

## **2016 Information, Authorization & Consent to Treat**

This document is designed to inform you about what you can expect from me regarding your confidentiality, our communication, emergencies, and other details regarding your treatment. Providing this document to you is an ethical obligation of my profession, but more importantly it is part of my commitment to keep you fully informed of every part of your therapeutic experience. 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 & Credentials Information**

I am a Licensed Clinical Social Worker in the State of GA since 2002. To verify my licensure status, you may log into the GA Secretary of State's website at <http://sos.ga.gov/index.php/licensing/plb/43>. My BA in Psychology (1987) and my MSW in Clinical Social Work (1997) were both earned at The University of Michigan, Ann Arbor. More information about my background is available on my website at [www.melissalesterolson.com](http://www.melissalesterolson.com).

### **Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they become more capable of creating peaceful and meaningful lives. Self-awareness and self-acceptance are goals that may take time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or years of therapy. As a client, you may end your relationship with me at any time with my complete support.

In order for therapy to be successful, it is important that you take an active role. This means working on the things we talk about during and between sessions. It also means avoiding mind-altering substances like alcohol or drugs for at least 8 hours prior to your sessions. The more of yourself you invest, the greater your return.

It is my intention to empower you in your growth process so that you are capable of facing life's challenges in the future without me. Your personal development is my primary goal. Please let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate your healing and growth, and I am committed to helping you in any way will produce maximum benefit for you.

### **Confidentiality, Records & Communications**

Your communications with me 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 behind locked doors. I will keep everything you share with me confidential, with the following exceptions:

- (1) If you request that I share your information with someone else and you sign a "Release of Information" form;
- (2) If I determine that you are a danger to yourself or to others;
- (3) If you share information about abuse, neglect, abandonment or exploitation of a child, elderly person, or disabled individual;
- (4) If I am ordered by a judge/court to disclose your information.

My license provides me the ability to uphold "privileged communication." Privileged communication is your right to have a confidential relationship with a therapist. If a judge orders disclosure of your private information, this order can be appealed. However, I cannot guarantee that the appeal will be sustained.

## Legal and Claims Related

If you are currently, *or have any reasonable expectation of being* involved in any legal proceeding or claim related activity of *any kind* – including but not limited to worker's compensation, divorce, custody dispute, lawsuit as plaintiff or defendant, DUI or other alcohol or drug related issues – I am not able to support your position or advocate for you in this context. The primary reason for this is that this would create a dual relationship with you, the client, which is a violation of my professional ethics. I am able to serve you only in the capacity of therapist. **Please note that I will decline (or ignore) any requests for involvement in any legal or claims related issues.**

In couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner, though I will always encourage the communication to come first from the party of origin. The only communication that I will participate in outside of couple's sessions is regarding scheduling of appointments.

## Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of \$140 per 55 minute Individual session, or \$200 per 85 minute session. Conducting psychotherapy by telephone is not ideal, and needing to talk to me consistently between sessions may indicate that you need extra support. In this case, we will explore adding sessions or developing other resources to help you. The fee for each session is due at the conclusion of the session.

**TRICARE CLIENTS:** Tricare requires you to obtain an authorization number prior to your seeing me as an Out of Network Provider. If you do not obtain your initial authorization number and your subsequent authorization numbers in the necessary timeframes, you will be financially responsible for the unpaid fees.

## Cancellation Policy

I recognize that all cancellation reasons are valid. If you are unable to keep an appointment, you must notify me at least 48 business hours in advance. If such advance notice is not received, you will be financially responsible for the session you are unable to attend. Please be aware that texts and emails sometimes fail to go through, therefore, I recommend that you leave both a voice mail and one other form of cancellation.

## In Case of Emergency

My practice is outpatient therapy, and I am set up to accommodate individuals who are reasonably safe and resourceful. I am not available at all times. If at any time this does not feel like sufficient support for you, please inform me, and we can discuss additional resources. Generally, I will return phone calls within 24 hours. If you have a mental health emergency, I encourage you to contact one or more of the following:

- Peachford Hospital, 2151 Peachford Road, Atlanta, Georgia 30338, 770-455-3200
- SummitRidge Hospital, 250 Scenic Highway, Lawrenceville, Georgia 30046, 678-442-5800
- Behavioral Health Link/Georgia Crisis & Access Line, 800-715-4225
- 911
- Your nearest emergency room.

## Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me is different from other relationships. It 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.

Other interactions, including those related to legal issues, court issues, and any other advocacy roles are defined as a "dual relationship," which is unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and even when there does not appear to be a conflict, the therapy relationship is compromised. *I do not participate in legal proceedings or claims/benefits related processes of any kind. If you would like more information about this, please let me know in person.*

You should also know that therapists are required to keep the identity of their clients confidential and I will not address you or acknowledge you in public unless you speak to me first. I am ethically obligated to decline any social or ceremonial invitations as well. These guidelines are strictly for your long-term protection.

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

My services are provided 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 ethically or professionally, please let me know immediately. If we are unable to resolve your concern, you may contact The Georgia Composite Board at <http://sos.ga.gov/index.php/licensing/plb/43> or the National Association of Social Workers at <http://www.socialworkers.org/>.

Due to the 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, we will work to achieve the best possible results for you. 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 my intention to help you manage changes in your relationships as they arise, but it is important for you to be aware of this possibility.

Additionally, at times people find that they feel somewhat worse when they start therapy before they begin to feel better. This may occur as you begin exploring 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 I are able to target your treatment needs and the modalities that work best for you, relief is generally on the way.

### **Technology Statement & TeleMental Health Policies**

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.

The definition of TeleMental Health Services in Georgia includes the use of email between therapist and client, including the transfer of documents, files and forms as attachments, as well as telephone communications and therapy sessions. In addition, the definition includes my use and your use of electronic transmission and telephone to communicate with my billing staff.

**CELL PHONES:** Cell phones, land lines and computer voice calls are not secure or confidential and are NOT HIPAA compliant and your privacy cannot be guaranteed. However, I realize that most people have and use a cell phone. I will use a cell phone to contact you as well as store your contact information in my password protected cell phone. Your phone number will appear on my cell phone bill and records, and my phone number will appear on your cell phone bill and records. If this is a problem for any reason, we will communicate only via HIPAA compliant email.

\_\_\_\_\_ Client's Initials.

**TEXT MESSAGING:** Text messaging is not secure or confidential and is NOT HIPAA compliant and your privacy cannot be guaranteed. At this time it is Georgia law that texts between a client and therapist be limited to appointment related issues only. Please be aware that if you text me with any content other than appointment issues I will not be able to respond to you. This is for your protection.

\_\_\_\_\_ Client's Initials.

**EMAILING:** I have several email addresses, however ONLY [melissa@melissalesterolson.com](mailto:melissa@melissalesterolson.com) is HIPAA compliant and designed to protect your privacy and confidentiality. If you email me at a different email address that is not HIPAA compliant you may compromise your confidentiality. My email addresses that are not HIPAA compliant state so very clearly and instruct you to use my HIPAA compliant email address above. This is for your protection.

\_\_\_\_\_ Client's Initials.

**TELEPHONIC THERAPY:** Georgia law makes it illegal for therapy phone sessions to be conducted across state lines unless I am also licensed in the state in which you are physically located at the time of the call. While Guest Licenses may be obtained by me for therapy sessions when you are in another state, I do not currently pursue Guest Licensing. Therefore, we will only be able to conduct telephonic therapy sessions when you are in the state of Georgia. Finally, telephone therapy sessions are NOT billable or reimbursable by insurance.

\_\_\_\_\_ Client's Initials.

**VIDEO CONFERENCE THERAPY:** I do not currently offer video conference therapy.

\_\_\_\_\_ Client's Initials.

**FACEBOOK, LINKEDIN, INSTAGRAM, TWITTER, PINTEREST, ETC.:** I do not accept requests from current or former clients on any networking sites such as Facebook, LinkedIn, Instagram, Pinterest, Twitter, etc. You are welcome to follow me on any of these sites, however, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Melissa Lester Olson, LCSW.

\_\_\_\_\_ Client's Initials.

**PAYMENT PROCESSING OF CREDIT/DEBIT/BANK/HSA/FSA CARDS:** I use SquareUp as my digital card processing company. This involves my entering your credit card number, expiration date, verification code and zip code into my SquareUp application on my cell phone. SquareUp is HIPAA compliant with the exception of receipts sent to your email via this application. Therefore I will not send email receipts to you via the SquareUp application on my cell phone. You are responsible for reviewing your own Card account settings in order to prevent any email receipts that are not HIPAA compliant from being sent to your email addresses.

\_\_\_\_\_ Client's Initials

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

If you have any questions about any part of this document, please ask me. This is a legal document. However, I am very open to any questions you may have about any of it.

Please print, date, and sign your name below indicating that you have read and understand the contents of this "2016 Information, Authorization and Consent to Treat" form.

Your signature indicates that you agree to the policies of your relationship with me, and that you are authorizing me to begin treatment with you.

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

\_\_\_\_\_  
Date

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