

THERESA WESTFALL
Licensed Associate 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 Theresa Westfall. Theresa

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 \$125.00**. Cancellations may be made by voice mail at (770) 815-6853.

Signature _____ **Date** _____

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Consent Form

I _____ hereby grant permission to Theresa Westfall 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 Theresa Westfall.

Confidentiality

Theresa Westfall's confidentiality policy is highly regarded and followed. All communications between client and therapist are kept strictly confidential. Theresa Westfall 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 Theresa Westfall. 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

Theresa Westfall 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.

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

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will never request a subpoena for any partner or employee Theresa Westfall 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 Theresa Westfall 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 Theresa Westfall set forth above.

Signature: _____

Date: _____

LAPC Professional Disclosure Statement

Theresa Westfall LAPC
Office: 770-815-6853
Fax: 678-339-1222
www.tatianamatthewslpc.com

Qualifications

- Mercer University, Master’s of Science in Clinical Mental Health Counseling received in 2015
- A Georgia Licensed Associate Professional Counselor under the supervision of Tyler Wilkinson, Ph.D., LPC, NCC, ACS (license number 008029). Dr. Wilkinson can be reached at 470-210-7797.
- Additional training in trauma counseling and progressive counting
- Additional training in Collaborative and Proactive Solutions

Counseling Background

- Population served: Children, Adolescents, 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, stress management, and Autism Spectrum Disorders. Interventions are cognitive behavioral in nature and frequently include Progressive Counting.

Session Fees and Length of Service

- Sessions are 45 minutes long
- Sessions cost \$125.00
- 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>).

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: _____