

VICTORIA WALSH, MA, LPC

770.744.5468
vwalshlpc@gmail.com

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your psychotherapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several 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 and Education

The following information regarding my educational background and experience as therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

- Licensed Professional Counselor in the states of Georgia (LPC007946) and Maine (CC6748)
- Master of Arts in Community Counseling, Argosy University
- Bachelor of Business Administration, Georgia State University

Counseling Perspective and 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. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me 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 we discuss about both during and between sessions. This also means avoiding 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, the greater the return.

Furthermore, it is my policy to only see clients who I believe have 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 me. I also don't believe in creating dependency or prolonging therapy if 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. I encourage you to let me know if you feel that transferring to another facility or another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am committed to helping you in whatever way seems to produce maximum benefit.

Confidentiality & Records

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 in my office. Additionally, I will always keep

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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 to 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 client to have a confidential relationship with a therapist. The state of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Telemental Health Statement:

Telemental Health is defined as follows:

Telemental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. Telemental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers." (Georgia Code 135-11-01)

Telemental Health is a relatively new concept even though many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of Telemental Health services to provide you with the highest level of care. Therefore, I have completed specialized training in Telemental Health I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

Facebook, LinkedIn, Twitter etc.: It is my policy not to accept friend or connection requests from any current or former client on social networking sites such as Facebook or LinkedIn because it may compromise your confidentiality.

Internet: It is my policy not to search for clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself to me as your therapist as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, you may bring it to your session.

Video Conferencing (VC):

Video Conferencing is an option for us to conduct remote sessions over the internet. I utilize Microsoft Teams and Psychology Today Sessions. These platforms are encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that these platforms are willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. I will give you detailed directions regarding how to log-in securely. I also ask that you please sign on to the platform at least five minutes prior to

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your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with me at the time of your appointment.

I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Your Responsibilities for Confidentiality & Telemental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any Telemental Health sessions.

In Case of Technology Failure

During a Telemental Health session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number.

If we get disconnected from a video conferencing or chat session, end and restart the session. If we are unable to reconnect within ten minutes, please call me.

If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session.

Limitations of Telemental Health Therapy Services

Telemental Health services may have some limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I've done or said has upset you. I invite you to always keep our communication open to reduce any possible harm.

Counseling with Couples and Families

Please note that in couples or family counseling, I do not agree to keep secrets. I will not withhold information from a partner or family member. Information revealed in any context may be discussed with either partner or family.

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Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of \$125 per 45 minute session, \$185 for a couples session, unless otherwise negotiated by you and me before during the first session. My fee for counseling prior to IVF treatment or Third Party Reproduction is \$350 including the report to the doctor's office. My fee for an anger management assessment is \$250 including a report to the court system or your attorney. A request for a reduction in fees will be handled on an individual basis as needed due to low income. There are very limited spaces for reduced fee clients.

If you are needing to talk to me between sessions, needing extra support, you and I will need to explore adding sessions, or develop other resources you have available to help you. Telephone consultation between sessions or in an emergency are charged at \$45 per 15 minute block.

The fee for each session will be due at the conclusion of the session. You will be billed through my billing provider, Headway, and the card on file will be charged. Invoices and Superbills can be downloaded from your Headway account.

If I am requested to testify on your behalf in a court case, my fee is a \$1500 retainer for my time including travel time to and from the court venue.

Insurance

I currently accept Aetna, Oscar Health, Cigna, Oxford and United Healthcare.

I will be glad to provide you with a statement of services for your personal records or answer any questions you may have. Insurance companies have many rules and requirements specific to certain plans. It is your responsibility to find out your insurance company's policies regarding reimbursement.

Electronic Transfer of PHI for Billing Purposes

If I am credentialed with and a provider for your insurance, please know that I utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to Headway. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, my billing company, or both.

Cancellation Policy

If you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. If a session is missed, a \$75 missed session fee that is charged through Headway to the card on file.

Please note that insurance companies do not reimburse for missed sessions.

In Case of an Emergency

My practice is considered to be outpatient, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager, nor am I available at all times. 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 clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. **If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:**

- Call 911
- Call National Suicide and Crisis Line 988
- Call Ridgeview Institute at 770-434-4567 or Peachford Hospital at 770-454-5589.
- Go to your nearest emergency room.

You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telemental Health services are not appropriate.

I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only.. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or we determine necessary, the ECP agrees take you to a hospital.

Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most 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. If you and I were to interact in any other ways, you 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. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions for yourself. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality, I will not address you in public unless you speak to me first. I also must decline invitations to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend

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to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

My services will be rendered in a manner consistent with the ethical standards of the American Psychological Association and/or the American Counseling Association. If at any time you feel that I am not performing in an ethical or professional manner, please let me know immediately.

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, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. 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.

Additionally, 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. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once we can target your specific treatment needs and the modalities that work the best for you, help is generally on the way.

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.

Please complete the client name and date text fields, and sign your name below indicating that you have read and understand the contents of this form, you have received a copy of the HIPAA notice, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you. **UPON SIGNATURE, SCAN OR SEND A PHOTO OF THIS LAST PAGE AND EMAIL TO [VWALSHLPC@GMAIL.COM](mailto:vwalshlpc@gmail.com). I will sign my portion upon receipt. You may keep pages 1-5 for your records.**

CLIENT NAME (PLEASE PRINT)

DATE

CLIENT SIGNATURE

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

THERAPIST SIGNATURE

DATE