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Informed Consent for Therapy with a Minor

Welcome. I look forward to working together. Before we begin, please take time to read the following information carefully, sign your name and feel free to ask me any questions during our sessions.

What to expect from therapy:

The purpose of meeting with a therapist is to help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you, and suggest a plan for improving these problems. It is important you feel comfortable talking to me about the issues that are bothering you. Sometimes, these issues will include things that you do not want your parent to know about. Hopefully, knowing that what you say will be kept private will help you feel comfortable and have more trust in me as your therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, I will keep the information you share with me in our sessions confidential. There are however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by laws, or by the guidelines of my profession to disclose information whether or not I have your permission. The situations are:

Confidentiality & Exceptions:

Confidentiality is an essential part of the therapeutic process and is a commitment that I make to you. Consistent also with the mental health laws of Georgia, I will not release any information about you without your written consent. There are specific exceptions to the commitment of confidentiality:

- You tell me you plan to cause serious harm or death to yourself. In this situation, I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be, and I must take the appropriate steps to protect you from harming yourself.
- You tell me you plan to cause serious harm or death to someone else. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will use my professional judgment to decide whether a parent or guardian should be informed.

- You tell me you are being physically or sexually abused or that you have been abused in the past. In this situation, I am required by law to report the abuse to Child Protective Services.
- You tell me of a situation involving the abuse of another minor or a senior adult, in which case I am required by law to report the abuse.
- You and I determine it is appropriate to involve a third part (e.g., a doctor) in your treatment and you provide me written permission to do so.
- I feel it is professionally appropriate, with your written permission, to discuss your concerns with another professional.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to do so. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Communicating with your parent(s) or guardian (s):

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of—or would be upset by—but that do not put you at risk of serious or immediate harm. However, if your risk taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

Even if I have agreed to keep information confidential-to not tell your parent or guardian-I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when speaking with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

You should also know that, by law in Georgia, your parent/guardian has the right to see any written records I keep about our sessions. It is extremely rare that a parent/guardian would ever request to look at these records, and doing so is strongly discouraged.

Cancellations:

If you cannot keep your appointment time, please give me at least 24 hours notice so that I can make the time available for others. If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment. Cancellations for Monday appointments must be made by the Friday before to avoid being charged.

Please do not cancel appointments via email. Voice messages are the most timely way of reaching me. Email cancellations may not be recognized as proper cancellations if I have not read them prior to 24 hours before the appointment. If I receive your cancellation via email within 24 hours of the scheduled appointment, you may be charged for your appointment.

If you are going to be more than 15 minutes late for your appointment, please let me know by calling 770-843-6311. Please leave a message if you don't reach me directly. Otherwise, if you are more than 15 minutes late, I may assume that you are not coming, and may be unavailable. If this happens, you will still be charged for the missed appointment. Fees are not prorated if you are late.

Communication and Emergencies:

I am available by phone between therapy sessions; however, I do not provide unscheduled therapy by phone. I will make every effort to return phone calls within a 24 hour period.

However, occasionally there are unavoidable delays. **In the case of an emergency (unable to manage thoughts of harming yourself/others), please contact:**

- 911.
- The Georgia Crisis and Access Line (1-800-715-4225)
- Ridgeview Institute (770-434-4567)
- Or go to your nearest Emergency Room

Phone calls lasting more than 15 minutes will result in a phone consultation fee, billed at the rate of \$125/hour.

Electronic Communication and Use of Technology:

Life Wellness & Chiropractic, PC is dedicated to taking the precautions necessary to protect your confidential information. Frequently, e-mail and text or other forms of electronic messaging can be helpful tools for communicating between sessions. Life Wellness & Chiropractic, PC acknowledges, however, that these forms of communication are not always completely secure methods of communication, and therefore cannot guarantee client confidentiality via these methods.

Electronic communication may be used to initiate and obtain information about therapeutic services, schedule appointments, transmit documents, and similar purposes initiated by the therapist. Electronic communication is not an appropriate means of terminating services or contacting therapist in the event of a crisis situation whereby your safety or the safety of others may be at risk. Please also do not use electronic communication to bring up any therapeutic content or issues. All email correspondence will be printed and kept as part of your clinical record.

Life Wellness & Chiropractic, PC does employ Facebook, Twitter, BlogSpot and other forms of social media as a means of marketing and connecting with the community. It is your choice as to whether to connect with our business page on these or other sites; again we cannot guarantee your confidentiality on these sites. However, in an effort to maintain the professional nature of our relationships, the providers at Life Wellness & Chiropractic, PC do not accept requests from current or former clients on personal social networking sites.

Risks Associated with Counseling:

During the counseling process, you may experience emotional discomfort related to new and challenging issues discovered while exploring feelings and dynamics. Sometimes, one must experience feeling worse before feeling better. If, in the course of the therapy process, you begin to experience feelings of hopelessness or an acute worsening of symptoms, whether during or between sessions, please notify me immediately and we will develop a plan to manage these feelings. Together, we will consistently evaluate your progress toward your goals for therapy and follow-up with necessary alterations in the therapeutic approach.

Please feel free to ask questions or discuss these or any other policies with your provider. By signing below, you indicate that you have read and agree to the above policies, and consent to engaging in treatment with Life Wellness & Chiropractic, PC.

Printed Client Name

Date

Client Signature

Parent/Legal Guardian Signature (if applicable)