

*Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.  
Marietta Counseling for Children and Adults, LLC  
2440 Sandy Plains Rd. Bldg. 13, Suite 300  
Marietta, GA 30066  
770-971-9311  
706-207-6667*

## **Information for Clients and Informed Consent**

*Please read all the way through very thoroughly and note any questions you may have in the margins. We will review the policies and contents herein at our first session and I can answer your questions at that time. Please be sure to fill out the last page prior to coming in to the office or arrive 15 minutes early to do so. When you arrive please have a seat in our waiting area and I will come out and greet you at your time of appointment. Thank you!*

**PLEASE BE SURE TO INITIAL the BOTTOM OF EVERY PAGE!**

### **Who I am....**

I am a Nationally Certified Counselor with Marietta Counseling for Children & Adults, LLC and I provide counseling services for children, teens, families, parents, couples and adults. I have a Master's of Art degree in Counseling, a Bachelor's of Science degree in Psychology with a minor in Sociology. I also have specific training in Trauma-Focused Cognitive Behavioral Therapy, Play Therapy and other children's counseling methods. Additionally, I have experience working with families in their homes, conducting parenting groups based on the S.T.E.P. (Systematic Training for Effective Parenting) program, and with families and individuals affected by addiction. I am currently working toward my RPT (Registered Play Therapist) certification and am in regular supervision with Amy Robbins, LPC, RPT-S. I participate in continuing education courses, seminars and professional conferences ongoing in order to stay current and am always expanding my knowledge-base and methodologies in order to best serve the needs of my clients.

I am an active member of the Association for Play Therapy and the Licensed Professional Counselors Association of Georgia.

### **About Marietta Counseling for Children and Adults, LLC...**

Marietta Counseling for Children and Adults, LLC (MCCA) is a limited liability company in the state of Georgia established to provide a facility where therapists can provide counseling and psychotherapy services for children, adolescents and adults. MCCA employs some associate licensed therapists on a contracted basis and are provided direction of their services by the MAAC director, including confidential case review on a regular basis. MCCA also affords fully licensed therapists an opportunity to conduct their independent private practices while benefiting from the affiliation with a group of professionals providing services from the same facility.

### **About Counseling....**

My approach to counseling whether it be with children or adults is based in theory that believes all people want to feel significant, connected and capable and therefore all behavior has a purpose and meaning. Patterns and themes develop in people's lives often discouraging them, knocking them "off track." It is my job as a counselor to help children have an emotionally safe place where they are encouraged to express openly through the use of play therapy without fear of being judged and to help young children have experiences of success, acknowledged by me in a way that helps them develop an intrinsic sense of worth. Part of my work with children is also to provide coping skills and tools for self-soothing, managing emotional energy and other important life skills. With adults, it is a similar process of providing a compassionate and non judging space for individuals to express and explore their own patterns. I combine several theoretical approaches including Adlerian, existential, and cognitive-behavioral methods appropriate to the individual's needs. Some of the work includes examining thoughts and actions and considering alternatives in order to dismantle the patterns that are not adaptive and replace with more adaptive thoughts and actions. With adults it is through introspective conversation, verbal examination, some written exercises and other methods available. With children it is through a combination of directive and non-directive play therapy coupled with parent and family sessions.

I view counseling as a partnership. I see every individual as one who has everything they need within them simply in need of some help through partnership to get back on track what may have drifted off track. Effective counseling experiences require active commitment and participation on the part of the client. Together we will set goals and determine indicators as to how we will know when those goals have been met and will frequently revisit these goals, evaluating where we are on the process of making progress so that each client knows how we are doing as a partnership as we go.

It is not uncommon to feel "stirred up" more than usual before the client feels better. In fact, it is very common for clients to feel worse for a time. This is a part of the natural process of counseling.

Together we will work through these patches.

If you wish at any time to stop counseling services with me, I ask that you allow one final session in order for us to have appropriate closure allowing me an opportunity to assist you in finding support beyond our counseling relationship.

**Helping Children...** It is my job as a counselor to help children have an emotionally safe place where they are encouraged to express openly through the use of play therapy without fear of being judged. It is my job to help young children have experiences of success, acknowledged by me in a way that helps them develop an intrinsic sense of worth. Part of my work with children is also to provide coping skills and tools for self-soothing, managing emotional energy and other important life skills. I use both directive and non-directive play therapy techniques, tailoring the therapy approach to the individual client's needs.

**Helping Adults...** With adults, I provide a compassionate and non-judging space for individuals to express and explore their own patterns of thought and behavior. I combine this approach with some methods appropriate to the individual's needs including examining thoughts and actions and considering alternatives in order to dismantle those patterns that are not adaptive and replace with more adaptive thoughts and actions. With adults it is through introspective conversation, verbal examination, awareness of the body's messages, some written exercises and other methods available.

**Helping Couples...** I provide relationship counseling support to couples regardless of what stage they find their relationship to be. Much like my work with adults in individual counseling, a space is created that is compassionate and non-judging allowing couples to express and explore the patterns within the relationship. I provide more directive assistance through communication training and discovery exercises as well. The goal for all couples counseling is to build on respect for Self and Others as well as honoring the relationship itself in whatever stage it is in. Greater clarity, quality of communication and vision for the relationship are the focal points.

**Helping Parents...** Parenting is the most challenging and most important job anyone who is a parent will ever have. There are no training manuals handed out at the birth of a child, however! There are many books out there to read but it can all feel very overwhelming. So many approaches and philosophies.... In the meantime the stresses of parenting can get the best of anyone! MAAC has resources for parents through seminars, support groups and private consultation. I also provide counseling and psychotherapy support for parents in learning how to deal with the challenges of parenthood and how those challenges affect their emotional and mental health as well as their relationships. I combine philosophies and skills training that are rooted in hope, positive and solution based theories.

I believe in empowering parents in a positive and encouraging way to see this job of parenting as purposeful and to embrace it with greater consciousness.

### **Groups and Classes**

Sometimes people grow the most when participating with a group of people with similar issues or challenges. MAAC therapists lead groups that offer opportunity for skill building on the subjects of stress management, divorce and step-parenting, parenting, and social skills for people of all ages. MAAC therapists also provide support and process groups for adults struggling with various life issues, women's issues, step-mothers, and children whose parents are divorced or divorcing. If interested, there are also classes specifically addressing the practice of mindfulness, meditation, yoga, tai chi and chi kung.

### **Benefits and Risks of Counseling....**

Benefits of counseling have been shown by scientists in hundreds of well-researched studies. People who are depressed may find their mood lifting. Others may see an end to their anxiety or anger. In counseling people have a chance to talk through things until their feelings are resolved. Client's skills in relationships and communication may improve greatly. The greatest benefit to counseling in my experience is learning how to develop and maintain a sense of balance in Life which yields more lasting contentment, satisfaction and skills for coping with the inevitable challenges Life presents. There is the risk that through counseling clients may at times feel uncomfortable levels of sadness, guilt, anxiety, frustration, loneliness, helplessness or other negative feelings as a part of the process. Clients may recall unpleasant memories. Anytime we are making changes for the better, the existing way of being is upset to some degree and there is the risk that significant others in one's life may have their own objections or negative reactions to a client's positive changes. For children and teens, some behaviors may become more pronounced for a period of time after counseling begins due to emotions or realizations in therapy surrounding the reasons they have come into therapy. Children and teens sometimes have different ways of processing than adults. Please be patient with them while they are healing and be sure to utilize the Parent Update form while your child is in session to inform the therapist of your concerns.

**Confidentiality....**

It is a client's legal right that our sessions and my records about you are kept private. In general I will tell no one what you tell me or that you are receiving counseling services from me. In all but a few situations, your confidentiality and privacy is protected by state law and by the ethical rules of my profession. There are exceptions as follows:

1. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat including police officials.
2. If I have reason to believe a child or any adult dependent has been or will be abused or neglected, I am legally required to report this to the proper authorities.
3. If you are or will be involved in court proceedings and my records are ordered by a judge, I will assert the statutory law that states client-counselor privilege. If the judge over-rides this statute and orders me to testify or produce records I am lawfully required to do so. If I and/or my records are subpoenaed I am obligated to show up in court with my clinical record which can be ordered to be produced by the judge. If I am ordered by the court to provide counseling services for you or your child, the court then has a right to all information involved with your therapy services.
4. If a guardian ad litem (GAL) is appointed in a custody case involving child clients I have seen for counseling services and she/he is ordered by the court to have access to mental health practitioners and records therein, I am required to provide that information as it is court ordered.
5. The Patriot Act of 2001 requires me in certain circumstances, to provide federal law agents with records, papers and documents upon request and prohibits me from disclosing to my client that the FBI sought or obtained the items under the Act.
6. I am happy to provide paperwork for you to file with your insurance company; however, in doing so, there will be a diagnosis required with the paperwork and there may be a violation of your confidentiality as insurance companies do not always observe the same strict confidentiality policies that I do as a Licensed Professional Counselor.
7. Occasionally I see professional supervision or consultation with another licensed therapist as well as confidential peer consultation meetings with my fellow therapists at MCCA. I share information about my cases and clients for the purpose of gaining further perspective and ideas for how to best serve my clients without revealing names or identity. Peers, fellow therapists and any supervisor are bound by confidentiality so that any information shared does not leave the room in which it is shared and full names are not revealed.
8. If you should choose to communicate with me via email I cannot guarantee your confidentiality as sometimes an email remains on a server and may be accessible by others. Please indicate your preference by circling Yes or No and signing here:

**Yes, I authorize you to communicate with me via email:** \_\_\_\_\_

**No, I do not authorize you to communicate with me via email.** \_\_\_\_\_

9. In the case of my death or major medical incapacitation, all of my records will be accessed by Lynn Louise Wonders, MA, LPC.

In **working with children**, though technically and legally the parent or legal guardian of child clients is the client and confidentiality lies with the client, in order to establish and preserve the essential relationship and setting for a child's therapy, I honor what the child does or says in our sessions as confidential while providing parents and/or legal guardians summaries of treatment goals, plan and progress as well as recommendations. I explain to children in simple terms that their time with me is their safe place to share whatever they wish with me. If they tell or show me something that makes me feel they or another child is being or has been hurt, I must tell others to make sure they or the other child is safe. I explain to them that I will not tell their parents what they say and do in our sessions unless they give me permission but that I do tell moms and dads my ideas and suggestions for what they might do at home to help me help the child with whatever they might need.

In **working with couples and families**, the couple/family and the relationship(s) is/are my client and I am not providing individual therapy for either half of the couple or for any one member of the family although individual sessions may be a part of the couples/family therapy. These sessions are to allow me an opportunity to gather information and perspective that might not otherwise be so comfortably revealed in the couple's sessions. I will not repeat what I hear from one half of the couple or family member to the other(s) but I also will not be a "secret keeper" nor will I facilitate secret keeping. If anything significant is revealed in an individual session that I feel the other party needs to be told, I will require it be brought up in the next session together so we can work through it. If I am placed in a position of being told sensitive information by one member of the family or couple and asked to keep it "secret," I will not be able to hold that secret and may have to terminate the therapeutic relationship and refer you to another therapist.

### **Scheduling**

When you schedule an appointment with me, we are making a contract in advance for time in my preparation for your session and time in session. I schedule appointments in advance (no walk-ins) and **I do require 24 hours notice of cancellation of any appointment.**

**If a client does not arrive for a scheduled appointment or cancels inside of 24 hours, there will be a charge billed for the full fee session.**

On the most rare occasion there is what I consider to be a *true emergency* which is a death of someone very close to you or sudden and extreme illness requiring a *documented* visit to a medical facility, I will waive the charge.

***Missed appointments will be billed at the full rate in any other case.***

### **Fees, Payment, Insurance...**

My fee is \$100 per session. I work on a 50 minute session schedule in order to allow minutes between sessions. The session fee is not only for our 50 minutes together in person as each session fee covers periodic and brief communication between sessions by email and phone, all the preparation I do prior to each of your sessions and all of the post- session work that I do for your ongoing progress in counseling. **I do require payment of fees be made at the beginning of each session** so business can be out of the way in order to sink into the issues the client needs/wants to address during the session. I have a limited number of appointments available for reduced fee clients determined by financial need and circumstances. Sometimes all of these slots are filled and you may be placed on a waiting list for a reduced fee slot. If you have financial need I will be happy to discuss this with you. My reduced fee clients are on a contract basis and agree to increase their fee over time as contracted.

### **Hours...**

I see clients Mondays, Saturdays and Sundays only. I do not see clients nor am I available by phone Tuesday through Friday. If you leave a voicemail for me after 7:30 pm Monday through Friday night I will not return your call until the following Monday unless we make arrangements otherwise.

### **After Hour Support and Emergencies...**

Marietta Counseling for Children & Adults, LLC is not an emergency services agency. I do not provide emergency services. You may call me during business hours (Saturday through Monday 9:00 a.m. to 7:30 pm) on my mobile office number 706-207-6667 and leave me a confidential voicemail including your phone number even if you know that I have it along with a brief message. I will call you back when I have finished all sessions and business with other clients or between sessions if possible and if not possible the same day that you leave the message, as soon as I can the next day. When I am away from the office for extended time, my message will reflect when I will be back. ***If you have a life threatening emergency you should call 911 or go to the hospital of your choice.*** Only contact me in an emergency after you have obtained emergency assistance from 911 or your choice of medical support.

### **Other After hour Mental Health Resources (not to be substituted for calling 911 with emergency):**

- Ridgeview Institute at 770.242.4567 or Peachford Hospital at 770.454.5589
- Cobb County Mental Health Crisis Line 770.422.0202
- Fulton County Mental Health Crisis Line 404.730.1600

## **Divorce and Custody Cases....**

I do work with parents and children going through divorce and I believe it is very helpful to assist families in developing positive coping skills and working toward harmony and healing during and after the divorce process. *Due to the sensitive nature of divorce and all potential issues that may arise in such cases, I have very specific policies to which you MUST agree before we enter a counseling relationship:*

1. If I am seeing a child whose parents are in the process of divorce or who are divorced, I require a copy of the standing court order demonstrating the custodial rights of each parent at the first intake session. I will need to have contact with the parent who has legal custodial decision making for medical issues before I see the child for counseling and will need to obtain written consent for the child to participate in counseling from the legal custodian(s) and prefer to have contact with both parents prior to seeing the child.

2. I will be available to provide an interview with a guardian ad litem (GAL) assigned to investigate the best interest of any child I am counseling upon production of court order demonstrating the GAL's right to examine your clinical record or speak with me. Otherwise, the adult client or parents of child client will need to sign a release for me to speak with the GAL. You, the client, will be charged a full session fee for me to have such meeting with a GAL.

3. I will provide an identical summary of a child's therapy progress, treatment plan information and parent recommendations to both parents who share in the legal custody of the child I am seeing for counseling and will offer and encourage opportunities for both parents to participate in parent consultations along the way.

4. Family sessions will likely be recommended and depending on the case, may need to see the child with each parent separately along with siblings and/or other significant family members who live in the homes where the child lives.

5. If I am subpoenaed to appear in court, under Georgia statutory law, I am unable to testify due to the privilege between client and Licensed Professional Counselor without written waiver of confidentiality from the client or client's parents. Additionally, I am not qualified to provide testimony, but if needed, I can provide a referral to a person who would be qualified to perform an evaluation to be used in court. **I ask all my clients waive right to subpoena me to court by signing this agreement.** This policy is also set in order so that I can preserve the efficacy and integrity of my therapeutic progress and relationship with you and/or your child(ren). It is my experience that my appearance in court often damages my therapist-client relationship and it is my ethical duty to make every reasonable effort to promote the welfare, autonomy and best interests of my clients. By signing this agreement you are waiving right to have me subpoenaed and agreeing in fact not to have me or my records subpoenaed. I will be happy to provide a referral to another therapist who will be willing to appear in court if needed as an alternative if you would prefer.

6. In the case I am subpoenaed to appear in court – whether I testify or not – I charge my clients a higher fee for the use of my professional time and expertise. Any of my time dedicated to any court-mandated appearance including preparing documentation, discussions with lawyers and/or the guardian ad litem in connection with the court appearance and any time spent waiting at the court house in addition to time on the stand as well as any travel time will be billed at \$120 per hour.

**My Records...**

You should be aware that, pursuant to HIPAA, I keep information about all of my clients in a collection of professional records. This constitutes your Clinical Record. It could include information about your reasons for seeking therapy, a description of the ways in sent to anyone, including reports to your insurance carrier. You may schedule an appointment to examine your Clinical Record. Additionally, you may receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted by untrained readers. For this reason, I recommend that you initially review them in my presence within a scheduled session, or have them forwarded to another mental health professional so you can discuss the contents. There will be an administrative fee of \$25 charged for preparing the record for release.

**Client Rights...**

HIPAA provides you with several new or expanded rights with regard to your Clinical Records and disclosures of protected health information. These rights include requesting that I amend your record; requesting restrictions on what information from your Clinical Records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and the privacy policies and procedures. I am happy to discuss any of these rights with you.

**Complaints or Grievances...**

If you feel that there is basis for a formal complaint or grievance about anything related to the professional services I am providing, I invite you to first communicate your concerns to me directly so that I will be informed and have an opportunity to respond and resolve any potential misunderstanding. You have a right to file a complaint about me with my licensing board and may do so by contacting the board at the following address and phone number:

**Georgia Composite Board of Professional Counselors,  
Social Workers, and Marriage and Family Therapists**  
237 Coliseum Drive Macon, GA 31217-3858 (478) 207-2440

**Crisis Response Plan...**

*I require each and every one of my clients to fill out the following Crisis Response Plan as standing plan and agreement just to be sure that in the case a Crisis should arise that lends to feelings or thoughts of self harm or harm to another you will be prepared to know how to respond even if you believe this will never apply to you.* I realize it may seem strange I am asking for you to fill this out and sign this, but I have found in my experience it is always better to for me to be assured each and every one of my clients is prepared in case of a crisis. There is a Crisis Response Plan for adult clients and a Safety Promise and Plan for child clients.

Marietta Counseling for Children & Adults, LLC  
ADULT CLIENT CRISIS RESPONSE PLAN

For (your name) \_\_\_\_\_

People that participate in therapy sometimes experience one or more of the following conditions:

- self-harm (thoughts/feelings/behaviors to cut, hit, burn self, etc.)
- suicidality (thoughts/feelings/behaviors to end one's life)
- aggression (thoughts/feelings/behaviors to yell, break things, threaten, hurt others)
- homicidality (thoughts/feelings/behaviors to end someone else's life)

If you ever experience such thoughts, feelings or behaviors, this document is intended to facilitate you in seeking out help and assistance.

By signing this document you are agreeing to the following statements and actions:

- I understand that there are people available to help me.
- I also understand that getting the help and assistance I need might take some time.
- I agree not to do anything to harm myself or others in any way while I am seeking out help and assistance.

This includes any kind of overt or passive acts of danger to myself or others.

Overt acts are intentional acts to harm myself or others. Passive acts involve putting myself or others in possible danger such as not looking when crossing a street or engaging in unprotected sexual activities.

OPTIONAL: (  AGREE,  DO NOT AGREE) I agree not to partake in alcoholic beverages in order to remain clear-minded as to my actions.

OPTIONAL: (  AGREE,  DO NOT AGREE) I agree not to partake in any recreational drugs/substances in order to remain clear-minded as to my actions.

7) If at any time, I should feel unable to resist impulses to self-harm, to act out aggressively, to engage in suicidal behaviors or to engage in homicidal or harmful behaviors towards others, **I will first call 911** and then I also may one of the following:

- Call Ridgeview Institute at 770-434-4567
- Call Peachford Hospital at 770-455-3200
- Go to an Emergency Room of my choice

I will agree to then call and leave a voicemail for  
Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.  
at 706-207-6667

This Crisis Management Plan begins immediately and will remain in effect for the duration of your therapy with Melissa N. Hardigree, M.A. Your agreement to this plan illustrates your commitment to work through any thoughts, feelings, and behaviors at this time as well as in the future.

Your signature below indicates that you have read and understand what is being requested of you, and you agree to uphold this Crisis Response Plan without exception.

Recipient of Services (Printed Name, Signature and Date)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature and Date:

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_

Crisis Plan for Kids  
SAFETY PROMISE and PLAN  
for \_\_\_\_\_

Kids sometimes experience feelings that they may hurt themselves.

If you ever have these thoughts, feelings or behaviors, this plan is to help you help and keep you safe.

This is what you are PROMISING in this contract and plan:

- 1) I understand that there are people who care about me and who will help me.
- 2) I understand that my body and my life are precious and important and it is my job get help if I ever feel like hurting myself.
- 3) I understand that I am never to say I want to hurt myself if it's not true or I am just kidding. No joking allowed on this subject.
- 4) I understand that getting the help I need might take some time. I will take deep, long breaths and use my triangle of safety to help me.
- 5) I PROMISE not to do anything to hurt myself in any way while I am looking for help.

6) If I feel unable to stop myself from doing something that will hurt me, I PROMISE to do these things:

Go see one of the school counselors if at school.

Go and tell my parents or another trusted adult if I am at home.

Call Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. If I am not at school. Her number is: 706-207-6667 and leave her a message saying "This is urgent."

If I am away from school and I can't get in touch with Lynn Wonders, I will call 1-800-CHILDREN or Call Ridgeview Institute at 770-434-4567

If none of these things work I will call 911 and tell the operator where I am and that I think I might hurt myself.

I also promise NOT to say I am going to hurt myself unless I really have these feelings. I promise if I say it, I really do need help.

This Safety Promise and Plan begins immediately and will remain in effect for the duration of your counseling with Melissa.

Signed and Printed Name/Date:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Our Agreement...**

I have read or had read to me all the information in this paperwork pages 1 - 10, have initialed all pages indicating that I have read them and understand them, have had a chance to review and ask questions and have had all questions answered to my satisfaction and have read, filled out and signed the Crisis Response Plan. I agree to abide by all the policies outlined herein. By signing this agreement, I am consenting to treatment and understand all the benefits and risks of counseling as outlined herein. I also hereby acknowledge that I have received the HIPAA notice form mentioned herein.

\_\_\_\_\_  
Printed name of adult client, child client (and/or child client's legal guardian)

\_\_\_\_\_  
Signature of client (or client's legal guardian if client is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date

**CLIENT CONTACT INFO:**

Name of Client \_\_\_\_\_ Client's Date of Birth \_\_\_\_\_  
Date of your first counseling session with Melissa N. Hardigree, M.A., N.C.C. L.A.P.C.

\_\_\_\_\_

Parent/Custodian if client is child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Approval to leave voicemail? \_\_\_\_\_

Person in case of emergency you authorize me to contact (name, relationship and number)

Mailing Address \_\_\_\_\_ Approval to mail to this address? \_\_\_\_\_

Email Address \_\_\_\_\_ Approval to contact you via email? \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

What is the primary reason you are seeking counseling services at this time? \_\_\_\_\_

\_\_\_\_\_

When did you first notice the issue/problem that brings you to counseling? (please provide a date if possible)

\_\_\_\_\_

Are you currently on any medications and if so which one(s)?

Significant medical history: \_\_\_\_\_

\_\_\_\_\_

Have you ever been in counseling before? If so, when and for how long?

\_\_\_\_\_

If you have been in counseling before, what was your reason for discontinuing counseling? What seemed to work for you in that counseling experience and what did not work for you?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish by coming to counseling?

\_\_\_\_\_

Anything else you would like me to know before we begin our work together?

\_\_\_\_\_

\_\_\_\_\_

# RELEASE FOR PHOTOGRAPHING THERAPY SESSIONS

Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.

I do hereby give my consent to have my child's therapy sessions photographed, videotaped or filmed subject only to the condition that my child will not be identified by name on any art, objects, slides, or photographs thereof. I understand that only my child's age and/or gender will be used as personal identification; any names will be masked. I understand these photograph(s), or video/film(s) may be used for case consultations with and between Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. and a professionally licensed supervisor, and will then be permanently deleted/destroyed. I further release Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. from all claims for right of publicity, invasion of privacy and libel in connection with the use of these or other written materials. I also agree to indemnify and hold harmless Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. from any and all liability that may arise in connection with the use of these stated materials. Furthermore, I understand that no remuneration of any type will be given to me by Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. for use of these materials and I agree that I will not claim any further remuneration for use of these materials.

\_\_\_\_\_  
Minor's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Printed Name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.

*Marietta Counseling for Children and Adults, LLC*  
*2440 Sandy Plains Rd. Bldg. 13, Suite 300*  
*Marietta, GA 30066*  
*770-971-9311*

**PRIVACY PROTECTION NOTICE**

THIS NOTICE DESCRIBES HOW YOUR MENTAL HEALTH RECORDS MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

*This notice shall go into effect January 1, 2008 and remain so unless new notice provisions effective for all protected health information are enacted accordingly.*

**I. Preamble**

A recent United State Supreme Court decision held that communications between psychotherapists and their clients are privileged and, therefore, are protected from forced disclosure in cases arising under federal law. There is a difference between privileged conversations and documentation in your mental health records. Records are kept documenting your care as required by law, professional standards, and other review procedures. HIPAA very clearly defines what kind of information is to be included in your "Designated Medical Record" as well as some material, known as "Psychotherapy Notes" which is not accessible to insurance companies and other third-party reviewers and in some cases, not to the client himself/herself. HIPAA provides privacy protections about your personal health information, which is called "protected health information" (PHI) which could personally identify you. **PHI consists of three (3) components: *treatment, payment, and health care operations.***

***Treatment*** refers to activities in which I provide, coordinate or manage your mental health care or other services related to your mental health care. Examples include a psychotherapy session, psychological testing, or talking to your primary care physician about your medication or overall medical condition.

***Payment*** is when I obtain reimbursement for your mental health care. The clearest example of this parameter is filing insurance on your behalf to help pay for some of the costs of the mental health services provided you.

***Health care operations*** are activities related to the performance of my practice such as quality assurance. In mental health care, the best example of health care operations is when utilization review occurs, a process in which your insurance company reviews our work together to see if your care is "really medically necessary."

The ***use*** of your protected health information refers to activities my office conducts for filing your claims, scheduling appointments, keeping records and other tasks *within* my office related to your care. ***Disclosures*** refer to activities you authorize which occur *outside* my office such as the sending of your protected health information to other parties (i.e., your primary care physician, the school your child attends).

**II. Uses and Disclosures of Protected Health Information Requiring Authorization**

The law requires authorization and consent for treatment, payment and healthcare operations. I may disclose PHI for the purposes of treatment, payment and healthcare operations with your consent. You have signed this general consent to care and authorization to conduct payment and health care operations, authorizing me to provide treatment and to conduct administrative steps associated with your care (i.e., file insurance for you). Additionally, if you ever want me to send any of your protected health information of any sort to anyone outside my office, you will always first sign a specific authorization to release information to this outside party. A copy of that authorization form is available upon the request. The requirement of your signing an

additional authorization form is an added protection to help insure your protected health information is kept strictly confidential. An example of this type of release of information might be your request that I talk to your child's schoolteacher about his/her ADHD condition and what this teacher might do to be of help to your child. Before I talk to that teacher, you will have first signed the proper authorization for me to do so.

There is a third, special authorization provision potentially relevant to the privacy of your records: my psychotherapy notes. In recognition of the importance of the confidentiality of conversations between psychotherapist-client in treatment settings, HIPAA permits keeping separate "psychotherapy notes" separate from the overall "designated medical record." "Psychotherapy notes" cannot be secured by insurance companies nor can they insist upon their release for payment of services as has unfortunately occurred over the last two decades of managed mental health care. "Psychotherapy notes" are *my* notes "recorded in any medium by a mental health provider documenting and analyzing the contents of a conversation during a private, group or joint family counseling session and separated from the rest of the individual's medical record." "Psychotherapy notes" are necessarily more private and contain much more personal information about you hence, the need for increased security of the notes. "Psychotherapy notes" are not the same as your "progress notes" which provide the following information about your care each time you have an appointment at my office: medication prescriptions and monitoring, assessment/treatment start and stop times, the modalities of care, frequency of treatment furnished, results of clinical tests, and any summary of your diagnosis, functional status, treatment plan, symptoms, prognosis and progress to date.

Certain payors of care, such as Medicare and Workers Compensation, require the release of both your progress notes and my psychotherapy notes in order to pay for your care. If I am forced to submit your psychotherapy notes in addition to your progress notes for reimbursement for services rendered, you will sign an additional authorization directing me to release my psychotherapy notes. Most of the time I will be able to limit reviews of your protected health information to only your "designated record set" which include the following: all identifying paperwork you completed when you first started your care here, all billing information, a summary of our first appointment, your mental status examination, your individualized, comprehensive treatment plan, your discharge summary, progress notes, reviews of you care by managed care companies, results of psychological testing, and any authorization letters or summaries of care you have authorized me to release on your behalf. Please note that the actual test questions or raw data of psychological tests, which are protected by copyright laws and the need to protect clients from unintended, potentially harmful use, are not part of your "designated mental health record."

You may, in writing, revoke all authorizations to disclose protected health information at any time. You cannot revoke an authorization for an activity already done that you instructed me to do or if the authorization was obtained as a condition for obtaining insurance and the insurer has the right to contest the claim under the policy.

### **III. Business Associates Disclosures**

HIPAA requires that I train and monitor the conduct of those performing ancillary administrative service for my practice and refers to these people as "Business Associates." I do employ business associates to assist with my administrative matters and these business associates are indeed trained and monitored so that your privacy is ensured at all times.

### **IV. Uses and Disclosures Not Requiring Consent nor Authorization**

By law, protected health information may be released without your consent or authorization for the following reasons:

- Child Abuse
- Suspected Sexual Abuse of a Child
- Adult and Domestic Abuse
- Health Oversight Activities (i.e., licensing board for Professional Counselors in Georgia)

- Judicial or Administrative Proceedings (i.e., if you are ordered here by the court)
- Serious Threat to Health or Safety (i.e., out “Duty to Warn” Law, national security threats)
- Workers Compensation Claims (if you seek to have your care reimbursed under Workers Compensation, all of your care is automatically subject to review by your employer and/or insurer(s). I never release any information of any sort for marketing purposes.

#### **V. Client’s Rights and My Duties**

You have a right to the following:

- *The right to request restrictions* on certain uses and disclosures of your protected health information, which I may or may not agree to, but if I do, such restrictions shall apply unless our agreement is changed in writing;
- *The right to receive confidential communications by alternative means and at alternative locations.* For example, you may not want your bills sent to your home address so I will send them to another location of your choosing;
- *The right to inspect and receive a copy* of your protected health information in my designated mental health record set and any billing records for as long as protected health information is maintained in the records;
- *The right to amend* material in your protected health information, although I may deny an improper request and/or respond to any amendment(s) you make to your record of care;
- *The right to an accounting of non-authorized disclosures* of your protected health information;
- *The right to a paper copy* of notices/information from me, even if you have previously requested electronic transmission of notices/information; and
- *The right to revoke your authorization* of your protected health information except to the extent that action has already been taken.

For more information on how to exercise each of these aforementioned rights, please do not hesitate to ask me for further assistance on these matters. I am required by law to maintain the privacy of your protected health information and to provide you with a notice of your Privacy Rights and my duties regarding your PHI. I reserve the right to change my privacy policies and practices as needed with these current designated practices being applicable unless you receive a revision of my policies when you come for your future appointment(s). My duties as a Licensed Professional Counselor on these matters include maintaining the privacy of your protected health information, to provide you this notice of your rights and my privacy practices with respect to your PHI, and to abide by the terms of this notice unless it is changed and you are so notified. If for some reason you desire a copy of my internal policies for executing private practices, please let me know and I will get you a copy of these documents I keep on file for auditing purposes.

#### **VI. Complaints**

I am the appointed “Privacy Officer” for my practice per HIPAA regulations. If you have any concerns of any sort that my office may have compromised your privacy rights, please do not hesitate to speak to me immediately about this matter. You will always find me willing to talk to you about preserving the privacy of your protected mental health information. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

**CLIENT NOTIFICATION OF PRIVACY RIGHTS**

The Health Insurance Portability and Accountability Act (HIPAA) has created new client protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides client protections related to the electronic transmission of data (the transaction rules), the keeping and use of client records (“privacy rules”), and storage and access to health care records (“the security rules”). HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide clients a notification of their privacy rights as it relates to their health care records. You may have already received similar notices such as this one from your other health care providers. As you might expect, the HIPAA law and regulations are extremely detailed and difficult to grasp if you don’t have formal legal training. My Client Notification of Privacy Rights is my attempt to inform you of your rights in a simple yet comprehensive fashion. Please read this document as it is important you know what client protections HIPAA affords all of us. In mental health care, confidentiality and privacy are central to the success of the therapeutic relationship and as such, you will find I will do all I can to protect the privacy of your mental health records. If you have any questions about any of the matters discussed in this document, please do not hesitate to ask me for further clarification.

By law, I am required to secure your signature indicating you have received the Client Notification of Privacy Rights Document. Thank you for your thoughtful consideration of these matters.

Melissa N. Hardigree, M.A. N.C.C., L.A.P.C

Privacy Officer

I, \_\_\_\_\_, understand and have been provided a copy of the Client Notification of Privacy Rights Document which provides a detailed description of the potential uses and disclosures of my protected health information, as well as my rights on these matters. I understand I have the right to review this document before signing this acknowledgment form.

\_\_\_\_\_  
Client Signature or Parent if Minor or Legal Charge

\_\_\_\_\_  
Date

If Legal Charge, describe representative authority: \_\_\_\_\_

*Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.*  
*Marietta Counseling for Children and Adults, LLC*  
*2440 Sandy Plains Rd. Bldg. 13, Suite 300*  
*Marietta, GA 30066*  
*770-971-9311*

**PATIENT RECORD OF DISCLOSURES**

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual home. Please complete only the top half of this form.

**I wish to be contacted in the following manner (check all that apply):**

**Home Phone Number:** \_\_\_\_\_ **Written Communication**

OK to leave message with detailed information  OK to mail to my home address

Leave message with name & call back number only  OK to mail to my work/office address

Do not leave messages at home number  OK to fax to this number \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number** \_\_\_\_\_

OK to leave message with detailed information  OK to leave message with detailed information

Leave message with name & call back number only  Leave message with name & call back number only

Do not call me at work  Do not call me at this number.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use of disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

**NOTE: USES AND DISCLOSURES MAY BE PERMITTED WITHOUT PRIOR CONSENT IN AN EMERGENCY.**

Melissa N. Hardigree, M.A., N.C.C., L.A.P.C.

*Marietta Counseling for Children & Adults, LLC*  
2440 Sandy Plains Road, Bldg. 13, Suite 300  
Marietta, GA 30066  
770-971-9311  
706-207-6667

**Fees for Services Agreement**

Every time I schedule an appointment with Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. I understand that I am entering into a contract with Marietta Counseling for Children & Adults, LLC (MCCA) and for the professional time and services Melissa N. Hardigree, M.A., N.C.C., L.A.P.C. I recognize that professional services are not only provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and confidential consultations with other professionals as agreed in writing by me to assist with my treatment. I understand Melissa N. Hardigree's professional fee is \$100 per scheduled session and I agree to pay this fee at the beginning of my session unless there has been a reduced fee agreement made. In that case, I understand that Ms. Hardigree and I have agreed to the following fee \_\_\_\_\_. I understand that MCCA does not reimburse for canceled appointments that were paid for in advance but that any such fees will be credited to your account and applied to future services provided.

I understand that Melissa's cancellation policy requires 24 hours advance notice in order to be released from the contract for Melissa's time and services of preparation for my session. I agree that if I fail to cancel my appointment within the 24 hour minimum time period prior to my session I will be charged a full session fee for the appointment. I hereby authorize MCCA to charge my Visa/ Master Card/ Discover/ American Express (circle one) credit card number \_\_\_\_\_ exp. date \_\_\_\_\_ cv code \_\_\_\_\_ zip code \_\_\_\_\_ if I indeed fail to observe this cancellation policy as I understand I am paying for preparation services rendered and time contracted for when I set the appointment. I also understand if there is an emergency situation that prohibits me from canceling within 24 hours I can discuss this with Melissa directly and request a waiver of this policy but I understand that Melissa is not bound to grant that waiver and may by this contract proceed with charging my credit card as agreed herein.

Client (or parent/legal guardian of child client):

Printed Name: \_\_\_\_\_

Client (or parent/legal guardian of child)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist: Melissa Hardigree, M.A., N.C.C., L.A.P.C.

Signature and Date: \_\_\_\_\_

***Marietta Counseling for Children & Adults, LLC***

*2440 Sandy Plains Rd. Bldg. 13, Suite 300  
Marietta, GA 30066*

**Credit Card Policy**

Marietta Counseling for Children & Adults, LLC (MCCA) does accept all major credit cards. If you wish to use a credit card rather than check or cash there will be a \$3.00 convenience fee added to your session balance and charged to your account. MCCA requires all clients to provide a credit card to keep on file in case of a missed appointment. Your credit card will only be charged if you miss an appointment without canceling within the 24 hour cancellation policy time frame and the \$3.00 convenience fee will be added to the missed appointment fee. I agree to the terms of credit card usage as explained above.

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

*Marietta Counseling for Children and Adults, LLC*  
*2440 Sandy Plains Rd. Bldg. 13 Suite 300*  
*Marietta, GA 30066*  
*770-971-9311*  
*706-207-6667*

Directions:

**From I-75:** Exit 267A. At first light you will turn right onto Sandy Plains Rd. Go through 5 stop lights. Pass Keswyck Commons neighborhood on the right, pass Mozelle St. and then a grave yard on your right you will look for the big Travel Leaders sign and turn right into the red brick office park. Go to the first stop sign and turn right. Building 13 is on your right.

**From Barrett Parkway:** Travel southeast on Barrett. It will turn into East Piedmont. As you approach Sprayberry H.S. on your right you will turn right onto Sandy Plains Road. Turn left at the break in the median onto First and then take an immediate right into the office park. Proceed through the stop sign and building 13 will be on the right.

**From East(er) Cobb:** Travel East Piedmont off of Sewell Mill or 120 heading northwest until you come to Sandy Plains Rd. Turn left onto Sandy Plains Rd. and then turn left at the break in the median onto First . Take an immediate right into the office park. Proceed through the stop sign and building 13 will be on the right.

**From Woodstock and Roswell:** From 92 take Sandy Plains Road west to East Piedmont. Cross over East Piedmont. Turn left at the break in the median onto First. Take an immediate right into the office park. Proceed through the stop sign and building 13 will be on the right.

**From West Cobb:** From Marietta Square make your way toward Kennestone Hospital passing Kennestone on your left and crossing over I75 on Canton Hwy. At first light you will turn right onto Sandy Plains Rd. Go through 5 stop lights. Pass Keswyck Commons Neighborhood and just past Mozelle St. and then a grave yard on your right you will look for the big Travel Leaders sign and turn right into the office park. Go to the first stop sign and turn right. Building 13 is on your right.