

TATIANA MATTHEWS
Licensed Professional Counselor
6740 Jamestown Drive
Alpharetta, GA 30005
770-815-6853

Admitting Form

Date _____

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Can we leave messages at these numbers? _____

E-mail Address _____

Employer/School _____

Marital Status _____

Spouse/Parent's Name _____

Person to contact in case of an emergency _____

Phone number for emergency contact _____

How were you referred to our office? _____

Person responsible for bill if different from above:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

I agree to stay current with payments to Tatiana Matthews. Tatiana

has a 48 hour cancellation policy

Regardless of reason, any appointments that are not cancelled at least 48 hours in advance of the appointment time will be billed at the rate of the **full fee of \$185.00**. Cancellations may be made by voice mail at (770) 815-6853.

Signature _____ **Date** _____

TATIANA MATTHEWS

Consent Form

I _____ hereby grant permission to Tatiana Matthews to provide any therapy, testing, or diagnostic evaluation that may be deemed pertinent in the treatment of myself, my marriage, or my family (including my minor children). I willingly and voluntarily agree to mental health treatment and release any and all other providers and support/clerical contractors from liability claims.

I understand that all fees are due at the time of service. In other words, the full fee must be paid at the end of each session. I understand that there will be a \$25.00 service charge for all returned checks and that all additional collection expenses are my financial responsibility if the amount of the returned check plus \$25.00 is not paid in cash within 30 days. **Outstanding accounts will be forwarded to our collection agency.**

I realize that my insurance policy is an agreement between me and my insurance company – not Tatiana Matthews.

Confidentiality

Tatiana Matthews' confidentiality policy is highly regarded and followed. All communications between client and therapist are kept strictly confidential. Tatiana Matthews will respond to any request for release of information regarding all our clients by indicating that a signed written release must be obtained prior to any information being released or discussed. Otherwise we will not even acknowledge that the undersigned is a client of Tatiana Matthews. Exceptions to this rule are where state law requires the reporting of threats of violence, harm, or child/elder abuse and neglect (from evidence or suspicion), and when information is subpoenaed by the courts.

Requested Documents

There is a \$25.00 fee for all letters, disability paperwork, and other documents similar in nature that we complete for our clients.

Waiver of Legal Testimony

Tatiana Matthews considers all communication, either with you or with anyone the therapist speaks with for case coordination to be privileged information. Any trip to court or discussion with a lawyer can put the therapist in an extremely dangerous ethical and legal position. If your goal in entering counseling is to find someone to be your advocate in a legal situation, please let your therapist know and they will assist you to the best of their ability to find the right person to help with your legal testimony.

Tatiana Matthews will never release her individual therapy notes without a direct court order. Tatiana Matthews is asking for your agreement at this time that you

TATIANA MATTHEWS

will never request a subpoena for any partner or employee Tatiana Matthews or for any therapy records other than dates of treatment, a five Axis diagnosis, a synopsis of therapy goals and an evaluation of your general progress. Therapists will not go to court and prefer not to speak with your lawyer. By signing this form you are stating that you understand and accept these conditions of treatment.

Emergency Services

In the event that I become ill or I am injured while on the premises, I authorize Tatiana Matthews to provide or obtain emergency medical services (i.e. call an ambulance).

Credit Card on File

Your credit card on file will be charged for the following services:

1. All missed appointment fees regardless of the reason for cancellation.
2. Paperwork and Form completions.
3. Services not paid for at the time of the appointment.
4. Phone calls of a clinical nature exceeding 10 minutes or frequently placed phone calls or e-mail exchanges will be charged at my normal rate.

Credit Card Holder's Name: _____

Billing Address: _____

C.C. Type: _____

C.C. # _____

Exp. Date: _____ Security Code: _____

Signature and date consenting to the payment of all charges:

Print Name: _____

My signature acknowledges agreement to conditions as a patient of Tatiana Matthews set forth above.

Signature: _____

Date: _____

LPC Professional Disclosure Statement

Tatiana Matthews LPC
Office: 770-815-6853
Fax: 678-339-1212
www.tatianamatthewslpc.com

Qualifications

- East Carolina University, Master’s of Science in Rehabilitation Counseling received in 1996
- North Carolina Licensed Professional Counselor (3632), Georgia Licensed Professional Counselor (3359) Certified Rehabilitation Counselor
- 14 years clinical experience

Counseling Background

- Population served: Adolescent and Adults
- Description of services offered: Individual, conjoint and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic and client focused therapy addressing such issues as trauma, anxiety, depression, addiction, relationships, ADHD and Autism Spectrum Disorders. Interventions are cognitive behavior in nature and frequently include Eye Movement Desensitization and Reprocessing and Dialectical Behavioral Therapy.

Session Fees and Length of Service

- Sessions are 45 minutes long
- Sessions cost \$185.00
- Cash, check and credit cards accepted.

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints:

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>).

North Carolina Board of Licensed Professional Counselors
PO Box 1369
Garner, NC 27529
Phone: 919.661.0820
Fax: 919.779.5642
E-mail: nclpc@mgmt4u.com

Or
Georgia Secretary of State
<http://www.sos.ga.gov/plb/>
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-2440

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____

Tatiana Matthews, LPC
Communication Addendum to the Informed Consent Agreement

Secure and private communication cannot be fully assured utilizing cell/smart phone or regular email technologies. It is the client's right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technologies to contact Tatiana Matthews, LPC will be considered to imply consent to return messages to client via the same non-secure technology, pending further clarification from client.

Please check the area below which modes of communication are permitted and which are not permitted. This consent may be altered at any time should circumstances or preferences change.

In the event that client chooses not to allow non-secure modes of communication, contact will only be made via wire to wire phone, wire to wire fax, or mail.

Voice communication **TO** client's cell/smart phone for:

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Voice communication **FROM** Tatiana Matthews, LPC Professional cell/smart phone for:

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Text communication **TO** client's cell/smart phone for:

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Text communication **FROM** Tatiana Matthews, LPC cell/smart phone

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

Contact via the client's email

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

If permitted, list permitted email address(es): _____

Fax communication to client's non-secure fax or E-fax for:

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not permitted

If permitted, list permitted fax number(s): _____

Statement of Validation.

I have read this Statement of Services, it has been adequately explained to me, and I understand its contents.

By Client(s)

 Print Name

 Signature

 Date

Tatiana Matthews, LPC