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Office Policies and Consent for Treatment

Welcome to my counseling practice and I am looking forward to working with you. This document contains important information about my office policies including the professional relationship, confidentiality, session structure and cost, cancellation, and emergencies. My commitment to you is to keep you fully informed, uphold the strictest ethical and professional standards, and to answer any questions you may have.

Professional Relationship

Psychotherapy requires full participation from both the therapist and the client. In order for therapy to be the most successful, the client should actively work on their goals and concerns. Psychotherapy can have both benefits and risks. Therapy may bring up unsettling or uncomfortable aspects of your life and you may feel emotions such as sadness, anger, or guilt, to name a few. Therapy also has many potential benefits including addressing specific problems, improving relationships, and reducing feelings of distress. Psychotherapy is a uniquely individual experience and therefore there are no guarantees as to what exactly you will experience during our sessions. If adequate progress does not appear to be happening over time (you are not meeting your therapy goals) it is my duty to refer you to another provider which may be more helpful to you. This is something we will discuss and decide together in counseling.

It is extremely important that a client and therapist maintain a professional relationship. This means that a therapist and client may not engage in seeing each other socially (friendship), a sexual or romantic relationship, or a business interaction. Therapists are required to keep the identity of our clients 100% confidential. Therefore if I see you in public, I will not address you or say hello unless you speak to me first. If you choose to speak to me in public, I will respond but will never disclose the nature of our relationship or how we know each other.

Confidentiality

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI) as required by federal law and HIPAA privacy regulations. Your record will be stored in a locked file cabinet in my office. In addition, everything you share with me will be 100% confidential unless one of the following conditions are met: 1) you sign a release of information allowing me to speak with someone else 2) you are a danger to yourself or others 3) you disclose physical or sexual abuse of a minor, elderly, or disabled person 4) I am ordered by a judge to disclose information and an appeal to uphold privileged information is overturned.

Session Structure and Cost

Sessions typically last for 50 minutes are a \$120.00 an hour. Extended sessions up to 90 minutes and family sessions are \$150.00. Group therapy is \$50.00 per session. If you are in financial need I have a limited number of sliding scale appointments available, please inquire. I accept cash and personal checks. Brief, infrequent telephone and email contact is free of charge. However, if this becomes excessive (which we will define together in session) a charge may be applied. Please note that complete confidentiality cannot be assured over email.

I do not currently participate as “in network” on any insurance panels. However, many of people have out of network benefits meaning you may be reimbursed by your insurance company for a portion of your session cost. Please contact your insurance company directly to fully understand your benefits. I can provide you with a super-bill to submit to your insurance company so you can seek reimbursement. However, please be aware that this will require my disclosure of your protected health information to them as well as the need to assign you a mental health diagnosis.

Cancellation

As a courtesy please provide 24 hours notice if you must cancel an appointment. If you cannot provide 24 hours notice please let me know as soon as possible. I only charge for missed appointments after the second missed appointment with either no notification or notification which is less than 24 hours. The cancellation fee is \$50.00.

What to Do In an Emergency

My practice is done on an outpatient basis, and designed to accommodate clients that are reasonably safe and have resources to contact in a crisis or emergency. Therefore, I cannot guarantee that I will be immediately available 24 hours a day/7 days a week. If either you or I feel that this level of support is not adequate, we can discuss additional resources or transfer you to a therapist that provides 24 hour coverage. **That being said, every effort will be made to**

respond to urgent phone calls the day they are received (non-urgent phone calls will be returned within 24 hours or less). If this is an emergency and you cannot reach me immediately please call 911, go to the nearest hospital emergency room, or contact Peachford Hospital at 770-454-2302 which provides free assessments 24 hours a day 7 days a week. If either you or I feel that this level of support is not adequate, we can discuss additional resources or transfer you to a therapist that provides 24 hour coverage.

Please indicate your understanding and acceptance of these policies and information by signing below. Your signature also serves as acknowledgement that you have received a copy of the HIPAA Notice of Privacy Practices.

Client's Name

Date

Client's Signature