



LISA HEADRICK MEYER, M.A., LPC
LICENSED PROFESSIONAL COUNSELOR #3659 (GA)
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Informed Consent, Treatment Agreement & Authorization
(Rev. 0517)

I am very pleased you have selected me as your Licensed Professional Counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship, policies and practices for the services provided in my private, professional counseling practice.

I hold a Bachelor of Science degree in Psychology from the University of Georgia and a Masters of Arts degree in Psychology with a Specialty in Counseling from the Georgia School of Professional Psychology. I have also studied psychology at the doctoral level for two years. I have been practicing as a professional counselor for 16 years since obtaining my Master's degree.

I am a Licensed Professional Counselor (GA #3659) and an American Board Certified Psychotherapist (#10213), a member of the Licensed Professional Counselor Association of Georgia, the National Board of Certified Counselors, and the Founder and President of the Behavioral Health Association of Forsyth County. I assure you that my services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are 60-90 minutes in duration. Please know that *it is impossible to guarantee any specific results* regarding your counseling goals. However, together we will work to achieve the best possible results for you.

I have been practicing since 1997. I only accept clients in my practice that I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few therapy sessions to achieve these goals, while others may require months or even years of counseling. As a client, you are in complete control and may end our professional relationship at any point. I will be supportive of that decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without my support or intervention.

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you schedule with me. Please do not invite me to social gatherings or ask me to relate to you in any other way other than in the professional context of our psychotherapy sessions. Do not ask to "friend" me on any social media outlets. You will be best served while I am seeing you for psychotherapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns and goals. You will learn a great deal about me as we work together during your therapy experience. However, it is important for you to remember that you are experiencing me in my professional role.

Client Initials _____

Confidentiality:

Anything said to me will be kept confidential, with the following exceptions: (a) you direct me to tell someone else, in writing, (b) I determine you are a danger to yourself, or others, or (c) if a child or elderly person is being abused or is suspected of being abused or neglected, or if (d) I am ordered by a court to disclose information, at which time I am required by law to report the necessary information to the appropriate authorities. (e) Additionally, couples participating in marital therapy must be aware that by the nature of marital therapy goals secret disclosures that interfere or impact the goals of treatment must be disclosed to the spouse by the participant or therapist for resolution. Secrets create resentment and isolation, which undermine the marital therapy goals of uniting and building the relationship.

Finally, because I live in and actively serve in Forsyth County there is a strong chance that we will meet up in a public setting within this community. Out of respect for your confidentiality and our unique professional relationship, I will not acknowledge you.

Fee Schedule:

***Scheduled Individual Therapy Services**

- Individual Counseling Intake Appointment (75 minutes)...\$150
- Individual Counseling 60 minute session.....\$130
- Individual Counseling 90 minute session.....\$175
- Individual Counseling 2-Hour session.....\$250

***Scheduled Marriage Counseling Services**

- Marriage Counseling Intake Appointment (75-90 minutes)...\$185-200
- Marriage Counseling 60 minute session.....\$160
- Marriage Counseling 90 minute session.....\$200
- Marriage Counseling 2-Hour session.....\$310

***Adolescent Counseling Services**

- Individual Adolescent Intake Appointment w/ Parent (90 minutes)...\$200
- Individual Adolescent Counseling 60 minute session.....\$130
- Individual Adolescent Counseling 90 minute session.....\$175

*Over scheduled session time a fee of \$35, per 15 minutes.

Other Professional Services for Established Clients

- Scheduled Telephone Consultation & Counseling...\$150, first 45 minutes, \$3 per minute thereafter
- Crisis Telephone Contact ≤15 minutes \$35, \$3 per minute, thereafter.
(This does not apply to calls regarding scheduling or rescheduling appointments.)
- Rapid Electronic Consultation(email).....\$25 per correspondence
- Returned Check Fee.....\$50
- Late Cancellation/ No Show <24 hour notice.....Full Session Fee

THERE IS A \$10 DISCOUNT FOR CLIENTS PAYING WITH CASH OR A PERSONAL CHECK.



The fee for each session will be due and must be paid at the beginning of each session. Reduced fees are available to clients experiencing financial hardship when slots are available. Reduced fee slots are limited. Cash, personal checks and all major credit cards are acceptable for payment. Checks are to be made out to **Lisa H. Meyer, M.A., LPC**. I will provide you with a receipt for all fees paid at the time of service. In the event that you will not be able to keep an

Client Initials _____

appointment, you must notify me 24 hours in advance (inclement weather is the ONLY exception). I will make every effort to reschedule you within 24 hours when possible.

If I do not receive 24 hour, advanced notice, you will be responsible for paying for the session that you missed, and you will be invoiced electronically to the credit card on file.

Scheduling During a Holiday Week

I make it priority to meet with established clients as needs arise. Emergent situations and stress have no concept of time or any concept of where we are in a given calendar year. In attempt to provide the best and most comprehensive, accessible care, I do allow my clients to make appointments during holiday weeks that I am in the office, under the following condition:

In honor of my time and yours, my cancellation policy has the following addendum during all holiday weeks. Failure to cancel your appointment, scheduled during a holiday week, time-stamped **by 12 noon on the preceding Friday**, will result in you being fully responsible for the cancelled/missed session. You will be responsible for full payment and you will be invoiced electronically to the credit card on file for the missed session.

I do not accept health insurance reimbursement for any of my professional counseling services. In addition to the mountains of paperwork required for the insurance company, your confidentiality is my foremost priority. Insurance carriers often have to report their information to various agencies and especially to those paying for coverage (i.e., your employer, government). In this process many people may become aware of the intimate issues of our sessions. Additionally, many insurance agencies require that I diagnose your mental condition and indicate that you have an “illness” before they will agree to reimburse you. In the event a diagnosis is required I would have to inform the health insurance company, thereby making a diagnosis that would become a part of you permanent medical records. If you would like to file claim with your insurance company, **I will supply you with a detailed Bill for Service after each therapy session that you may submit to your insurance carrier for reimbursement.**

Communications:

While all communications to you outside of our sessions are minimal and discreet,

- May I leave a message on your primary phone voicemail? (circle) Yes No
- May I send a **text** message to your mobile number? Yes No

If I may contact you by text message, please specify:_(_____)_____

Regular text messaging rates may apply for non-Verizon customers that do not use an iPhone

- May I leave a message with someone in your private residence? (circle) Yes No
- If so, whom do you give me permission to leave a message with:

Name:_____

Relationship:_____

- May I contact you at your alternate phone number? (circle) Yes No
- May I leave a message on your alternate phone voicemail (circle) Yes No
- May I send postal mail to your residence? (circle) Yes No
- May I communicate with you via email? Yes No

Email address:_____

Client Initials_____

Do you have any specific requests or directions regarding my communication with you? Please explain in the space below:

Use of Technology:

I understand that there are many forms of technology available to us for communication. Please know that I cannot guarantee the safety of cell phone conversation or texting. I also cannot guarantee the safety of email. Email through Meyer Counseling & Consulting is not encrypted. Therefore, I ask you to limit your email for the purposes of scheduling appointments. If you choose to send therapeutic content in an email, I cannot guarantee the confidentiality of this information. Please know that copies of texts or email will be printed and put in your file. The policy of Meyer Counseling & Consulting is that clinicians are not allowed to be a “friend” on Facebook with clients, or any social media outlets. I have a business Facebook page, so you can “like” the Lisa Meyer Counseling & Consulting Facebook page. If you choose to “like” our page, please know that others may assume you have a professional relationship with me.

If you have any questions, feel free to ask. All policies and practices are applied equally to all clients. Please sign and date both copies of this form and keep one copy for your personal records. By signing below:

I understand and agree with the terms and conditions of these professional services, and the terms have been explained to me by Lisa H. Meyer, M.A., LPC. I have received an original copy for my personal records. Additionally, I have signed, submitted and agree to the Credit Card Authorization form per the detailed cancellation policy stated above.

Client’s Signature

Date

Spouse Signature
(Parent Signature if client is 17 years of age or younger)

Date

Lisa H. Meyer, M.A., LPC
Licensed Professional Counselor #3659 (GA)

Date

THIS MUST BE INITIALED ***DURING*** YOUR FIRST SESSION. Please refrain from signing until you are in the office for your first appointment.

In compliance and agreement with financial terms of service regarding late cancellation/no shows, I have signed and completed Credit Card Authorization form. _____(initials)

Client Initials _____

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Account Number _____

Expiration Date _____

Security Code _____

Billing Street Address _____

City, State, Zip _____

Phone Number _____

I _____ understand that I will only be charged for late cancellations or no shows for confirmed scheduled appointments, only. I authorize Lisa H. Meyer to charge my credit card based on the following fee for service schedule as outlined in the Informed Consent and Authorization for Treatment form that I signed upon hiring Lisa H. Meyer as my Licensed Professional Counselor on _____.

The following is a schedule of fees that will be charged for cancellations that have occurred with less than 24 hour notice.

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Parents of Adolescents / Adults Sponsoring Legal Adult:

_____ Initial here *only* if you would like authorize this credit card to prepay appointments for a minor child or sponsored legal adult. You will receive a text/email receipt each time your card is charged. This consent must be updated every 6 months.

I agree to terms stated above and authorize Lisa H. Meyer to charge the card for the scheduled service provided based on the fee schedule listed above.

_____ Date: _____

Authorized Signature

Printed Name Consenting to Authorization

Client Initials _____



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Addendum to Informed Consent

I understand that if I am being seen in the context of marriage or individual counseling that my medical note will have information about multiple parties contained in it. If in the event that a couple or family members become involved in legal matters against one another, none of the parties involved in counseling can have copies of the record without all parties giving written consent.

I understand that Lisa H. Meyer, M.A., LPC does not have training in forensic psychology, and therefore are not qualified to offer opinions for legal testimony. I agree that I will not ask my therapist to provide any legal affidavit. Furthermore, I agree not to subpoena my therapist for legal testimony.

By signing below, you are agreeing to abide by this policy.

Signature

Date

Signature

Date

Client Initials_____