



Counseling Institute of Atlanta, Inc.

Bilingual & Multicultural Mental Health Services

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INFORMATION, AUTHORIZATION, & CONSENT TO A MENTAL HEALTH EVALUATION

Welcome to the Counseling Institute of Atlanta, Inc. We are very pleased that you selected our facility for your mental health evaluation, and we look forward to assisting you. This document is designed to inform you about what you can expect from your examiner, policies regarding confidentiality and emergencies, and several other details regarding the process of a mental health evaluation at the Counseling Institute of Atlanta, Inc. 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 evaluation experience. Please know that your relationship with your examiner or their assistant is collaborative, and we welcome any questions, comments, or suggestions regarding your course of the mental health evaluation at any time.

Background Information, Theoretical Views, & Client Participation: Information regarding your examiner's educational background and experience may be found on our website under his or her name. Please feel free to view that information at www.counselinginstituteofatlanta.com. Our evaluations are completed by one of our licensed clinicians, with assistance from an evaluation coordinator.

For a mental health evaluation to be most successful, you must take an active role. This means working on the things you and your examiner talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your mental health evaluation sessions.

A mental health evaluation is an assessment process for your case; it is not counseling or therapy. As a result of the evaluation, we might make some recommendations for you. If you require additional support and we are unable to provide it, your examiner will direct you to other resources that will assist you. We encourage you to let us know if you feel that transferring to another facility or another examiner is necessary at any time. If at any point you are unable to keep your appointments or we don't hear from you for one month, we will need to close your file. However, reopening your file and resuming your evaluation is always an option.

Confidentiality & Records: Your communications with your examiner will become part of a clinical record for a mental health evaluation and will be considered Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our locked office.

Your examiner will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your examiner to tell someone else and you sign a "Release of Information" form; (2) your examiner 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) a judge orders your examiner to disclose information. In the latter case, your examiner'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. If, for some unusual reason, a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

Professional Relationship: Your relationship with your examiner has to be different from most relationships. It must also be limited to only the relationship between examiner and client. If you and your examiner 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 profession. Dual relationships can set up conflicts between the examiner's interests and the client's interests, and then the client's (your) interests might not be put first. To offer all of our clients the best care, your examiner's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your examiner must remain professional.

Statement Regarding Ethics, Client Welfare & Safety: The Counseling Institute of Atlanta assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association, and/or the National Association of Social Workers, and/or the American Association for Marriage and Family Therapy. If at any time you feel that your examiner is not performing ethically or professionally, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please get in touch with our practice and clinical director, Dr. Alejandro Navarrete-Aguilar, LPC 404-630-1361 or 404-751-7336.

Your examiner, with your participation, will work to achieve the best possible results for you, make recommendations, and refer you to the appropriate resources.

For the safety of all our clients, their accompanying family members and children, and our therapists and staff, the Counseling Institute of Atlanta, Inc., maintains a zero-tolerance weapons policy. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others.

The Counseling Institute of Atlanta reserves the right to contact law enforcement officials and/or terminate treatment with any client who violates our weapons policy.

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 of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your examiner 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 electronic 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 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists 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. Additionally, several other factors need to be considered regarding the delivery of TeleMental Health services to provide you with the highest level of care. Therefore, our therapists have completed specialized training in TeleMental Health. We have also developed several policies and protective measures to ensure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline: It is important for you to know that even landline telephones may not be completely secure and confidential. Someone could overhear or even intercept your conversations using specialized technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and have provided us with that phone number, we may contact you on this line from our office landline or from a cell phone, typically only to set up an appointment if needed. If this is not an acceptable way to contact you, please let your examiner know. Telephone conversations (other than just setting up appointments) are billed at your examiner's hourly rate.

Cell phones: In addition to landlines, cell phones may not be completely secure or confidential. There is also 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 party was located when that call occurred. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you, typically only to set up an appointment if needed.

Social Media - Facebook, TikTok, LinkedIn, Instagram, Etc: It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our counselors' personal social networking sites, such as Facebook, Twitter, Instagram, etc., because it may compromise your confidentiality and blur the boundaries of your relationship.

However, the Counseling Institute of Atlanta, Inc., maintains a professional Facebook page, Instagram account, and LinkedIn profile. You are welcome to "follow" us on any of these professional pages where we post counseling information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to the Counseling Institute of Atlanta. Please refrain from contacting us through social media messaging systems, such as Facebook Messenger or Twitter. These methods lack sufficient security, and we do not monitor them closely. We would not want to miss an important message from you.

Electronic Transfer of PHI for Certain Credit Card Transactions: We use a third-party processor to process your credit card information. This company may send the credit cardholder a text or an email receipt indicating that you used that credit card at our facility, the date you used it, and the amount that was charged. This notification is usually set up in two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit cardholder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, the transaction will appear on your credit card bill.

Your Responsibilities for Confidentiality & TeleMental Health: Please communicate only through devices that you know are secure, as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could overhear your communications or gain access to the technology you are using. Additionally, you agree not to record any TeleMental Health sessions.

In Case of Technology Failure: During a TeleMental Health session, you and your examiner could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your examiner has that phone number.

If you and your examiner get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your examiner.

Please initial that you have read this page _____

If you and your examiner are on a phone session and you get disconnected, please call your examiner back or contact them to schedule another session. If the issue is due to *your examiner's* phone service, and the two of you are not able to reconnect, she/he will not charge you for that session.

Limitations of TeleMental Health Services: Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your examiner might not see a tear in your eye. Or, if audio quality is poor, he or she might not hear the crack in your voice that he or she could easily pick up if you were in our office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your well-being. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your examiner know if something he or she has done or said upset you. We invite you to keep the communication with your examiner open at all times to reduce any possible harm.

Face-to-Face Requirement: If you and your examiner agree that TeleMental Health services are the **primary** way that you and your examiner choose to conduct sessions, **we require one face-to-face meeting during the evaluation.** We prefer this initial meeting to take place in our office. If that is not possible, we can utilize video conferencing as described above. During this initial session, your examiner will require you to show a valid picture ID and another form of identity verification, such as a credit card in your name.

Consent to TeleMental Health Services: Please check the TeleMental Health services you are authorizing your examiner to utilize for your evaluation or administrative purposes. You and your examiner will ultimately determine which modes of communication are best for you. However, you may withdraw from your authorization to use any of these services at any time during the course of your evaluation just by notifying us in writing. If you do not see an item previously discussed in this document listed for your authorization below, it is built into our practice, and we will utilize that technology unless otherwise negotiated by you.

- Texting
- Email
- Video Conferencing

In summary, technology is constantly changing, and there are implications for all of the above that we may not yet realize. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Communication Response Time: Our practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We are not available 24/7. We will return phone calls, texts, and emails within 24 hours. However, we do not return calls or any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency: 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 Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911 or 988
- Go to the emergency room nearest you or one of your choice.

If you & your examiner decide to include TeleMental Health as part of your evaluation, we need to have additional procedures in place specific to TeleMental Health services. These are for your safety **in case of an emergency** and are as follows:

- You understand that if you are **having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis** that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- We require an **Emergency Contact Person (ECP)** who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or we will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or we determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name: _____ Phone: _____

- You agree to inform your examiner of the **address** where you are at the beginning of every TeleMental Health session.
- You agree to inform your examiner of the **nearest hospital** to your primary location that you prefer to go to in the event of a mental health emergency. Please list this hospital and contact number here:

Hospital: _____ Phone: _____

Please initial that you have read this page _____

Structure and Cost of Sessions: We offer primarily face-to-face mental health evaluation sessions. However, based on your evaluation needs, your examiner may provide phone, text, email, or video conferencing (TeleMental Health). We can use 2 to 5 sessions to complete an evaluation. The cost and duration of the sessions vary depending on the evaluation's purpose. You are required to pay 50% of the evaluation cost at the first session. If, for any reason, you decide not to continue with the process, we do not offer reimbursements because we have already spent time and initiated our work on your evaluation. We can make changes to your report within 30 days of your receipt. If additional documentation is required after that time, an additional fee will apply, depending on the document or report you need for your case. You can pay the total fee in two or three payments. You will have to make a full payment before we release any reports to you. Cash, Visa, MasterCard, Discover, or American Express is acceptable for payment, and we will provide you with a detailed receipt.

Adolescents aged 16 -18 years old and Some College Students: At these ages in the State of Georgia, confidentiality is a privilege belonging to the client. We are aware that in most cases, children may still be legally dependent, living at home, and that parents are likely paying for therapy; nonetheless, this is the law. Therefore, we must have the written consent of the client to communicate with parents regarding issues related to their treatment. It is our philosophy to facilitate communication between adolescents and their families, and we will attempt to bring parents' concerns into the mental health evaluation process. When deemed clinically meaningful, periodic family meetings will be requested. If an adolescent client is engaged in risk-taking or potentially dangerous behaviors, we operate under the same principles that apply to adult clients, working toward therapeutic remediation of the behavior(s) in question. The dangerousness of the behavior(s) is a point of clinical judgment. In circumstances in which an adolescent refuses to cooperate with treatment recommendations to correct the behavior, it may be necessary to breach confidentiality for their protection and, on rare occasions, terminate treatment. Information received from parents via phone calls, voicemail, and/or written communication will not generally be kept confidential, as this can impede the therapeutic process and relationship.

Children and adolescents aged 15 and under: At these ages, child clients are considered dependent minors, and confidentiality belongs to the legal parent or guardian(s). It should be explained to the child that there is a difference between privacy and confidentiality; therefore, a child can expect that their communications are kept private unless (in the judgment of the therapist), parents need to be informed of a particular issue or circumstance that poses a direct threat or risk to the safety of the minor in question. Examples might include (but are not limited to): at-risk behaviors such as substance abuse, medical issues, family dynamics, or other situations in which the parents may be needed as a therapeutic resource. It is our general philosophy to use a model in which parents can serve as consultants in the therapy of children fifteen years and under.

Children of divorced/separated parents: Although these situations can be difficult and delicate, there are certain legal and ethical guidelines that I follow:

- Consent for a mental health evaluation or treatment must be obtained from both parents unless legal custody is documented. I will require that a copy of this document be kept in my file reflecting the custodial parent's control to make medical decisions on behalf of the minor.
- Unless sole custody is established, both parents have the right to communicate with me regarding treatment issues. I have the right to communicate with either/both parents regarding treatment issues based on my clinical judgment. All written communication will be copied to both parents.
- Because the child is the client, it is my job to work as an advocate for the welfare of the child. Unresolved marital conflicts may require treatment in another therapeutic setting.

Limitation of Services: I understand that Counseling Institute of Atlanta, Inc.'s services are limited to counseling services, including assessment, consultation, therapy, and intervention. I understand that assessment services may include the use of questionnaires or tests, and intervention services may include counseling and psychotherapy. I understand that my counselor is not warranting a cure or offering any guarantee of results or improvement of any condition. If you have a legal case or an immigration evaluation, we cannot guarantee success, as the court or the immigration officer considers different factors in making a final decision.

Assumption of Risks: I understand that the potential benefits of undergoing counseling services may include obtaining a professional opinion and gaining a deeper understanding of myself. I understand that potential risks may include limited predictive validity of mental health assessment procedures, possible disagreement with the opinions offered to me, and possible emotional distress concerning my situation.

Satisfaction Service/ Inquiry: I understand that Counseling Institute of Atlanta, Inc. may occasionally collaborate with universities and colleges to provide training to graduate counselors or master's students by serving as an internship site. All interns are supervised by senior-level staff (Licensed Certified Professional Counselor or Licensed mental health practitioners). If you prefer not to work with a graduate student, please speak with your counselor, our supervisor, or our receptionist. Counseling Institute of Atlanta, Inc. may also collect information about your treatment experiences to inform and potentially improve our ability to provide high-quality services. As part of this effort, we may ask customers to complete a brief assessment, survey, or questionnaire on a voluntary, anonymous basis. If you have any questions, please speak with your counselor or our clinical director.

Please initial that you have read this page _____

Termination of services: Each stage of the mental health evaluation has significant ramifications for the client's motivation, growth, and self-esteem. Termination, although it marks the end of the process, is a natural part of the development of the therapeutic relationship. A client who misses more than two sessions without notifying the counselor should be considered to have initiated premature termination. Similarly, if we do not hear from you within one month after the last session, your case will be terminated. However, reopening your chart and resuming treatment is always an option.

Statement of Understanding: I understand the above information and/or have discussed any questions related to the above information to my satisfaction. By signing this agreement, I acknowledge that I have read, understood, and agreed to the terms and conditions outlined herein, and I have had the opportunity to ask questions and/or discuss any concerns. My signature below means that I am providing the information related to my case and, **IF APPLICABLE**, my child's/partner's name. I affirm that all the information that I have provided is true and correct. I am solely responsible for providing the information contained in my/our clinical history.

Our Agreement to Enter into a Therapeutic Relationship: Please print, date, and sign your name below, indicating that you have read and understand the contents of this "Information, Authorization and Consent to a mental health evaluation" form as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices" provided to you separately. Your signature also indicates that you agree to the policies of your relationship with your examiner, and you are authorizing your examiner or his/her assistant to begin a mental health evaluation with you.

We are sincerely looking forward to working with you in your mental health evaluation. If you have any questions about any part of this document, please ask your examiner.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Signature

The signature of the Intake Facilitator below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Intake facilitator's signature

Date

Please initial that you have read this page _____