

## Marcel D. Henderson, M.Ed., LPC

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### **INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your therapist. This is to inform you of my basic policies for working with clients. If you have any questions or special concerns, please discuss them with me.

#### Background Information

I am a Licensed Counselor in Georgia. I hold a master's degree in counseling, and a master's in education. For further information about my background and experience, visit my website at: [www.MarcelHenderson.com](http://www.MarcelHenderson.com).

#### Counseling Philosophy, Expectations of Clients

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments or I don't hear from you for one month, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

## Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a “Release of Information” form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a therapist. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple’s counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first.

## In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

## Structure and Cost of Sessions

Because my practice consists of counseling as well as coaching and consulting, my fees are based on the particular type of work I’m involved in. You may contact me via e-mail or by phone to learn about my fees. Counseling sessions are typically 50-75 minutes per session pending the type of counseling and whether it is with an individual, family, or couples. Between session phone calls should be limited to **emergencies**. Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$1 per minute. The fee for each

session will be due at the conclusion of the session. Currently I am only accepting cash or personal checks.

For your protection and confidentiality, I recommend self-pay for therapy if at all possible. Insurance companies require disclosure of highly personal information, the confidentiality and privacy of which I cannot guarantee. Insurance companies also restrict the amount of sessions allotted. For these reasons, I choose not to be on insurance or managed care panels. Fortunately, tax laws have created new programs that may help you pay for your therapy, even if you are self-employed. These include Medical Savings Accounts and Pre-Tax Flexible Spending Medical Accounts. Ask your Accountant or Compensation and Benefits Administrator if you qualify for either program.

If you intend to use your insurance for therapy, please confirm approval of me as an out-of-network provider prior to our first meeting. Check your coverage carefully by asking the following questions:

- Do I have mental health insurance benefits?
  - What is my deductible and has it been met?
  - How many sessions per year does my insurance cover?
  - What is the coverage amount per therapy session for an out-of-network provider?
  - Is approval required from my primary care physician?
- If approved, you will pay me in full for each session, but I will provide you with the documentation you need to file a claim with your insurance company.

#### Cancellation Policy

The time we book is set aside for you. You will need to pay for the session in full if you cancel less than 48 hours in advance.

#### Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I realize that many people prefer to text and/or email because it is a quick way to convey information. **However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy).** Therefore, please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. If you do, please know that I will not respond. **You also need to know that I am required to keep a summary or copy of all emails and texts as part of your clinical record that address anything related to therapy.**

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: I have a professional Facebook page and LinkedIn account. You are welcome to "follow" me on any of these **professional** pages where I post. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to mine. Please refrain from making contact with me via my personal Facebook page or using social media messaging systems such as Facebook Messenger or Twitter Direct Message. These methods have insufficient security, and I do not watch them closely. I would not want to miss an important message from you.

Google, Bing, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

Faxing Medical Records: If you authorize me (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, I may need to fax that information to the authorized entity. It is my responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of my fax machine. However, my fax machine is kept behind two locks in my office. And, when my fax machine needs to be replaced, I will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

Recommendations to Websites or Applications (Apps):

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to me if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

Our Agreement to Enter into a Therapeutic Relationship

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Please print, date, and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

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<b>Client Name (Please Print)</b>	<b>Date</b>
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**Client Signature**

**If Applicable:**

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<b>Parent’s or Legal Guardian’s Name (Please Print)</b>	<b>Date</b>
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**Parent’s or Legal Guardian’s Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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<b>Therapist’s Signature</b>	<b>Date</b>
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