Samantha Edu, LPC

INFORMED CONSENT

Therapist

Samantha Edu, LPC (Georgia License # LPC007650) is a Licensed Professional Counselor engaged in private practice providing mental health care services to clients directly and as an independent provider for various insurance entities.

Mental Health Services

Deciding to enter therapy can be difficult and unsettling. If you have never visited a therapist before, it can even feel intimidating. I hope to minimize those feelings as much as possible.

Therapy offers an opportunity to discuss personal issues that create distress in our lives. Before beginning therapy, it is important you know a little about my personal philosophy as well as have basic information about your rights as a client and the risks of therapy. Addressing these issues is done out of an ethical commitment to helping you make an informed choice about participating in therapy with Samantha Edu. This commitment will carry through your therapy. At any time, you may ask to explain the reasons for gathering information or using a new approach.

My approach to therapy is based on the premise that we have the ability to create Generational Mental Wealth by addressing issues from the past that plague the way we move about in our spaces. One of the most important aspects of the therapeutic relationship is to build rapport which creates trust, encourages openness, which leads to generational change.

Appointments

Appointments are made by calling Samantha Edu Monday through Friday between the hours of 9:00 AM and 5:00 PM. Appointments can also be scheduled through the Therapy for Ladies website at www.therapyforladies.com. Please call to cancel or reschedule at least 24 hours in advance or **you will be charged for the missed appointment**. Third party payments will not usually cover or reimburse for missed appointments. I do not communicate via text exchanges.

Number of Visits

The number of sessions needed depends on many factors and will be discussed collaboratively. Regular review of therapeutic progress will be conducted to maximize efficiency and determine progress towards case closure.

Length of Visits

Initial intake sessions, if needed, are 75 minutes. Individual sessions are 45 minutes in length. Session time begin and end at the scheduled time. If additional time is requested and granted and the schedule allows, the additional charge will be prorated based on my standard hourly rate. I acknowledge that insurance does not offer reimbursement for additional time, so this will be paid by the client directly.

1640 Powers Ferry Rd.
BLDG 27, ste 300
Marietta, GA 30067
770-481-2104

Initials: _____

Relationship

Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. The therapist cares about helping you but is not in a position to be your friend or to have a social or personal relationship with you.

Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist. Social media invitations should only be to:

IG: @therapyforladies

FB: @therapyforladies

Cancellations

Cancellations must be received at least 24 hours before your scheduled appointment; otherwise *your credit card on file will be charged for the full out-of-pocket fee*. Your absence prevents me from seeing other clients at that time who would be paying for services. You are responsible for calling to cancel or reschedule your appointment.

A credit or debit card must be kept on file in the event of late cancellations, no-shows, or failure to provide reimbursement for services. In the event of a late cancellation, no-show, or failure to pay, your credit card will be charged after two invoices have been sent without response.

Payment for Services

The charge for services is $90 for a 45 minute individual counseling session or $120 for a dyad counseling session between mother and daughter. Samantha Edu does accept assignment of insurance benefits for certain insurance providers.

The therapist will look to you for full payment of your account, and you will be responsible for payment of all charges. Different copayments are required by various group coverage plans. Your copayment is based upon your specific insurance plan. In addition, the copay may be different for the first visit than subsequent visits. Insurance claims are filed on your behalf. You are responsible for and shall pay your copay portion of therapist's charges for services *at the time services are provided*. It is recommended that you determine your copayment before your first visit by calling your benefits office or insurance company. *Any procedures not covered or reimbursed by your insurance company will be your responsibility to pay*. Failure to meet this responsibility will result in your credit or debit card being charged if no payment is received after two mailed invoices. Samantha Edu also reserves the right to utilize a third-party collection agency should all other efforts fail to render payment.

Although it is Samantha Edu's goal to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosure of your records or the therapist's testimony are requested by you or required by law, you will be responsible for and shall pay the costs involved in producing the records and Samantha Edu's charge of $290 per hour for the time involved in preparing for and giving testimony. Such payments are to be made at the time or prior to the time the services are rendered by the therapist. The therapist may require a deposit for anticipated court appearances and preparation.

In addition, the above referenced fees apply to any out-of-session contact such as phone conversations and other means of communication in which you initiate that extends beyond 15 minutes. These fees will be prorated, based upon the length of communication.

Confidentiality

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. As outlined in the Georgia Health and Safety Code, Title 7, Section 611.004, possible exceptions to confidentiality include, but are not limited to, the following situations: (1) to a governmental agency if the disclosure is required or authorized by law; (2) to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient; (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b); (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs; (5) to the patient's personal representative if the patient is deceased; (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional; (7) to other professionals and personnel

under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient; (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c); (9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody.

Confidentiality cannot be guaranteed through electronic means, such as but not limited to, email and voicemail.

FOR FURTHER INFORMATION, REVIEW THE NOTICE OF PRIVACY PRACTICES FURNISHED TO YOU BY THE THERAPIST IN CONJUCTION WITH THIS INFORMED CONSENT DOCUMENT. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this information and consent form, you are giving your consent to Samantha Edu to share confidential information with all the persons mandated by law and with the agency that referred you and the EAP administrator or insurance entity responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless Samantha Edu from any departure from your right to confidentiality that may result.

Finally, clients may not make audio or video recordings of sessions.

Use of Insurance

Samantha Edu participates in several insurance and Employee Assistance Program (EAP) networks. Samantha Edu is not responsible for the privacy and confidentiality practices of insurance companies and EAP panels. The following information is provided to third-party payers in order to receive reimbursement for service: (1) your personal identifying demographic information such as name, address, date of birth as well as the identifying information of the primary policy holder; (2) dates of service; (3) mental health diagnosis; (4) type of service; and (5) duration of service.

EAP's also require information regarding presenting issues, clinical goals and outcomes, and relevant referral information. In addition, your records are subject to quality control audits that may include clinical process notes and other relevant clinical documentation needed to complete the audit. Should coverage need additional support or verification, third-party payers may also request clinical documentation.

Insurance reimbursement is not guaranteed. Some diagnoses and service types are not covered by insurance providers. You will be informed of any diagnosis and service type submitted to your insurance or EAP provider. It is your responsibility to submit payment for any service that is not reimbursed by your insurance or EAP provider.

Duty to Warn

In the event that Samantha Edu reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for the therapist to warn the person in danger and to contact any person in a position to prevent harm to myself or another person, in addition to medical and law enforcement personnel, and the following persons:

NAME	TELEPHONE NUMBER

This information is to be provided at my request for use by said persons only to prevent harm to myself or another person. This authorization shall expire upon the termination of my therapy with Samantha Edu.

I acknowledge that I have the right to revoke this authorization in writing at any time to the extent Samantha Edu has not taken action in reliance on this authorization. I further acknowledge that even if I revoke this authorization, the use and disclosure of my protected health information could possibly still be permitted by law as indicated in the copy of the Notice of Privacy Practices of Samantha Edu that I have received and reviewed.

I acknowledge that I have been advised by Samantha Edu of the potential of the redisclosure of my protected health information by the authorized recipients and that it will no longer be protected by the federal Privacy Rule.

I further acknowledge that the treatment provided to me by Samantha Edu was conditioned on my providing this authorization.

Contact Information

I consent for Samantha Edu to communicate with me using the following information, and I will IMMEDIATELY advise in the event of any change. Confidentiality cannot be guaranteed via digital exchanges, such as email. I do not communicate via text exchanges.

NAME	MEANS OF PERMISSIBLE CONTACT	CONTACT INFORMATION

Risks of Therapy

There are risks associated with therapy, the greatest being therapy by itself may not resolve your problem or concern. Given the exploratory and emotional nature of therapy, problems often seem to worsen before they improve. This may have a negative effect on you and/or your relationships with others. In addition, you may reach only a portion of the goals established at the start of therapy. Sometimes influences beyond your therapist's or your own control can make some therapeutic goals unattainable. For example, a spouse may not want to enter marital therapy.

Every attempt will be made to assess your progress on a session by session basis to minimize these risks. If, at any time, you feel your therapy is not helpful, you may ask for an explanation or immediate referral to another healthcare professional. Chronic non-improvement is treated as a reason for immediate referral. Alternative treatment options will be discussed with you before any referrals are initiated.

Services Not provided

Some services are beyond the scope of this practice and are not provided: (1) personality, ability, achievement, or aptitude of vocational interest testing or evaluation; (2) custody evaluations; and (3) prescription of medications or treatments of problems associated with severe mental illness (e.g. Schizophrenia) are not services provided by Samantha Edu.

After-Hours Emergencies

In case of emergencies, Georgia Crisis and Access Line can be contacted on a 24-hour, seven-days-per-week basis by calling 1-800-715-4225. Emergencies are urgent issues requiring immediate action. In the event Samantha Edu is unavailable after-hours, such as illness or travel, referrals or alternate contact information will be discussed.

Therapist Incapacity or Death

I acknowledge that, in the event Samantha Edu becomes incapacitated or dies, it will become necessary for another therapist to take possession of my file and records. By signing this information and consent form, I give my consent to allowing another licensed mental health professional selected by Samantha Edu to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice. I will select a successor therapist within a reasonable time and will notify the appointed licensed mental health professional.

Initials: _____

Client Complaints

If at any time for any reason you are dissatisfied with Samantha Edu's services, please communicate them immediately. Samantha Edu is diligent about focusing on your goals and objectives for therapy and every effort is made to respond to your concerns. If no resolution is found, you may call the Georgia Secretary of State at 844.753.7825 and/or send written concerns to 214 State Capitol Atlanta, Georgia 30334

Consent to Treatment

I, voluntarily, agree to receive Mental Health assessment, care, treatment, or services and authorized Samantha Edu to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment, or services that I receive through Samantha Edu at any time.

By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

_____ _____

Name of Client or Legal Representative Relationship to client

_____ _____

Signature of Client or Legal Representative Date

I may be contacted at the following:

Address: _____

Telephone number(s): _____

Email address: _____

(only include email address if you are authorizing this as an acceptable means of communication)

Therapist:

_____ _____

Samantha Edu, LPC Date

I acknowledge that I received a copy of this signed Informed Consent form from my therapist on this _____ day of _____, 20____.

_____

Client

Payment Information

Please provide a copy of the front and back of your insurance card to be kept on file. This copy can be sent via picture or scanned to email address therapyforladies@gmail.com

As mentioned above, a credit/debit card must be kept on file to be used for missed appointments, payments not covered by insurance, etc.

Credit Card Number _____

Exp Date _____

3 digit # on back _____

Name on Card _____

At this time, all payments will be processed through Square platform 1-3 days after each session. An email receipt will be sent to client at the time of payment processing.