

# Metropolitan Psychotherapy Associates

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## PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a cooperative alliance that increases human understanding, improves relationships, and brings about needed change. Therapy works best when you put consistent effort toward self-reflection and change. It is not magic, nor is it simply about receiving advice. Many people's emotional struggles come from certain beliefs that prevent them from functioning at their best; from difficulties managing emotions, such as anxiety, depression, shame, or anger; from traumatic experiences; and from particular relational patterns that prevent good and stable relationships. Therapy will help you focus not only on what you think, feel, and do, but perhaps why you have these patterns, and what you can do to change them.

### Your Therapist's Responsibilities

1. **CONFIDENTIALITY:** With the exception of certain specific life threatening situations, you have the absolute right to confidentiality of your therapy. Your therapist cannot and will not share your information with anyone else, or even that you are in therapy without your prior written permission. Under the provisions of federal regulations, your therapist cannot legally speak to another health care provider or a member of your family about you without your prior consent. You are also protected under the provisions of the federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever information about you is transmitted electronically (for example, information sent via email or fax), it will be done with special safeguards to ensure confidentiality.
2. Your therapist agrees to practice within his or her level of competence, licensure guidelines, and ethical standard of practice. He or she maintains a license to practice psychotherapy in the State of Georgia and regularly attends continuing education programs. Your therapist is committed to therapeutic approaches that promote and sustain your highest level of functioning throughout the course of treatment. Should your therapist determine that your needs are outside his or her areas of competence, he or she will ensure that you are given adequate referrals to help you.
3. Therapy should not be a mystery. You have the right to ask questions about anything that happens in therapy. Your therapist is willing to discuss how and why you are working in certain ways or with certain topics. He or she is willing to consider alternative that you might find helpful, so you can feel free to bring up additional possibilities.
4. Your therapist will set a time to meet with you regularly, will be timely, and charge a fair fee that is commensurate with his or her experience and expertise, and with community standards.

### Your Responsibilities as a Client

1. You are responsible for coming to session on time and at the time you have scheduled. Sessions last 50 minutes, unless otherwise determined in advance. If you are late, your session will end on time. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you will be charged the regular fee for that session. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads). If your therapist inadvertently misses a scheduled session, you will receive the next session free of charge.
2. You are responsible for paying for your session at the time of service unless you have made previous arrangements with your therapist. Longer sessions or telephone calls over 10 minutes long will be billed at a prorated rate of your hourly fee.

3. Generally, clients may not run a bill. However, under special circumstances, which should be discussed in advance, your therapist may temporarily allow a balance of up to three sessions. It is unethical for therapists to accept barter of any type in exchange for therapy. If your financial circumstances change, please let your therapist know immediately so that you can discuss the options together.
4. You agree to participate actively in the therapeutic process by (1) collaboratively working on realistic and concrete goals; (2) working on your issues between sessions, and (3) being honest with your therapist. Remember, your therapy is only as good as the effort you put into it.

### **Risks and Benefits of Therapy**

Therapy has potential emotional risks. Approaching feelings or thoughts that you have tried to avoid may be painful. Making changes in your beliefs or behaviors can be challenging, and potentially may affect (some of) your relationships. You may find your relationship with me is a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits of change for you. Most people who take these risks find that therapy is helpful. I will inform you beforehand of any potential risks and benefits of any special treatment techniques, so that you may decide for yourself if it might be right for you. If at any time you feel an intervention is not helping, please let me know immediately.

### **Therapist Absences**

Your therapist may be away from the office a number of times during the year. Our clients at MPA are always covered by another therapist whenever one of us is out of town or otherwise unavailable. Your therapist will always let you know well in advance of planned absences so that you may schedule around them to the degree possible. If the frequency of your therapist's absences is of concern to you, please initiate a discussion with him or her during your initial therapy sessions, or at such time as it becomes problematic for you.

### **Emergency Policies**

Metropolitan Psychotherapy Associates is not a crisis or emergency center. If you have an urgent matter during office hours, call your therapist and he or she will return your call as soon as feasible. Generally calls are returned within 24 hours during the week. If you have not heard from your therapist in what you determine is a reasonable amount of time, or if you have a psychiatric emergency after hours, on weekends, or holidays, please call the **Assessment Center at Ridgeview Institute at (770) 434-4567**, the **National Crisis Hotline at 1-800-784-2433**, or **911**.

### **Inclement Weather**

Our general policy is to close the MPA office if DeKalb County Schools are closed for inclement weather. Sometimes a therapist will make exceptions, so be sure to communicate with your therapist if you have a question about whether you will meet. When in doubt about your safety, do not drive. You will not be charged for a missed session if you make a late cancelation due to unsafe weather conditions.

### **Client Consent to Psychotherapy and Acknowledgement of HIPAA Notice**

Your signature below indicates that you have read the information provided in this Psychotherapy Information Disclosure Statement and agree to abide by its terms during the course of your therapy.

Your signature also serves as an acknowledgement that you have read the **HIPAA Notice Form** regarding your Protected Health Information, provided to you in the office.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_