INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your therapist. I am sincerely looking forward to partnering with you in your therapeutic journey. I call those I see ‘patients’, versus ‘clients’, throughout this document due to my view that mental health needs and mental illness are true medical conditions. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, fees, and other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

**Background Information**

Staying up to date on treatment interventions, modalities, and certifications is highly important to me and crucial in mental health. Education is an important part of gaining the experience and skills necessary to provide ethical and competent clinical therapy. I graduated from the University of Tennessee with a 3.8 GPA with my Doctorate in 2021. I obtained my certification in working with sex offenders from the University of Louisville in 2009. And, I graduated from the University of Georgia with a 3.5 GPA with my Masters in 2002. I created my own counseling company: Caldwell Counseling Services, LLC in 2016 leaving the ‘corporate world’, and my role as Clinical Director of a large company, behind to instead specialize and focus on patient centered services in a more relaxed atmosphere.

Early in my college career, I had the benefit of working at Central State Psychiatric Hospital which led me to pursue a career in the field of mental health and psychology- I love psychopathology and understanding the role of the brain in mental health issues. When I first graduated college, I went to Spain and provided in home counseling while also teaching English to adults. In returning to the United States, I worked for the Department of Juvenile Justice Macon YDC working with teens with dual diagnosis, substance abuse and mental health, and long-term incarceration while also providing a campus wide group for sexual abuse survivors. After that time, I assisted implementing and growing an intensive psychiatric residential treatment facility in the middle Georgia area and remained there for several years. In leaving the psychiatric facility, I resumed providing counseling services in the school system, homes, and community through Intensive Family Intervention services throughout Georgia. I fulfilled this role early in my career as I obtained my Masters degree and enjoyed restarting the challenge of building teams in the middle Georgia area while managing teams throughout South Georgia. My love and passion for leadership and training others continued as I currently provide contracted supervision to other therapists and staff trainings. I share all of this with you to help you understand my vast array of experience since 1998 in this field.

Until COVID disrupted our court system proceedings, I served on Judge Matthews Bibb County Judicial Citizen Review Panel and Judge Spivey’s Jones County Judicial Citizen Review Panel in giving recommendations for Department of Family and Children Services cases. I am certified in 2 substance abuse programs and certified in a multitude of clinical assessments. I have strong skills in providing mental health and substance abuse services with a majority of my patients seeking help for mood disorders, relational difficulties, anxiety, and life transitional or adjustment issues. I am a Georgia Licensed Clinical Social Worker with over 15 years of supervisory and crisis experience. Now, enough about me let’s talk about my therapeutic relationship with you.

**Theoretical Views, Length of Therapy, & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. Self-awareness and self-acceptance are goals that may

take a long time to achieve. Some patients need only a few sessions to achieve these goals, whereas others may require months, or even years of therapy. As a patient, you are in complete control, and you may end your relationship with me at any point. Please recognize therapy may get difficult and overwhelming at times and it is during those times we need to discuss the difficulty and what is triggering it. You are coming to therapy to focus on difficult topics, relationships, problems, and emotions and that is not easy. There may be times you enjoy therapy and other times you dread it. Please know this is the normal ebb and flow of true therapeutic work and part of your therapeutic journey.

For therapy to be most successful, it is important for you to take an active role allowing yourself to be vulnerable through honesty and openness. This also means working on the what you and I talk about both during and between sessions. Please avoid any mind-altering substances like alcohol or non-prescription drugs for at least six hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

It is my policy to only see patients who I believe have the capacity to resolve their problems with my help. I try to remain transparent and open in discussing progress made in therapy as well as barriers to continued progress or lack thereof. It is my intention to empower you in your growth process to the degree that you can face life’s challenges in the future. I don’t believe in creating dependency and my goal is to give you the insight and skills necessary to lead a fulfilled life without me.

Your personal development is my number one priority. I don’t believe in prolonging therapy if the therapeutic interventions do not seem to be helping. If this is the case, I will provide you other resources that may be a better fit. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way may produce maximum benefit.

**Confidentiality & Records**

Your communications with me will become part of your clinical record of treatment and are referred to as Protected Health Information (PHI). Your PHI will be kept in a locked file cabinet in my office with session documentation kept in an encrypted electronic medical record (EMR) system named Oncelogix Sharenote. Self-pay patient session information is not added into the EMR.

**Confidentiality:** I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a “Release of Information” form; (2) I determine that you are a danger to yourself or others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication”. Privileged communication is your right as a patient to have a confidential relationship with your therapist. If for some reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in **couple’s counseling**, I do not agree to keep secrets. If you are coming to me as a couple for couple’s counseling, information revealed in any context may be discussed with either partner. If you are not coming for couple’s counseling and you choose to involve someone else in your therapy session, you as my patient, are my primary priority. I will only disclose what you give permission to have disclosed and ethically I must inform the other person of that prior to the start of the session.

I have two employees in addition to myself. One does not have access to patient information other than managing the waitlist and setting up initial appointments. The other has ongoing access, as she manages the EMR and medical billing. She has signed a confidentiality agreement and fully abides by the same agreement I am providing you within this contract. The EMR company, OnceLogix Sharenote, also has an agreement with Caldwell Counseling Services, LLC and stringent encryption and data management steps are maintained to protect your information.

**Structure and Cost of Sessions**

R**ates:** I will provide individual psychotherapy for the fee of $120 per 45-minute session and family and couples psychotherapy for the fee of $150 per 45-minute session unless otherwise negotiated by you or your insurance carrier. Each additional 15-minute increment is an additional $30 thus an individual psychotherapy session for 60 minutes is $150 and a family or couples session for 60 minutes is $180. Most sessions are scheduled with 45/50-minute time frames unless otherwise arranged in advance.

The fee for each session is due at the session. Cash, personal checks, debit, and credit cards are accepted. Please note there is a $35 fee for returned checks. I will provide you with a receipt of payment and log your payments in your file. I also offer a Debit/Credit Card Authorization Form which may be completed at any time (included at the end of your intake forms). With this form, your session payment or copayment will be automatically billed at the conclusion of my day on your session date and a receipt sent by your preferred method.

**Insurance** companies have many rules and requirements specific to certain plans. It is your responsibility to find out your insurance company’s policies and to confirm your out-of-pocket expense. Prior to your intake appointment, I will ask you to contact your insurance carrier to determine your copay and if an out-of-pocket deductible must be met. If your insurance company is in-network with me, I will bill your insurance directly and you are responsible for co-pays or payments toward your deductible at each visit. You have the option to make payments in advance and to carry over a credit if you desire. If your insurance carrier is not in-network, you have the option to pay for services and seek reimbursement directly from your insurance carrier. I can provide you a document called a ‘super bill’ detailing session codes, provider demographics, and payments made. You are responsible for providing updated insurance information and notifying the office within 7 days of any changes to your insurance. You are also responsible for maintaining communication with your insurance company to determine when your deductible is met and once met, you are responsible for notifying the office.

If a **sliding fee scale** is necessary, we will discuss this prior to beginning therapy. Please note, documentation of financial need will be requested including check stubs and tax documents before a sliding fee rate is agreed upon. That agreement will be noted at the end of this document with rate specified.

I offer **in-person, in-home sessions**, involving travel to you for sessions if you are within 45 miles of 2198 Ingleside Avenue. There is an additional fee associated with in-home sessions: $50 for roundtrip mileage totaling 15 miles or less, $75 for roundtrip totaling 16-30 miles, and $100 additional fee for roundtrip totaling 30-45 miles. Mapquest is utilized to determine the exact mileage rate. Insurance does not reimburse for this fee and in-home services are offered as a convenience to patients. You may combine fees in having insurance pay the session fee and you pay your copayment plus the mileage fee if you wish to do so.

**Telehealth/Virtual Therapy**

Telehealth is any meeting with a healthcare provider via phone, video call, or online video office in place of an in-person session. I offer both in person face-to-face sessions at the office as well as telehealth sessions through HIPAA compliant online platforms named Doxy.com and Zoom.com. Please discuss with me your preferences in receiving telehealth versus in person sessions. There is not an additional fee for either service and you are able to develop a hybrid mix of both for your therapeutic journey. Insurance providers may not cover the cost of a telehealth session and you will be responsible for the balance if they fail to pay.

Telehealth offers a lot of convenience and can be utilized using a phone, tablet, or computer. There are potential risks including interruptions, unauthorized access by others, and technical difficulties. I will do all I can to minimize risk. With telehealth, there will be temptation to do other things while in session. I ask that you do your best to be focused in the session, ensure you are in a secure confidential environment, and limit external activities. I have taken necessary precautions to assure the software being used (Doxy.me and Zoom) are HIPAA compliant and while the software being used is encrypted, there is always a risk for a data breach. In signing this consent, you agree to not hold myself, and Caldwell Counseling Services, liable in the case of a data breach other than gross negligence on the part of myself or my staff. To maintain confidentiality, you are agreeing to not have anyone else present that may hear or see the session without notifying myself first. You are also agreeing to not record or attempt to record any part of the telehealth session unless we have discussed this and I have expressly given permission.

Doing psychotherapy by **telephone** is not ideal and needing to talk to me between sessions may indicate that you need a higher level of support. If this is the case, you and I will need to explore adding sessions, developing other resources, and if someone more accessible may be a better fit. I am often not available to speak at length by telephone (text or verbal) between sessions, whether that be because I am with other patients, or I am otherwise committed. Telephone calls that exceed 10 minutes in duration will be billed at $6 per minute after 10 minutes.

**Cancellation Policy**

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. I recognize there are times advance notice is not possible at which time I request at least a 3-hour notice so I may attempt to backfill your scheduled session time. If a 3-hour notice is not received, you will be financially responsible for paying the $35 cancellation/no-show fee or your hourly rate depending on the circumstance of the cancellation. Please note, insurance companies do not reimburse for missed sessions. Two consecutive missed sessions will cause your file to be flagged and upon a third cancelled/missed session you will be discharged from receiving services. You will be notified according to the preferences you specified for contact of termination and referral options.

**In Case of a Crisis or Emergency**

Caldwell Counseling Services is an outpatient private practice. I am set up to accommodate individuals who are reasonably safe and resourceful. After working in crisis settings and supervising staff with large caseloads, I take pride in now protecting and guarding my family time, alone time, and time spent with other patients without interruption. I do not carry a beeper nor am I available at all times. Often when I am with patients my phone will be turned on ‘do not disturb’ limiting my awareness of missed calls and possible crisis scenarios. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or office with 24-hour availability. If you have a mental health emergency, do not to talk with me, instead do one or more of the following:

* Call the Behavioral Health Link/GCAL: 800-715-4225
* Call the Coliseum Psychiatric Hospital 24-hour crisis line at (478)751-0555
* Call the Medical Center Pavilion at (478)743-4673
* Call 911 or go to your nearest emergency room.

**Professional Relationship**

Psychotherapy is a professional service. Because of the nature of therapy, your relationship with me must be different from most relationships in your life. It may differ in how long it lasts, the objectives, or the topics discussed. It must be limited to only the relationship of ‘therapist and patient’. If you and I were to interact in other ways, we would then have a "dual relationship," which could prove to be harmful to you and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interest and the patient’s interest, and then your interests might not be put first or I may develop bias or have my clinical judgment clouded. To offer all my patients the best care, my judgment needs to be non-biased, objective, and purely focused on your therapeutic journey.

Additionally, there are important **differences between therapy and friendship**. Friends may see your position only from their personal viewpoint and experiences or may be looking to ‘fix’ the situation or emotion quickly. Friends or family may want to find quick and easy solutions to your problems so they can feel helpful. These short-term solutions may not be in your long-term best interest as often they are attempts to ‘fix’ the presenting problem versus the underlying thoughts, emotions, and experiences that led to the problem. A therapist offers you choices in challenging your perspective and expectations and helps empower you to identify and explore what changes are best for you. The goal with therapy is to initiate long-term change for overall increased lifetime fulfillment and content. A therapist helps you learn how to solve problems and make better decisions while having increased awareness of self and self-identity. A therapist's responses to your situation are based on tested theories, evidence-based practice (EBP), and methods of change.

Therapists are required to keep the identity of their patients confidential. As much as I would like to, for your confidentiality, I will not speak to you in public unless you speak to me first. Macon/middle Georgia is one of the ‘smallest big cities’ around and it is often I find myself in social situations and environments with former or current patients present. We may run into situations which require us to be friendly and cordial without my acknowledging you as a patient. I will remain professional and interact professionally should this circumstance occur. When your therapy is completed, I will not be able to be a friend to you like your other friends. It is my duty to always maintain

a professional relationship with you. I have found this to benefit the patient as many return to therapy ‘down the road’ as life continues to give curve balls and obstacles whether it be for maintenance or to address new or challenging issues. These guidelines are strictly for your long-term protection.

**Statement Regarding Ethics, Patient Welfare & Safety**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Workers. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know **immediately**. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation and commitment, we will work to achieve the best possible results for you. Please be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness in managing codependency or abuse, may not always be welcomed by others that are used to you being more passive and milder. Exploration and identification that a parent, friend, partner, or relationship is not healthy for you may lead to your decision to put firm boundaries in place or to end that relationship and others not fully understand or support that decision. Therapy has helped some patients to explore sexual preference confusion or re-assess marital problems with results that greatly change their life course. As you work on you, others may notice changes and shifts and some may be supportive and receptive where as others more resistant. I will never tell you what to do, I am not here to give advice. Instead, I will empower you to explore and think through your perceptions, thoughts, feelings, and underlying emotions to identify and act on changes you need to be a better more fulfilled you. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility, nonetheless.

This next part is very important. 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. Topics and events that you typically avoid may become topics of focus. However, a topic usually isn’t sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work best for you, help is within reach.

**Technology Statement**

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 me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Technology is constantly changing, and there are implications to all of the below that we may not realize at this time. Please feel free to ask questions and know that I am open to any feelings or thoughts you have about these and other modalities of communication. I have developed the following technology policies:

Cell phones, Text Messaging and Email: Cell phones are not completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you but I ask that cell

phone communication be limited. Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is

a quick way to convey information. If you choose to utilize texting or email and want me to respond please specify on the front page of the Bio-psychosocial your consent and any limitations. Also, discuss this with me as the Caldwell Counseling Services line (478) 292-2591 does not accept text and additional modifications will need to be set up. Please note: it is my policy to utilize text and email means of communication strictly for brief topics such as appointment confirmations. Also, I am required to keep a copy of all emails and texts as part of your clinical record.

Facebook, LinkedIn, Instagram, etc: It is my policy not to accept requests from current patients on social networking sites such as Facebook, LinkedIn, Instagram, etc. because it may compromise your confidentiality and our therapeutic relationship. However, I do offer a Caldwell Counseling Services Facebook and Instagram page available to you which is used to post therapeutic articles, information, and resources for my patients and the community at large.

**Our Agreement to Enter into a Therapeutic Relationship**

I am sincerely looking forward to helping empower you on your courageous journey toward healing, growth, contentment, and fulfillment. This journey may not be easy at times but in partnering together, you can do it! If you have any questions about any part of this document, please ask. Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form as well as the **‘Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices’** provided to you separately. Your signature also indicates that you agree to the policies specified in this document outlining your relationship with me, and you are authorizing me to begin treatment with you.

**\* Please ensure you have initialed the bottom of each page to demonstrate agreement and understanding.**

Modifications to this agreement: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Patient Name (Please Print) Date

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Patient Signature

**If Applicable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Legal Guardian’s Name (Please Print) Date

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Parent’s or Legal Guardian’s Signature

My signature below verifies I have discussed this consent and answered any questions regarding this information.

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Dr. Courtney B. Caldwell, DSW, LCSW, CJSOC Date