

***Overcomers Counseling, LLC***  
**(404)518-5705**

**INFORMED CONSENT**

**Kimberly Duff provides counseling services under the name Overcomers Counseling, LLC, at the following facilities as a private practitioner:**

**Cedarcrest Pointe Counseling  
2487 Cedarcrest Road, Suite 912  
Acworth, GA 30101**

**Cartersville Pastoral Counseling Center  
107 Howard Street  
Cartersville, GA 30120**

**APPOINTMENTS**

During the first appointment, clients will meet with counselor to discuss the problem that led to seeking counseling and to provide personal history and background information. Initial appointments are 60 minutes in length, and regular Sessions are 45-60 minutes in length.

Appointment availability is determined by a number of factors that include the availability of office space and feasible times for the individual. Every effort will be made to accommodate the client's scheduling needs, but may necessitate booking an alternate location in Cartersville or Acworth. Appointments can be arranged through email, phone, or text message. Additional information about Overcomers Counseling can be found online at **[counselingbykimberly.com](http://counselingbykimberly.com)**

**CANCELLATIONS**

Cancellations must be made at least 24 hours in advance to avoid a **cancellation fee of \$30.00**. It is the client's responsibility to reschedule any missed or cancelled appointments. If you are more than 15 minutes late for an appointment, the counselor reserves the right to reschedule your appointment and to charge a **no-show fee of \$30**. All payments for services including copay or private pay are due at the time of service.

**MINORS SEEKING TREATMENT**

If you are under 18 years of age, you are not legally able to consent to treatment, and consent must be obtained from a parent or guardian. Minors under the age of 18 must understand that parents may have access to records based on Georgia law. The counselor will try to provide them only with general information about our work together, unless there is a high risk of harm to yourself or someone else. In this case, the counselor will discuss concerns about your safety with your parents. If possible, the counselor will discuss the matter with you before giving your parents any information and try to involve you with this conversation.

**CONFIDENTIALITY**

Overcomers Counseling, LLC, adheres to strict confidentiality guidelines set by national & state ethical codes/guidelines. All conversations, both by telephone and in person, are confidential. Communications regarding appointments will be made by phone, email, or text. Any and all records kept by the counselor relating to clients 18 years of age or older are kept confidential, except in these cases:

- a. When the client is determined to be a threat to the health & safety of him/herself or another, including abuse of a child, elder or disabled adult. If a counselor determines a client's personal safety or the safety of another person is at risk, counselors are required by law to take protective actions. This may include notifying family members or other emergency contacts, contacting the police, seeking hospitalization for the client, notifying potential victims of harm or contacting others who can help provide protection. In the case of abuse, counselors are required by law to notify the appropriate state agency.
- b. When the counselor is ordered by a court to release information.
- c. When the counselor needs to discuss case material for the purpose of consultation, supervision, or treatment team planning.
- d. When a report about the client that involves threat of harm to self or other(s) is submitted to the proper authorities.
- e. When the client has given consent to share specified information with identified person(s).
- f. Clients under age 18 must have a parent/guardian sign this form before treatment begins.
- g. Client names and appointment information is shared with front office or billing staff.

### **DIGITAL POLICY**

Clients may contact the counselor using technological resources. In doing so, they agree to the understanding that cell phone, text, email and fax communication are not guaranteed confidential methods of communication. When used, the client is, by choice, relinquishing their rights to confidentiality.

Texting is allowed for scheduling or rescheduling appointments. E-mail, mobile phone text messaging & facsimile are not secure media; therefore, confidentiality of e-mail & facsimiles cannot be guaranteed. Urgent or emergency communications should be by phone call to help facilitate timely response. Social media such as Facebook, LinkedIn, Twitter, Pinterest, etc. are not appropriate means of communication with your counselor as those media may compromise your confidentiality & privacy and blur the boundaries of the professional counseling relationship. If you and your counselor do choose to communicate via email, those messages should be limited to only administrative purposes, such as making or cancelling an appointment. Discussion about counseling session content should be limited to face to face or phone communication.

### **COURT TESTIMONY**

The counselor is not trained in matters that involve the legal system. If required to testify for court, speak with legal counsel, etc., the fee is \$180.00 an hour plus mileage and expenses incurred. The counselor will not testify in divorce custody or mediation. **A two-hour minimum is charged.**

### **TERMINATION OF THERAPY**

Termination of therapy may occur at any time and may be initiated by you as the client or by the therapist. In either event, a final termination session is strongly recommended to explore the termination process itself. This can provide a constructive and useful conclusion to treatment. Referrals or other suggestions will be offered at that time.

**EMERGENCY SERVICES**

**In the event of an emergency in which you are unable to reach the Counselor, call 9-1-1, the Georgia Crisis and Access Line at 1-800-715-4225, or immediately obtain safe transportation to the nearest hospital emergency room.**

**I have read & understand the above statements. I have had the opportunity to ask questions about the statements above & have been provided with a copy of this form. The Informed Consent is valid for one year from the date of signature.**

By signing below, I attest that I understand that my therapist will do all that is necessary to file insurance benefits on my behalf and I authorize the release of any PHI as necessary to complete the insurance billing process.

I have read and understand the conditions as stated above. By signing below, I authorize my therapist to begin therapeutic treatment at this time.

Please provide a person to contact in case of emergency and a contact number here:

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Client Signature** **Date**

\_\_\_\_\_  
**Therapist Signature** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature (if client under 18)** **Date**