

**New Dawn Counseling Center  
3370 Vineville Ave., Ste. 110  
Macon, GA. 31204  
(478) 254-3751**

**Informed Consent**

Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order to enable you and your counselor to work more effectively together, we ask that you read the information below very carefully. If you have any questions, your counselor will be happy to discuss them with you.

New Dawn Counseling Center provides counseling from a Christian perspective and based on sound psychological principles for individuals, couples, families, and groups. The Center's services, however, are available to clients regardless of religious affiliation.

My counseling orientation is eclectic, primarily including (those that are applicable are checked): Cognitive Behavioral Therapy, Experiential, Family/Systemic Therapy, Interpersonal Therapy, Psychodynamic Therapy, Rational Emotive Behavioral Therapy, Solution Focused Therapy. Each approach is employed as considered necessary to meet the individual needs of the client. The description of my approach will be discussed in more detail in session.

There are emotional risks involved in therapy because you will likely be discussing thoughts and feelings that you have not talked about in depth or that you may have never discussed. Thoughts and feelings that you were not even aware of may also surface in therapy. Addressing these parts of your life may result in changes in some of your relationships. These events may initially cause added distress in your life. However, many clients who have worked through these type thoughts and feelings found that notwithstanding the initial distress, therapy was beneficial in helping them to accomplish their goals. You must carefully consider the risks and the benefits of therapy and determine if you want to proceed.

Confidentiality: The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the 'medical records privacy law,' HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including those in mental health. As a result, providers and health care agencies throughout the country are now required to provide patients notification of their privacy rights as it relates to their health care records. A copy of those rights is available upon request.

Communications between client and counselor are confidential and will not be revealed unless required by law such as:

- In situations of child abuse or elder abuse
- In case of threats of physical harm to self or others, or
- Subpoena of a court or a court order

Further, confidential information might be disclosed in cases where consultation is deemed necessary or required for your benefit (i.e., interns' cases, supervision consultation, or with other counseling center staff members). In most cases, if it is determined that there is a need to disclose as mandated by law the client will be advised of such in advance of the disclosure.

If you are using a third-party payer which in most cases is an insurance company, confidential information may be exchanged with the company for billing and payment. By signing this form, you are authorizing the insurance company or other identified payers to reimburse New Dawn Counseling Center directly for services provided. Information typically exchanged with insurance companies include but is not limited to client's name, custodial parent/guardian's name (if applicable), birth date, social security number, diagnosis, dates of service, and type of service. Occasionally, insurance companies may request additional information such as psychotherapy notes for auditing or other purposes. If possible, these requests will be coordinated with the client prior to release of the requested information. If you're using third party payers other than an insurance company, typical information exchanged with them include but is not limited to: client's name, custodial parent/guardian's name (if applicable), dates of service and type of service. If additional information is requested from these entities, the request will be coordinated with the client or custodial parent/guardian if possible.

Office personnel may need to access your information to process paperwork for billing or other administrative purposes such as coordinating with referrals sources. Other associated organizations such as our CPA firm and Next Level Community Development Center, Inc. administrative personnel may have limited access to your payment information. All personnel authorized to have access to your information have agreed in writing to carefully protect your confidential information.

**Emergency needs:** Should you experience a mental health emergency or crisis, you should call 911 or contact the nearest hospital or other appropriate emergency facility. If you are experiencing a non-life threatening urgent need, you may call me at

the number listed above. Attempts will be made to return your call within 24 hours. If I have not returned your call within 24 hours, you may feel free to contact me again. See below regarding fees for telephone consultations.

**Counseling Fees:** The Center has established set amounts for counseling services. My fee is    \$120.00    per each 50-minute counseling session. Your Insurance: \_\_\_\_\_ . Co-pay amount: \_\_\_\_\_ .

**Past Due Payments:** Payment is required at the time of your counseling session. If you do not make payments in a timely manner, a collection agency may be employed for collection of payments due. The collection agency will be provided with your name, contact information, amount due, and other information as needed to recoup payments due to the counseling center. The client will be responsible for any charges incurred as a result of the delinquent account.

**Other charges:**

- There will be a charge equal to my hourly rate for telephone consultations.
- The charge for testifying in court, responding to subpoenas, talking with attorneys is equal to my hourly rate.
- Charges for composing letters or any other additional paperwork will be \$60 per hour. These charges will be prorated but there will be a minimum charge of \$25. Payment is required before the paperwork or documentation will be sent to the requesting entity, person or to the client.
- There will be a charge of \$40 for returned checks.

**Referrals:** Should you require services that the Counseling Center does not provide, you will be referred to another agency or treatment provider that can meet your needs. Examples of the kinds of services not offered are treatment for severe psychological disorders, AA or NA Groups.

**Cancellation of Appointment:** If you must cancel your appointment, contact the counseling center at least 24 hours prior to the scheduled appointment. Otherwise, the normal fee will be charged. You may cancel by calling (478) 254-3751, emailing us at [admin@newdawnmacon.com](mailto:admin@newdawnmacon.com) or by indicating the cancellation when you receive an appointment reminder.

**Appointment Reminders:** New Dawn Counseling Center offers free email or text appointment reminders. By agreeing to accept appointment reminders via free email or text, you are acknowledging that you:

- Understand that New Dawn Counseling Center uses a secure email server to send/receive emails and texts to/from clients.
- Understand that you are solely responsible for the security of emails that you send/receive and that New Dawn Counseling Center is not responsible for a breach of privacy, confidentiality or security for emails or texts that you send/receive.
- Understand that if New Dawn Counseling Center fails to remind you of an appointment, you are still responsible for the agreed-to late cancellation or no-show fee.

This email system is solely for appointment reminders. Email or cell phone number at which you wish to receive reminders is:

- EMAIL: \_\_\_\_\_, **OR**  
(email messages will show as: FROM: do-not-reply@theranest.com)
- Cell: \_\_\_\_\_

**Website email:** Clients may also send or receive secure emails via our website [www.newdawnmacon.com](http://www.newdawnmacon.com) using email address [admin@newdawnmacon.com](mailto:admin@newdawnmacon.com). New Dawn uses this email primarily for transmission of **limited information** such as updating forms, providing appointment information, etc. Although this is a HIPAA-compliant email, clients should not include extensive, personal information in emails. Note that you are solely responsible for the security of emails that you send or receive and New Dawn Counseling Center is not responsible for a breach of privacy, confidentiality or security for emails that you send or receive from this site. Indicate if you'd like to receive information via this email: Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list your email address (if not listed above): \_\_\_\_\_.

By signing this document, I acknowledge that: (1) I have read the above information and discussed it with the counselor; (2) All of my questions regarding the document were addressed; and (3) I have received a copy of the 'Georgia Notice Form - Notice of Policies and Practices to Protect the Privacy of Your Health Information'. I agree with these terms and conditions and I voluntarily request counseling services.

Additional stipulations apply for Military OneSource clients. These will be discussed with clients at the initial session.

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

\_\_\_\_\_  
Date

\*Signature of the custodial parent or guardian is required for clients under 18 years of age.

\_\_\_\_\_  
Child's name (if applicable)

**Statement of the Therapist:** I have fully discussed and answered questions regarding the various aspects of this document with the client.

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature (if applicable)

\_\_\_\_\_  
Date