

Brookwood Center for Psychotherapy, LLC
Patricia Tatro, MSW, MSM, LCSW
Licensed Clinical Social Worker
1708 Peachtree St. NW
Suite 505
Atlanta, GA 30309

Informed Consent & Therapy Service Agreement

I have a graduate degree in clinical social work (MSW) from the University of Georgia and am licensed as a Clinical Social Worker (LCSW) in the state of Georgia. I work with adults, and families using a variety of clinical techniques and modalities. Specialties include family dynamics, anxiety, grief, transitions, behavioral concerns, and other personal growth issues.

Appointments/Fees: I charge \$140 for a 50 minute session; \$200 for a 90 minute session. Your arrival by the appointment time will ensure a complete session. Payment is due in full at each session; a receipt is available if requested. I accept cash, check or credit card.

Cancellations: If you cannot keep an appointment, please give at least *24 hour notice* so that I can make that time available to others or make necessary adjustments in my schedule. If you miss an appointment without canceling within 24 hours you will be charged for that session. Likewise, if I change or cancel an appointment with less than 24 hours' notice you will receive one free session.

Phone Calls/Availability Between Sessions: I strive to promptly return calls but there can be unavoidable delays. You can leave a message on my voice mail at any time; however, I check messages only on the weekdays and early evenings. Because I am often in session during the day I can be unavailable for extended blocks of time. If you need assistance before I return your call, you have several options:

- A. Call a friend or another member of your support network
- B. Call an emergency hotline
- C. Go to the nearest hospital emergency room

If I am unavailable for a period of several days (such as for vacations or conferences) I will leave instructions on my voice mail about how to contact another professional.

Phone calls that are brief, such as those to set up or cancel an appointment, are not billed. Please be aware that for telephone conversations lasting for more than 10 minutes, I will charge my standard hourly fee, billed in quarter-hour increments.

Insurance Reimbursement: Your health insurance policy is a contract between you and your insurance company; I am not a party in that contract. Collection of insurance benefits or any other arrangement regarding third party payment is your responsibility. I would be considered an out-of-network provider to many insurers and you will need to inquire about your benefits regarding this. At this time, I am not contracting directly with insurance companies as a network provider so I am *responsible and accountable only to you*. Thus, my loyalties are not divided and there is no conflict of interest. I will give you a receipt for your insurance company. Please specify if you intend to submit a claim due to the extra information required for insurance reimbursement -- including a mental health diagnostic code. Additionally, you may want to find out if your insurer will require me to provide them with any detailed information about you. You may understandably elect not to use your insurance to protect your confidentiality or to avoid any label they may require.

Confidentiality, HIPAA, & Limitations: I will not discuss the details of your/your child/family's situation or any issues we talk about (or release information to any third party) without your specific permission to do so. One of the strengths of the counseling relationship is the freedom that you have to discuss your feelings, actions, and needs related to you/your child/family without concern that others might learn about you through me. I am bound by the ethical code of my profession to protect this confidential relationship.

The Health Insurance Portability And Accountability Act Of 1996 (commonly known as HIPAA) provides specific protections which are detailed in an additional document I can provide to you. Please be aware that the intent of HIPAA is to clarify the processes by which private health information is passed among different parties, and focuses on the entire health care profession (physicians, laboratories, hospitals, agencies, etc.). Many of the guidelines do not apply directly to a social worker in private practice. In fact, the obligations I have to you as a function of the social work profession's code of ethics are generally more restrictive than those found in HIPAA. Nevertheless, please let me know if you have questions.

Limitations to the rules of confidentiality are listed below:

A. Georgia State Law requires that mental health professional must report any situation of suspected physical and/or sexual abuse or neglect of child. Therefore, any disclosure made during therapy sessions regarding the above issues will be reported to Child Protective Services.

B. Georgia State Law requires that mental health professionals must comply with the 'Duty to Warn' standards, which mandates that I report to law enforcement officials any direct threats to physically harm another person. This applies only to direct and specific threats that I have evaluated are in immediate danger of actually being carried out.

C. I may be obligated to make an exception to confidentiality if there is a clear indication of your intent to harm yourself.

D. As a mental health professional I am expected to stay in consultation with my clinical supervisor and/or colleagues when I decide such consultation will help your care. I receive ongoing supervision by a Licensed Professional Counselor (LPC) in private practice; I may have periodic consultation with this person about the work that I do with you and/or your family. This individual is bound by the rules of confidentiality, as I am. The goal of these consultations is simply to help me provide the best counseling services possible. Names and/or other identifying information about you/your family is omitted or changed.

E. If you choose to seek reimbursement from a third party, I may be required to provide information about you or your child/family's treatment to a reviewer at the designated company. I cannot guarantee how information will be handled by a third party.

REPORTS/ASSESSMENTS/CORRESPONDENCE: Depending on the type of case and care required, sometimes clients request that I complete a report, an assessment, or more detailed correspondence regarding a problem or solution. (For example, sometimes courts, schools, or insurance companies will require more detailed information). These can be time consuming and may require one to several hours to complete depending on the document. These are billed to you at my hourly rate. You have the right to review the report and be notified of any insurers or others who are requesting information.

CHANGE OF ADDRESS: Please notify me of any changes in name, address, and/or phone.

I UNDERSTAND AND AGREE TO THIS SERVICE AGREEMENT AND CONSENT TO TREATMENT.

Client/Guardian Signature Date

Therapist Signature Date

Revised: June 2014