



LifeWorks Counseling, Inc.

Since 1995

"Teaching tools for personal growth and life enrichment"

Factors Summit Building
385 North Grove Street
Suite J
Dahlonega, GA 30533
(706) 864-6171

Kollock Building
Suite 215
(Not a mailing address)
Clarkesville, GA 30523
(706) 754-0238

723 Washington Street
Emerald Office Park
Suite 7
Gainesville, GA 30501
(770) 503-7999

FAX (706) 867-6938

*

E-mail: lifeworks@windstream.net

OFFICE POLICIES

Scheduling and Cancellations - All scheduling is done by me; therefore, any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through voicemail/text to (770) 330-4580 or email to lifeworks@windstream.net. Cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time. If you have an appointment on a Monday, you must let me know by the Friday before. Therapists schedule blocks of time, if someone doesn't show up, we cannot see another client. That time is lost. I know this can be an emotional and controversial subject. You are not being blamed; it is the structure of a business. Please note that no insurance companies reimburse for missed appointments. Also, because wireless communication is not 100% reliable, my policy is that *no appointment should be considered cancelled unless it is confirmed by me in a written response*. I would also appreciate a written confirmation that you have heard from me about appointment changes.

Payments - You will be financially responsible for all services rendered. I am not on insurance panels. If you are planning to use insurance for reimbursement, you will be given an invoice with necessary procedure codes for all sessions and payments made, and you will be responsible for filing with your insurance company. There is no guarantee that your insurance company will reimburse you. Please note, deductibles must be met before insurance pays any part of the bill. Payment is required at the time of the session in the office. *Payment can be made in cash, check, money order, or with most major credit cards using PayPal (Paypal.com). Please note: credit card payments may be charged a 3% courtesy fee (3.5% if you are not present for me to swipe the card). I will let you know if any of those charges will be included.* Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns. A service charge of \$40 is required for all returned checks. If you are delinquent with payment, you will be contacted by letter and/or phone to discuss a payment plan before your bill is turned over to a collection agency. After 3 months and 3 notices to you and without a response, your bill may be turned over to a collection agency.

Professional Fees: The fee for individual sessions is \$_____. The fee for couples or family sessions is \$_____. Other fees: \$_____ (Specify)_____. If fees are increased in the future, you will receive a month's notice prior to the fee increase.

Contacting me - I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your

call will be returned as soon as possible., in some cases it may take a day or two for non-urgent matters. Unless my voicemail states otherwise, I check messages regularly both weekdays and weekends. On weekends, however, I only return calls, texts or emails of an urgent nature. No therapeutic advice will be given over text or email.

Emergency Needs - I try to make myself available for emergencies when possible. Please note I am typically not available between 10 PM and 10 AM. If for some reason you call and do not get a response, and are experiencing a genuine emergency, you are advised to call 911 or go to your nearest mental health facility or emergency room. Laurelwood Hospital has a walk-in assessment center. They can be reached at (770) 219-3800. If you require hospitalization, I will stay in touch with your treating mental health professionals with your permission. We can resume outpatient treatment after an assessment of your status and needs.

Confidentiality - As a client, your privacy and rights to confidentiality are protected. Confidential information may be disclosed when you, the client, give written valid consent or when a legally authorized person gives consent on your behalf. Information you share with me may be entered into records in written form. All written documentation regarding your treatment will be secured in a private physical location.

Information about you and your treatment will not be shared casually or in public places. There are some limits to your rights to confidentiality. Information about your treatment may be shared during supervision or consultation with other professionals and/or members of your treatment team. When this occurs, this information will be limited to only that which is necessary and relevant for the purpose of supervision or consultation. When possible, your identity will be protected.

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. Abuse of Children and Vulnerable Adults - If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. Duty to Warn and Protect - When threat to injure or kill oneself is communicated to the therapist. A situation in which serious threat to a reasonable well-identified victim is communicated to the therapist.
3. Court Order – A Judge revokes privileged communications and orders information to be released for court purposes.
4. Written Consent – A client authorizes LifeWorks Counseling to release information to another professional or third party by signing a form, observed by a staff member. Please note that faxed or mailed releases do not insure protection of confidentiality.

If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies, think carefully and consult with an attorney before you sign away your rights.

In the event that a staff member of LifeWorks Counseling should have to contact you for any reason (i.e., rescheduling or cancellation of an appointment) please note below how you would like us to do this (by checking off you gives us permission to contact you as indicated below):

Phone Voicemail Text E-mail Other (Specify) _____

No recording of sessions is allowed. The client & service provider both agree that no recording of sessions will take place without a written consent by all parties involved.