



RENEWED JOURNEY COUNSELING SERVICES, LLC
 1479 BROCKETT ROAD SUITE 101 TUCKER, GA 30084
 O: (404) 625-5427 F: (404) 508-8944
 WWW.RENEWEDJOURNEY.ORG

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to ***Renewed Journey Counseling Services, LLC***. We are very pleased that you selected our facility for your treatment, and we are looking forward to assisting you. This document is designed to inform you about what you can expect from your psychiatrist, therapist, and/or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at ***Renewed Journey Counseling Services, LLC***.

Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit. For therapy to be most successful, it is important for you to take an active role. This means working on the things you and your clinician 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 scheduled session. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policy to only see clients who we believe has the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you can face life's challenges in the future without the clinicians here at ***Renewed Journey Counseling Services, LLC***.

Confidentiality & Records

Your communications with your provider will become part of a clinical record of treatment, and it is referred as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in our business office. It is filed under your first initial and last name to protect your confidentiality.

Limits of Confidentiality

Your provider will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your provider to tell someone else and you sign a "Release of Information" form or "Coordination of Care" form; (2) your provider determines 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) your provider is ordered by a judge to disclose information. In the latter case, your provider's license does provide him/her 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 counselor. The state of Georgia has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you've said confidential. Please note that in couple's counseling, your provider does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Your confidential information may also be used in many ways within Renewed Journey Counseling Services without your written permission for coordinating services and delivering quality care. These may include: 1. consultations and case conference with other providers in office. 2. for insurance billing

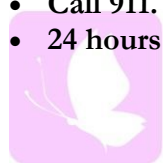
Please initial that you have read this page _____

purposes: generally, a diagnosis is given to your insurer for reimbursement purposes with an occasional need to provide treatment plan information if authorizations are required. 3. electronic communication: this includes but is not limited to the following methods of correspondence: email, video technology (Face-Time, Skype), chat, cordless phones, cell phones, unsecured WIFI, or fax. If you choose to utilize these forms of communication, please limit the contents to pragmatic issues such as cancellation or change in contact information. If you choose to include personal and/or clinical concerns please know that your PHI information is at risk, does not guarantee privacy, and is not deemed as confidential. Please know Renewed Journey CS will maintain your confidentiality to the best of our ability; however, we cannot guarantee this with any electronic communication.

In Case of an Emergency

Renewed Journey Counseling Services, LLC is an outpatient practice and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your provider, and he or she can discuss additional resources or transfer your case to a provider or clinic with 24-hour availability. Generally, your provider will return phone calls within 24-48 hours. If you have a mental health emergency, do not wait for a call back, but to do one or more of the following:

- **GCAL 800.715.4225**
- **Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.**
- **Call 911.**
- **24 hours a day walk into a psychiatric hospital or emergency room for an assessment.**



Professional Relationship

Mental health treatment is a professional service we will provide to you. Because of the nature of treatment, your relationship with your provider is different from most relationships. It differs in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of provider and patient. If you and your provider were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health professions. Dual relationships can set up conflicts between the provider's interests and the patient's interests, and then the patient's (your) interests might not be put first. To offer all our clients the best care, your provider's judgment needs to be unselfish and purely focused on your needs. Therefore, your relationship with your therapist must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A provider offers you choices and helps you choose what is best for you. A clinician helps you learn how to solve problems better and make better decisions. A provider's responses to your situation are based on tested theories and methods of change.

You should also know that medical providers are required to keep the identity of their patients' secrets. As much as your provider would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your provider also must decline any invitation to attend gatherings with your family or friends or accept requests on social networking sites (Instagram, Facebook, Twitter, LinkedIn, etc). Lastly, when your treatment is completed, your provider will not be able to be a friend. In sum, it is the duty of your medical provider is to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, but strictly for your long-term protection.

Please initial that you have read this page _____

Statement Regarding Ethics, Client Welfare & Safety

Renewed Journey CS assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Psychiatric Association and/or the American Counseling Association and/or the National Association of Social Workers. If at any time you feel that your therapist is not performing in an ethical or professional manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern by emailing renewjc@gmail.com ATTN: Agency Director.

We are 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 your provider.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with your provider, and you are authorizing your clinician to begin treatment with you. By signing this you also agree to undergo mental health treatment and understand that you can end treatment at any time. It should be discussed with your clinician, but you always reserve the right to stop treatment.

Disability/Time Off Documentation

As of January 1, 2018, we are permitted to complete release from work and disability documentation for our established patients only. Policy dictates that established patients are those that have been in continuous care (weekly individual or monthly medication management) for a minimum of four (4) months. Should this be your need, notify the front office immediately to ensure proper assessment is complete during your session with the clinician.



RENEWED JOURNEY
COUNSELING SERVICES, LLC
TO LIVE, TO LEARN, TO REACH, TO GAIN BALANCE

Client Name (Please Print)

Date

Client Signature

If Applicable:

Legal Guardian's Name (Please Print)

Date

Legal Guardian's Signature

The signature of the Provider below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Provider's Signature

Date