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## **INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### Background Information

The following is information regarding my educational background and experience as a therapist. If you have any questions, please feel free to ask.

I am a Licensed Professional Counselor, National Board Certified, and a Board Certified Professional Counselor from the American Psychological Association with a Masters degree from the School of Professional Psychology of Atlanta and Argosy University. My undergraduate degrees are from the University of Georgia and Emory University, Oxford College. I have trained with Masters and Johnson, the Wellness Institute and The Brianspotting Institute. I continue to update my education every year and obtain over 100 hours of continuing education and training for licensure. I started practicing in 1996 and have acted as Associate Director of Outpatient Hospitalization, family therapist, group therapist, individual therapist, and as a consulting therapist. I also provided training for other therapists.

### Theoretical Views & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seem to produce maximum benefit.

### Confidentiality

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Additionally, I will always keep everything you say to me completely confidential, with the following exceptions:

- (1) You direct me to tell someone else and you sign a "Release of Information" form
- (2) I determine that you are a danger to yourself or to others
- (3) You report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or
- (4) I am ordered by a judge to disclose information.

In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

### Structure and Cost of Sessions

I agree to provide psychotherapy for 45-50 minute session, 80-minute session, and 90-minute intake session. I do provide Video conferencing for therapeutic sessions if necessary and while doing psychotherapy by telephone is not ideal, if you feel a need to talk to me between sessions this may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$2.00 per minute. Wellness and Concierge services are the ideal for providing you these types of services.

The fee for each session will be due at the conclusion of the session. Cash, FSA HSA, Visa, MasterCard, Discover, or American Express are acceptable for payment, and I will provide you with a receipt of payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks.

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

### Hypnotherapy and Brainspotting

In most case hypnotherapy and Brainspotting sessions are 80 mins (1 ½ hours). The first 15 minutes are spent checking in and discussing the direction of the session. The next 50 minutes are spent in hypnotherapy/Brainspotting and the last 15 minutes in completion and weekly instructions. I find that a great deal can be accomplished with this format.

When working with individuals I have found alternating these therapies with traditional individual counseling sessions can provide a very effect therapeutic balance for many clients. Hypnotherapy and Brainspotting are the least expensive treatment available as it often requires fewer sessions overall.

During your Hypnotherapy session I will make a reinforcement track, which will extend the benefits of your session. This way the benefits can continue to increase after you leave the office and during the weeks that follow.

### Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

### In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

Call:

- Behavioral Health Link/GCAL: 800-715-4225
- Pathways Crisis Center Newnan (678) 854-6394
- Piedmont Fayette Hospital (770) 719-7000
- Piedmont Newnan Hospital (770) 400-1000
- Ridgeview Institute (770) 434-4567
- Peachford Hospital (770) 454-5589
- Lifeline (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

### Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with your therapist has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. It is important to know that therapists are required to keep the identity of their clients confidential. As much as I may like to, for your confidentiality I will not address you in public unless you speak to me first. As your therapist I would not attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty as your therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work together to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, others may not always welcome an increase in your assertiveness. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

### Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Landlines/Cell phones: It is important for you to know that phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me. Phone calls are an option for us to conduct remote sessions. If we choose to utilize this technology you are responsible for initiating the connection with me at the time of your appointment. It also will require a telemental health consent authorization to be signed.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. **However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations (nothing that anyone could infer as therapy).** Therefore, please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. If you happen to send me a text message by accident, you need to **know that I am required to keep a summary or copy of all as part of your clinical record that address anything related to therapy.**

Facebook, LinkedIn, Pinterest, Twitter, Etc: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. I, Natalie Kohlhaas / Integrative Mental Health Counseling (IMHCounseling) have a business Facebook page and website. You are welcome to "follow" me on any of these **professional** pages where I post therapeutic content. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to mine/or my company, Natalie Kohlhaas IMHCounseling. Please refrain from making contact with me using social media messaging systems such as Facebook Messenger. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

Google, Bing, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

Blogs: I may post psychology information and therapeutic content on my professional blog. If you have an interest in following my blog, you are welcome to. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Natalie Kohlhaas Integrative Mental Health Counseling.

Video Conferencing (VC): Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. If we choose to utilize this technology, I will give you detailed directions regarding how to log-in. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with me at the time of your appointment.

I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). Please be aware this is not an ideal means of therapy and it is not considered a secure means of communication and does require a telemental health consent authorization to be signed.

#### Recommendations to Websites or Applications (Apps):

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you

other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to me if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices**” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

\_\_\_\_\_  
**Client Name (Please Print)**

\_\_\_\_\_  
**Date**

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

**If Applicable:**

\_\_\_\_\_  
**Parent’s or Legal Guardian’s Name (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent’s or Legal Guardian’s Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

\_\_\_\_\_  
**Therapist’s Signature**

\_\_\_\_\_  
**Date**