapy relationships are typically focused on you rather than being reciprocal between both people. This is an important quality to allow us to understand the issues that brought you in. Because of the nature of therapy, our relationship has to be different from most relationships. In addition to the reciprocity, therapy may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other way, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. It is also important for you to know that therapists are required to keep the identity of their clients confidential. To maintain your confidentiality, I will not address you in public unless you speak to me first. I must also decline any invitation to attend gatherings with your family or friends. Finally, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a therapist to always maintain a professional role.

XIII. **Social Networking and Internet Searches:**

I do not accept friend requests from current or former clients on personal social networking sites, such as Facebook, Instagram, Linked In, Twitter or Pinterest. Adding clients as friends on these sites and/or communicating via such sites can compromise privacy and confidentiality and blur the boundaries of the therapeutic relationship. For these reasons, I request that clients not communicate with me via any interactive or social networking websites. If you choose to follow my professional sites, such as a professional blog or Facebook business page, I will not acknowledge you or make any disclosures that would violate your confidentiality. Posts you make on these professional networks may be seen by other people and are made at your own risk.

XIV: **Text Messaging and Email:**

Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. It is my policy to utilize these means strictly for appointment confirmations (nothing that could be interpreted as therapy). Therefore, please do not bring up any therapeutic content via text or email. If you do, please be informed that I will not respond. It is also important for you to know that I am required to keep a summary or copy of all emails and texts as part of your clinical record that addresses anything related to therapy. **Email and text messages are not appropriate or acceptable forms of emergency communication.** If an emergency situation arises, please utilize the resources listed above in the "Emergencies" section.

XV. **Audio or Video Recording:**

Unless otherwise agreed to in writing by all parties beforehand, there shall be no audio or video recording – by either party – of therapy/testing sessions, phone calls, or any other services provided by myself.

XVI. Recommendations to Websites or Applications (Apps):

During our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may track your activity and may allow other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites or apps may be able to see that you have been to these sites by viewing the history on your device. Thus, it is your responsibility to decide and communicate to me if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time.

XVII. Complaint Resolution:

My services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association. I want to ensure that you are satisfied with the services you receive; however, I also recognize that as with any ongoing relationship, times of conflict may occur. It is important that you feel your concerns are heard. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please inform me immediately so we can discuss and resolve the situation. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

XVIII. Termination of Services:

The ultimate goal of therapy is for you to be able to utilize the skills you have learned within your relationships so that you can live a more meaningful life. You and your therapist will discuss termination as a process that is a part of treatment and will work together to determine when termination is appropriate. If at any point you choose not to continue therapy prior to this, please notify me of your decision immediately so the chart can be closed. If you fail to reschedule an appointment within 3 months of your last session without prior discussion, therapy will officially be terminated, and your case will be deemed closed. A new assessment will be required to restart therapy.

XIX: Patient Rights

HIPAA provides you with several rights with regard to your Clinical Record and disclosures of protected health information. These rights include the following: 1) requesting that I amend your record, 2) requesting restrictions on what information from your Clinical Record is disclosed to others, 3) requesting an account of most disclosures of protected health information, 4) determining the location to which protected information disclosures are sent, 5) having any complaints you make about my policies and procedures recorded in your records, and 6) the right to a paper copy of this Agreement, the attached Georgia Notice form, and my privacy policies and procedures.

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XX. Psychotherapy Considerations:

Due to the very nature of psychotherapy, I cannot guarantee specific results regarding your therapeutic goals; however, with your participation, we will work to achieve the best possible results for you. Please be aware that changes made in sessions may affect other people in your life. You will be making changes while other people may not, which may lead to disruptions within relationships. 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 working on certain difficult areas of your life. A topic usually isn't sensitive unless it needs attention, therefore, discovering the discomfort is actually a success.

XXI. Consent for Treatment:

By signing below you acknowledge that you have read and understood the Informed Consent Statement and Confidentiality Policy; have had your questions answered to your satisfaction; accept, understand, and agree to abide by the contents and terms of this agreement and consent to participate in evaluation and/or treatment; and understand that you may withdraw from treatment at any time. Your signature also indicates that you have received and understand the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices provided to you separately.

Print name	Signature	Date
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Therapist/Witness signature	Date
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