



P.O. BOX 2323
Gainesville, GA 30503
770-539-9669
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Information, Authorization, and Consent to Treatment

This document is designed to inform you about what you can expect from your counselor, policies regarding confidentiality and emergencies, and several other details regarding your treatment with New Hope Counseling. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with your counselor is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information, Theoretical Views, & Client Participation

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 your counselor talk about both during and between sessions. Generally, the more of yourself you are willing to invest, the greater the return. Furthermore, it is our policy to only see clients who we believe has the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your counselor. We 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, your counselor will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit.

Confidentiality & Records

Your communications with your counselor will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored in a secured, locked area in compliance with HIPAA. Your counselor will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your counselor to tell someone else and you sign a "Release of Information" form; (2) your counselor determines 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) your counselor is ordered by a judge to disclose information. In the latter case, your counselor's license does provide him or her 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 counselor. This state has a very good track record in respecting this legal right. If you have other questions about the federal guidelines please see 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations. Federal regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Please be advised that clients enrolling into a Family Violence Intervention Program waive their rights to confidentiality when concerning issues related to victim safety. This means that at a minimum, enrollment, attendance, termination, completion, UDS results, general behavior, & progress can & will be relayed to those involved in protecting victims.

If you have entered into an accountability court program, you sign a document agreeing to consent for communication between New Hope Counseling and other agencies represented on the court team. Each accountability court has an inter-disciplinary team which consists of members from treatment providers, probation, Public Defender's Office, Department of Community Supervision, Treatment Services, Solicitor-General's Office, District Attorney's Office, Indigent Defense, Hall County Sheriff's Department and other agencies specific to the program. Information including your compliance with treatment recommendations, program requirements, drug screening, as well as diagnosis, medical history, and prognosis may be discussed among team members. While the information that you disclose to your counselor during therapy sessions is considered confidential, you agree and understand that some information will be disclosed to other team members as necessary for your continued progress.

HIV/AIDS Confidentiality Policy: In accordance to Georgia HIV and STD laws, no person affiliated with New Hope Counseling that receives AIDS confidential information pursuant to code section O.C.G.A. §24-9-47 or which is responsible for recording, reporting, or maintaining AIDS confidential information shall: (A) intentionally or knowingly

disclose that information to another person or legal entity; or (B) be compelled by subpoena, court order, or other judicial process to disclose that information to another person or legal entity.

Affiliates of New Hope Counseling are bound by ethical and legal codes to protect the confidentiality and privacy of our clients and to protect and maintain the confidentiality of all information learned about clients, their family members and acquaintances in the course of providing services to them. Confidential communications include conversations, reports, forms, correspondence, and computer generated communications with, about or involving in any way any client of New Hope Counseling.

Your records & privacy are of utmost importance to our facility. Should you have any questions or concerns about the handling of your information, please contact Amanda Hardin at (770) 539-9669.

Evaluations

Clients referred to our facility for an evaluation of any type are required to have face-to-face contact with a trained staff member. Before the evaluation will be conducted, you will be required to sign many forms, including this packet, a release of information, a bio sheet, & screening tools. Payment must be collected in full before any evaluation can be completed. If you are a minor, a legal guardian must sign your release of information in addition to your signature.

What is the purpose of an Evaluation? The aim of an evaluation is to identify as accurately as possible, any potential or actual issues with substance abuse, domestic violence, &/or anger management, as well as screening for possible underlying mental health issues. The evaluation takes this process a step further & attempts to identify the nature of the problem(s) and suggests appropriate avenues of treatment. An evaluation cannot predict your future behaviors, including those of substance abuse or domestic violence.

What do you do in an Evaluation? An evaluation is simply a semi-structured interview, during which a staff person gathers information about your life, past family, legal, medical, & educational history, & other information relevant to your presenting situation. Upon completion of the initial interview, your evaluator will contact your referral source to gather collateral information & to verify your presentation at our facility. All information gathered, including the initial interview, the screening tools, & information given by your referral source will be reviewed, not only by your evaluator, but also by another certified professional, before any recommendation is made about your specific needs.

What happens after the Evaluation? Our goal would be that within 10 business days you will be notified of the results of your evaluation & these results will be forwarded to your referral source, provided you have signed a release of information to do so. You are entitled to a second opinion if you do not agree with the professional opinion offered in your evaluation results, but it would be recommended that you speak with your referral source before doing so. You are also entitled to seek services with our facility or any other treatment provider approved by your referral source. The evaluator will forward the necessary forms and information to the selected treatment provider after you sign the necessary release of information forms. However, if new charges are incurred or if no treatment provider is chosen within 90 days of the evaluation, the evaluator may require another evaluation be conducted.

It should be noted that if you have been arrested & are presenting for a DUI charge, other forms & requirements may be requested for licensure reinstatement.

Treatment Attendance

As part of your participation in our programs, you are expected to attend all group and individual treatment sessions, as well as any office appointments, as specified in your treatment plan. In the event that you are unable to keep an appointment, you must notify your counselor or office staff at least 24 hours in advance. If such advance notice is not received, you will be charged for the missed session. Individual sessions last for 50 minutes. Group sessions vary depending upon your recommended level of care.

In Case of an Emergency

New Hope Counseling is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. Counselors and office staff are available during their working hours, but are not available at all times. If at any time this does not feel like sufficient support, please inform your counselor/office staff, and he or she can discuss additional resources. Generally, your counselor/office staff will return phone calls within 24-48 hours. If you have a mental health emergency, we 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
- Call Laurelwood in Gainesville at 770-219-3800
- Call Northeast Georgia Medical Center in Gainesville at 770-219-9000

- Call Chestatee Regional Hospital in Dahlonega at 706-864-6136
- Call Northside Hospital-Forsyth in Cumming at 770-844-3200
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911 or Go to the emergency room of your choice

Professional Relationship

Psychotherapy is a professional service we will provide to you. Because of the nature of therapy, your relationship with your counselor 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 counselor and client. If you and your counselor were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health and substance use profession. Dual relationships can set up conflicts between the counselor's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your counselor's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your counselor must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. A counselor offers you choices and helps you choose what is best for you. A counselor helps you learn how to solve problems better and make better decisions. A counselor's responses to your situation are based on tested theories and methods of change.

You should also know that counselors are required to keep the identity of their clients confidential. For your confidentiality he or she will not address you in public unless you speak to him or her first. Your counselor also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your counselor will not be able to be a friend to you like your other friends. In sum, it is the duty of your counselor 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

New Hope Counseling assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association, the National Association of Social Workers, the American Association for Marriage and Family Therapy, the Georgia Addiction Counselors Association, and the Alcohol and Drug Abuse Certification Board of Georgia. If at any time you feel that your counselor is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact Amanda Hardin at 770-539-9669.

Due to the very nature of psychotherapy, as much as we would like to guarantee specific results regarding your therapeutic goals, we are unable to do so. However, your counselor, with your participation, will work 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, an increase in your assertiveness may not always be welcomed by others. It is our 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, there are some risks associated with counseling. There can be times when 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.

Technology and TeleMental Health Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is your responsibility to update your counselor/office staff with your most current contact information. Your counselor/office staff needs to be able to contact you in the event of group or session cancellations. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your counselor remains therapeutic and professional.

TeleMental Health is defined as follows: "Telemental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a Smartphone, tablet, PC desktop

system or other electron means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers." (Georgia Code 135-1-.01)

TeleMental Health is a relatively new concept despite the fact that many counselors have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Participation in an mandated court program is unique from private practices in that you agree to participate in open court sessions and all legal documents related to your enrollment in the program are public record. Email and phone correspondence, as well as internet searches are subject to open records request. Because of this, our agency does not practice TeleMental Health services unless in emergency situations. This means that all therapy sessions will be conducted in person and never via phone or email correspondence.

In light of these changes & our efforts to protect your information, we've developed the following polices:

Landline telephones: It is important for you to know that landline phones may not be completely secure or confidential. There is a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. If this is a problem, please feel free to discuss this with a member of our staff.

Cell Phones: It is important for you to know that cell phones may not be completely secure or confidential. There is a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each part was located when that call occurred. However, we realize that most people have and utilize a cell phone. If this is a problem, please feel free to discuss this with your counselor.

Text Messaging: Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. Therefore, we do not utilize texting in our agency, and your counselor will not respond to a text for your protection. You should never have access to your counselor's personal cell phone number as this will pose an ethical dilemma.

Email: Emailing is not a secure means of communication and may compromise your confidentiality. Therefore, while we do utilize email with our clients, we will not respond to an email message that contains any information about your treatment or PHI for your protection. If you happen to send us an email by accident, you need to know that we are required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy. Acceptable reasons for email correspondence are limited to appointment verification or general policy questions only.

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is our policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. Counselors may accept requests from program graduates who have been out of the program for a minimum of two years.

Faxing Medical Records: If you authorize us (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, we may need to fax that information to the authorized entity. It is our responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of our fax machine. However, our fax machine is kept behind two locks in our office. And, when our fax machine needs to be replaced, we will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

Recommendations to Websites or Applications (Apps): During the course of treatment, your counselor may recommend that you visit certain websites for pertinent information or self-help. She or he 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 devise you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your devise. Therefore, it is your responsibility to decide and communicate to your counselor if you would like this information as adjunct to your treatment or if you prefer that your counselor does 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 we are open to any feelings or thoughts you have about these and other modalities of communication.



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Our Agreement to Enter into a Therapeutic Relationship

We are sincerely looking forward to assisting you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your counselor/office staff.

By initialing below, you are stating that you have read, understand and have been given the opportunity to ask questions about the following:

- _____ Background Information, Theoretical Views, & Client Participation
- _____ Confidentiality & Records
- _____ Evaluations
- _____ Treatment Attendance
- _____ In Case of Emergency
- _____ Professional Relationship
- _____ Statement Regarding Ethics, Client Welfare & Safety
- _____ Technology & TeleMental Health Statement

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your counselor, and you are authorizing your counselor to begin treatment with you.

Client Printed Name

Date of Birth

Client Signature

Date

The signature of the counselor/office staff member below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Staff Signature

Date