



Behavioral

Health Services of Atlanta

COUNSELING AGREEMENT

PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING Anthea M. Johnson, LPC

CONFIDENTIALITY

1. Confidentiality means that Anthea M. Johnson, LPC has a responsibility to safeguard information obtained during counseling.
2. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.
3. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. If such reports are made they will be disclosed to you or your legal representative unless disclosure increases risk of harm to any party.

Please note the following exceptions to confidentiality:

- A. Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
- B. Confidentiality does not apply to cases of potential harm to self or others.
- C. A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- D. Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.

NOTICE OF PRIVACY PRACTICES

Your medical records are used to provide treatment, bill and receive payments, and conduct healthcare operations. Examples of these activities include but not limited to review of treatment records to ensure appropriate care, electronic or mail delivery of billing for treatment to you or other authorized payers, appointment reminder telephone calls, and records review to ensure completeness and quality of care. Use and disclosure of medical records is limited to the internal used outlined above except required by law or authorized by the patient or legal representative.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPPA)

Anthea M. Johnson, LPC is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Anthea M. Johnson, LPC the information contained in your health record belongs to you.

You have the right to:

1. Request a restriction on certain uses and disclosures of your information by submitting a written request
2. Inspect and obtain a copy of your health record
3. Amend your health record as provided by regulation
4. Obtain an accounting of disclosures of your health information as provided by law
5. Request communications of your health care information be released to third party by submitting a written request.
6. Revoke your authorization to use or disclose health information, except to the extent that action has already been taken, by submitting a written request

You, or your legal representative, may request your records to be disclosed to yourself or any other entity. Your request must be made in writing, clearly identify the person authorized to request the release, specify the information you want disclosed, the name and address of the entity you want the information released to, purpose and the expiration date of the authorization. Any authorization provided may be revoked in writing at anytime. Psychotherapy notes are part of your medical records.

Anthea M. Johnson, LPC will allow respond within 30 days to a disclosure request and 60 days if the records are stored off site.

THE BENEFITS OF COUNSELING

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with individual, family system and interpersonal relationships issues, and /or to gain a greater understanding of personal goals and values.

THE RISKS OF COUNSELING

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Therapy is not an exact science and several techniques/interventions may need to be tried prior to noticing differences.

The greatest risk of counseling is that it may not by itself resolve your concerns. Anthea M. Johnson, LPC will do her best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Psychotherapy is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING

I have read and accept this agreement and herewith consent to counseling/psychotherapy with Anthea M. Johnson, LPC.

I further understand that although, Anthea M. Johnson is a Licensed Professional Counselor, in the state of Georgia, and though she is currently enrolled in a Doctorate of Behavioral Health Program at Arizona State University, she has not yet completed the program and is not a Doctorate level clinician.

_____ _____
Initial Initial

I understand that Anthea M. Johnson, LPC holds no special endorsements and has learned most of the early childhood interventions through experience as a Behavior

Specialist in the state of California and as an Early Childhood Educator. However, Anthea M. Johnson, LPC has learned many behavioral techniques during her counseling training which will be utilized during sessions with young children, family systems, and educators.

Initial Initial

I understand that the following service is to address issues in my family system. I also understand that Anthea M. Johnson, LPC is not a Marriage and Family therapist, rather a Licensed Professional Counselor who works with individuals and systems (families).

Initial Initial

I understand that the following service is to address my personal needs and the way those needs affect my daily life.

Initial

Client Signature or Legal Representative Date

Client Signature or Legal Representative Date

Anthea M. Johnson, LPC