

VitalAtlanta

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PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a cooperative alliance that increases human understanding, improves relationships, and brings about needed change. Therapy works best when you put consistent effort toward self-reflection and change. It is not magic, nor is it simply about receiving advice. Many people's emotional struggles come from certain beliefs that prevent them from functioning at their best: from difficulties managing emotions, such as anxiety, depression, shame, or anger; from traumatic experiences; and from particular relational patterns that prevent good and stable relationships. Therapy will help you focus not only on what you think, feel, and do, but perhaps why you have these patterns, and what you can do to change them.

Your Therapist's Responsibilities

1. **CONFIDENTIALITY**: With the exception of certain specific life threatening situations, you have the absolute right to confidentiality of your therapy. I cannot and will not share your information with anyone else, or even that you are in therapy without your prior verbal and/or written permission. Under the provisions of federal regulations, I cannot legally speak to another health care provider or a member of your family about you without your prior consent. You are also protected under the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever information about you is transmitted electronically (for example, information sent via email or fax), it will be done with special safeguards to ensure confidentiality.
2. As your therapist, I agree to practice within my level of competence, licensure guidelines, and ethical standard of practice. I maintain a license to practice psychotherapy in the State of Georgia and regularly attend continuing education programs. I am committed to therapeutic approaches that promote and sustain your highest level of functioning throughout the course of treatment. Should I determine that your needs are outside my areas of competence, I will ensure that you are given adequate referrals to help you.

3. Therapy should not be a mystery. You have the right to ask questions about anything that happens in therapy. I am willing to discuss how and why you are working in certain ways or with certain topics. I am willing to consider alternatives that you might find helpful, so you can feel free to bring up additional possibilities.
4. I will set a time to meet with you regularly, will be timely, and charge a fair fee that is commensurate with my experience and expertise, and with community standards.

Your Responsibilities as a Client

1. You are responsible for coming to session on time and at the time you have scheduled. Individual sessions last 50 minutes, unless otherwise determined in advance. Support and psychotherapy groups last 90 minutes. If you are late, your session and group will end on time. If you miss an individual or couple's session without canceling, or cancel with less than twenty-four hours notice, you will be charged the regular fee for that session. If you miss a group session, you will be charged the regular fee for that session regardless of your cancellation as a space in group is held for you when you commit to join. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads).
2. You are responsible for paying for your session at the time of service. Individual and couple sessions are payable at the time of service. Weekly group sessions may be paid monthly, no later than the last session of each month. If your financial circumstances change, please let me know immediately so that you can discuss the options together.
3. Venmo is my preferred payment method. Through Venmo, you can pay with a debit card or by linking your bank checking account with no fees to you. Venmo is the only method I use to receive credit card payments, however, if you pay by credit card, you will incur a 3% service fee from Venmo. Checks and cash are acceptable as long as payment is made at time of service. Please note session date on all forms of payment.
 - Venmo payments:
 - Download Venmo app on your phone or tablet
 - Link your debit card, checking account, or credit card to Venmo
 - Make payments noting date of service to: Shanna Jackson@Shanna-Jackson-5
 - My photo is attached to my account for verification.
4. You agree to participate actively in the therapeutic process by (1) collaboratively working on realistic and concrete goals; (2) working on your issues between sessions, and (3) being honest. Remember, your experience is only as good as the effort you put into it.
5. CONFIDENTIALITY: If you are participating in a group, confidentiality is an important part of the ground rules for group therapy. However, there's no absolute

guarantee of privacy when sharing with others, so use common sense when divulging personal information. That said, remember that you're not the only one sharing your personal story. Groups work best where there is open and honest communication between members. Additionally, some groups have a co-facilitator which will be disclosed to you prior to your joining the group, who is also bound by confidentiality. Group members may start out as strangers, but in a short amount of time, you'll most likely view them as a valuable and trusted source of support.

Risks and Benefits of Therapy

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried to avoid may be painful. Making changes in your beliefs or behaviors can be challenging, and potentially may affect (some of) your relationships. You may find your relationship with me is a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits of change for you. Most people who take these risks find that therapy is helpful. I will inform you beforehand of any potential risks and benefits of any special treatment techniques, so that you may decide for yourself if it might be right for you. If at any time you feel an intervention is not helping, please let me know immediately.

Therapist Absences

I may be away from the office during the year. If unavailable to respond to your needs, clients are always covered by another therapist whenever I am out of town or otherwise unavailable. I will always let you know well in advance of planned absences so that you may schedule around them to the degree possible. If the frequency of my absences is of concern to you, please initiate a discussion with me during your initial intake session, or at such time as it becomes problematic for you.

Emergency Policies

My private practice is not set up as a crisis or emergency center. If you have an urgent matter during office hours, call me and I will return your call as soon as feasible. Generally, calls are returned within 24 hours during the week. If you have not heard from me in what you determine is a reasonable amount of time, or if you have a psychiatric emergency after hours, on weekends, or holidays, please call the Assessment Center at Ridgeview Institute at (770) 434-4567, the National Crisis Hotline at 1-800-784-2433, or 911.

Inclement Weather

My general policy is to close my office if Atlanta City or DeKalb/Fulton County Schools are closed for inclement weather. Sometimes I will make exceptions, so be sure to communicate with me if you have a question about whether we will meet. When in doubt about your safety, do not drive. You will not be charged for a missed session if you make a late cancellation due to unsafe weather conditions.

Non-recording Agreement

Successful therapy depends on building a relationship of trust, good faith, and openness between client(s) and therapist(s). Often, audio or video recording can inhibit candor and introspection in therapy. Covert recording is a direct violation of trust and good faith to all the other persons in the room. Therefore:

1. Recording may only take place with the knowledge and explicit consent of ALL (not just one) clients, therapists, and other persons present during a session or other interaction, whether face-to-face or taking place by live textual, audio, or video link.
2. Consent for each recording must take the form of dated written signatures from all persons on a paper form available for that purpose, with a copy to each person recorded. Additionally the recording itself must include the live consent of all persons present, with such consent stated at the start of the recording or when they join a session or interaction already in progress.

As your therapist, I will only consent to recording of a session for exceptional reasons and only after the drawbacks and risks have been discussed and the benefit clearly outweighs them. Violation of this policy by covert recording or non-conformance with this agreement will lead to termination of therapy.

Interaction of the legal system

You understand that you will not involve or engage me, your therapist, in any legal issues or litigation in which you are a party to at any time either during your counseling or after counseling terminates. This would include any interaction with the Court system, attorneys, guardian ad litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that you wish to have a copy of your file, and you execute a proper release, I will provide you with a copy of your record. If you believe it necessary to subpoena me, your therapist, you would be responsible for my expert witness fees in the amount of \$1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time I spend over one-half (1/2) day would be billed at the rate of \$375.00 per hour including travel time. You understand that if you subpoena me as your therapist, I may elect not to speak with your attorney, and a subpoena may result in me withdrawing as your counselor.

Professional Will

I have an ethical responsibility to provide clients with resources in the rare circumstance of a sudden inability to continue practice due to my incapacitation or my death. Therefore, as a therapist, I maintain a Professional Will. In the event of my death or incapacitation, you understand that you will be notified as soon as possible by the Executor and/or Secondary Executor and you grant them permission to access your treatment and financial records only

in accordance with the terms of my Professional Will to protect your confidentiality and privilege.

Medicare Opt-Out

I have opted out of the Medicare program. My opt out status auto-renews every two years unless I terminate it prior to the renewal date. I do not accept Medicare, nor will Medicare pay clients for my services. Clients with Medicare pay the same fee amount as other clients. Some Medicare clients find they can be reimbursed through supplemental insurance they have.

Client Consent to Psychotherapy and Acknowledgement of HIPAA Notice

Your signature below indicates that you have read the information provided in this Psychotherapy Information Disclosure Statement and agree to abide by its terms during the course of your therapy. Your signature also serves as an acknowledgement that you have read the HIPAA Notice Form regarding your Protected Health Information, provided to you on my website or your client portal.

Signed: _____

Print: _____

Date: _____