

# Terri Abraham, MS, LPC, NCC, MAC

## Informed Consent & Authorization for Services

Welcome to my practice! I look forward to working with you and hope that our work together is a time to learn, grow, and heal. Before we begin, there are a few things about my practice that you should know.

1. My intent is that our work will support your emotional, physical, mental, and spiritual growth and well-being. The goals of this therapy will be your goals and you and I will agree upon a plan for your treatment. From time to time I may ask you to do homework, such as reading or journaling. You are under no obligation to do this work, but the success of therapy depends largely on your investment in the therapy process.
2. All information disclosed within sessions and the written records pertaining to those sessions are confidential and maintained using secure and/or encrypted measures. They may not be revealed to anyone without your written permission, except where disclosure is required by law. Likewise, you are expected to keep our communications confidential and you understand that all records of communication between client and therapist remain the property of MT Abraham & Associates, Inc. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices found on my website [www.mindfulmessages.com](http://www.mindfulmessages.com).
3. As required by law, any information that you tell me will be kept in confidence, with the following exceptions:
  - If you indicate an intention to harm yourself or anyone else, I am obligated by law to make appropriate interventions.
  - I am obligated by law to obey all court orders and subpoenas.
  - I am obligated to report any abuse or neglect of a child or any adult who cannot take care of himself or herself.
4. Due to issues of confidentiality and dual relationships, I will not connect with you using social media although you are free to send an email to discuss appointments or other business-related matters. More personal emails or chat sessions can be arranged through an encryption service such as HushMail or other service deemed suitable by MT Abraham & Associates, Inc.
5. I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.
6. If you need to speak with me between sessions, please call 770-591-7518. Your call will be returned as soon as possible. Messages are checked daily (but never during the night time, weekends, or holidays. If a situation arises that requires immediate attention, you may call the National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or have someone drive you to a hospital emergency room.
7. If I am asked to testify in court, I will charge one and half times my normal full fee per hour with a five-hour minimum charge. This fee must be paid in advance of my appearance in court.
8. Payment is due at the time of service. To ensure that we can make the most of our therapy time, please have your payment (cash or check) ready and place it in the payment box (on the desk) when you come into my office. If you are undergoing financial hardships, we can make a payment arrangement.
9. If you are coming for services through an in-network insurance plan, a claim will be submitted to your insurance company. Should your insurance company deny the claim or fail to remit payment within 90 days of billing, you accept responsibility for all fees due.
10. Phone calls exceeding 10 minutes will be charged a prorated fee and written reports and assessments will be charged at the current hourly rate.
11. When you schedule a session, I reserve that time for you. If you must cancel an appointment, please give 24 hours notice. Otherwise, you will be responsible for paying the full, regular-session fee.
12. You are free to terminate our work at any time. However, in an effort to fully integrate the therapeutic process, it may take one or more sessions to process termination. Please let me know if you are thinking of terminating so that we can terminate appropriately.
13. I hope that all my clients find our work valuable. My most successful clients generally share the following traits:
  - They understand that therapy requires work on their part.
  - They recognize that 10% of the work will be done in our sessions; the remaining work will be in applying that 10% outside therapy.
  - They are willing to be uncomfortable and to take emotional risks.
  - They take responsibility for their therapy.
14. Posted on my website, [www.mindfulmessages.com](http://www.mindfulmessages.com), is a Privacy Notice concerning your protected health information. Please feel free to review and print this document. You also can request a copy of this document via e-mail or in writing. I will be glad to go over any questions you have regarding this document
15. You as the client understand that phone and email sessions have limitations compared to in-person sessions, among those being the lack of "personal" face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that most insurance companies will not cover this type of therapy. You understand that telephone/online psychotherapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room.
16. You also understand that I follow the laws and professional regulations of the State of Georgia (USA) and the psychotherapy treatment will be considered to take place in the state of Georgia (USA).
17. There are other therapists at work in this office; we ask that you talk in a quiet voice in our waiting room and that conversations in the hallway be kept to a minimum. Please, for their safety and in respect to others in the office, do not leave children unattended in the office, especially in the waiting area.

I have read and understand the Statement of Practice. I have been offered a copy of the HIPAA Privacy Notice. I give my permission for the therapy to be received and accept responsibility for all fees incurred.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Guardian signature (if patient is a minor) Relationship

\_\_\_\_\_  
Date signed

I authorize the release of any medical or other information necessary to process claims for services.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Guardian signature (if patient is a minor) Relationship

\_\_\_\_\_  
Date signed

I request payment of government benefits and/or medical benefits to M.T. Abraham, MS, LPC, NCC.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Guardian signature (if patient is a minor) Relationship

\_\_\_\_\_  
Date signed