

*Suzie Amacker, MA, LPC, NCC
Licensed Professional Counselor
Marietta Counseling for Children and Adults, LLC
2440 Sand Plains Rd. Bldg. 13, Suite 300
Marietta, GA 30066
770-971-9311
678-595-4727*

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.

The therapist

I am a therapist at Marietta Counseling for Children & Adults, LLC and I provide counseling services for children, families, parents, and individual adults. In addition I work as a School Counselor at a local independent school.

I have a masters degree in professional counseling and an undergraduate degree in elementary education and early childhood development. I have supervision and training in play therapy and am currently working toward my RPT (Registered Play Therapist) certification. I worked as a primary and early childhood teacher for over 20 years. I have worked with clients in a residential treatment facility for drug and alcohol addiction and have a particular interest in helping women through life transitions. I am a Nationally Certified Counselor and a School Counselor.

I participate in continuing education courses, seminars and professional conferences ongoing in order to stay current and am always expanding on 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, the Licensed Professional Counselors Association of Georgia, the American School Counselors Association, Georgia School Counselor's Association and the Nationally Certified Counselors Association.

Counseling...

My approach to counseling is eclectic in nature drawing from many different theories. In particular I believe that children and adults are seeking to belong and feel significant in their lives. I work to help clients develop a perception of power and influence so that they can then learn to accept the power they have to create positive change. They gain an understanding of their personal emotions and behaviors by hearing feedback in a safe accepting environment. Through the problem solving process they can learn alternative ways to express and deal with their thoughts and feelings. Children often don't have the language to express their feelings and can benefit greatly from play therapy where they are free from judgment and safe to express their deepest emotions.

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 in the process of making progress so that each client knows how we are doing as a partnership as we go.

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.

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 things out 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.

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. In 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 therapist. I share 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 can not 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, 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 families, the family and the relationship(s) is/are my client and I am not providing individual therapy for any one member of the family although individual sessions may be a part of the 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 sessions. I will not repeat what I hear from 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 parties need 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 \$50.00 charge.

On the most rare occasion there is what I consider to be a true emergency which is a death of someone 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 \$50.00 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 during the session. I will be happy to provide paperwork for you to file with your insurance company for out of network reimbursement.

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 (Tuesday through Friday 9:00am to 7:30 pm) on my mobile number 678-595-4727 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. I ask all my clients waive right to subpoena me to court by signing this agreement. This policy is set in order that I can preserve the efficacy and integrity of my therapeutic progress and relationship with you and/or your children. 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 \$150.00 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 it is 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 ones 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:

- 1) I understand that there are people available to help me
- 2) I also understand that getting the help and assistance I need might take some time.
- 3) 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.
- 4) 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.
- 5) OPTIONAL: (___AGREE, ___ DO NOT AGREE) I agree not to partake in alcoholic beverages in order to remain clear-minded as to my actions.
- 6) OPTIONAL: (___AGREE, ___DO NOT AGREE) I agree not to partake in any recreational drugs/substances in order to remain clear-minded as to 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:
 - A. Call Ridgeview Institute at 770-434-4567
 - B. Call Peachford Hospital at 770-455-3200
 - C. Go to an Emergency Room of my choice

I will agree to then call and leave a voicemail for Suzie Amacker, LPC
at 678-595-4727

This Crisis Management Plan begins immediately and will remain in effect for the duration of your therapy with Suzie Amacker, LPC, NCC. 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)

Therapist Signature and Date

Our Agreement....

I have read or had read to me all the information in this paperwork and 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 Suzie Amacker, LPC, NCC _____

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? _____

Any thing else you would like me to know before we begin our work together? _____

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Fees for Services Agreement

Every time I schedule and appointment with Suzie Amacker, LADC, NCC (Sue Hunter Amacker), I understand that I am entering into a contract with Marietta Counseling for Children & Adults, LLC (MCCA) and for the professional time and services of Suzie Amacker. 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, confidential consultations with other professionals as agreed in writing by me to assist with my treatment. I understand Suzie Amacker'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. Amacker 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 Suzie's cancellation policy requires 24 hours advance notice in order to be released from the contract for Suzie'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 \$50 fee for the appointment. I hereby authorize MCCA to charge my Visa/ Master Card/ Discover/ American Express (circle one) credit card number _____ exp. date _____ cvcode _____ 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 Suzie directly and request a waiver of this policy but I understand that Suzie 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 and date _____

Therapist Suzie Amacker's Signature and date _____

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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
404-455-5805

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 and just past Mozelle St. and then a grave yard on your right you will look for the big Sprayberry Travel Sign and turn right into the 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 Street and then take an immediate right into the office park. Building 13 will be down 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 at the break in the median onto First Street and then take an immediate right into the office park. Building 13 will be down 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 Street and then take an immediate right into the office park. Building 13 will be down 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. 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 Sprayberry Travel Sign and turn right into the office park. Go to the first stop sign and turn right. Building 13 is on your right.