Danny Boylan LPC LLC
PO Box 7294 Gainesville, GA 30504

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your psychotherapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information: The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask. I have a Master of Science degree in Community Counseling from The University of North Georgia. As is required of all LPCs in GA, I also have 3 years' worth of supervised counseling experience that took place after obtaining my Master's degree. I have worked for the State of Georgia as a Vocational Rehabilitation Counselor and also as an LPC in private practice. I am also a Certified Rehabilitation Counselor and a National Certified Counselor.

Theoretical Views & Client Participation: In line with the central concepts of Person-Centered Therapy, I believe that creating a healthy place for my clients, one that is open, accepting, compassionate, non-judgmental, safe, valuing, understanding, and empowering, is of utmost importance in counseling. I therefore seek to create this type of relationship with my clients, and believe that from within this "therapeutic relationship," many positive changes can flow. Research consistently shows that one of the most important factors involved with whether or not counseling is successful, or helpful, is the counseling relationship itself, that is, my relationship with you. If at any time you do not feel like I am a good "fit" for you, please let me know and I will be more than happy to help you transfer to another counselor. This is very important and should not be taken lightly, so please, advocate for yourself and find a therapist you feel comfortable with, whether or not that therapist is me.
I also tend to use a lot of tools from Cognitive Behavioral Therapy (CBT). Research shows that CBT consistently produces positive results in counseling, even when applied to a wide array of symptoms or difficulties. CBT however is not necessarily the best option for everyone, so if we find out that it does not work that well for you, I might introduce other treatment options.

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. I also use a HIPAA compliant software system called Therapynotes, which will be used to store PHI electronically. 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. While keeping your identity private, I may also consult with other licensed professionals to give you the best service possible. 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.

Cancellation Policy: In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you are responsible for the full cost of your session and will be charged a late cancellation fee of $140. The credit or debit card that you have left on file will be charged this fee. If you book a standing appointment and do not show without notice for two consecutive appointments, I will assume you are no

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longer interested in therapy and close your chart; you will be financially responsible for the missed sessions and charged accordingly.

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. On weekends and holidays, I may not receive your message until the next business day. 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 Laurelwood Hospital at 770-219-3800 or 800-848-3649

• Call 911

• Go to your nearest emergency room.

If I am unavailable for an extended time, I will provide you with the name of a trusted colleague whom you can contact if necessary.

Structure and Cost of Sessions: I agree to provide psychotherapy for the fee of $140 per 50-minute session, and $175 per initial intake session. The fee for each session will be due at the conclusion of the session. I require a credit card on file for the payment of all costs. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a $35 fee for any returned checks and subsequent appointments will only be scheduled if your account is paid in full. Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Professional Relationship: Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I 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 profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

You should also know that therapists are required to keep the identity of their clients secret. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. I also cannot accept "friend requests" or the like on any type of social media. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety: I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Mental Health Counselors Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the Georgia professional licensing board that governs my profession. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

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Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

Interaction and Activities Outside of Therapy Sessions: I am sometimes asked to or need to attend to matters related to client care outside of therapy sessions in order to provide effective treatment or ancillary services. This is frequently the case for clients who currently reside in residential treatment programs, for example, and may include things such as but not limited to communicating with third parties involved in your care, reading psychological evaluations or other documentation, and communicating with parents who do not live locally. This may also come up when I am asked to complete documentation for schools, disability services, and employers, but these are listed here as examples and not as an exhaustive list. I am of course happy to provide these services, but I do charge my normal fee of $140/hr. to engage in these activities. In practice I therefore charge $35 per 15 minutes spent in these types of activities, with my total time per month rounded up to the nearest 15-minute interval. I then bill for the aggregate of time spent per month, at the end of each month. By signing below you acknowledge that you have received this notification and that you approve of my running this monthly charge on the credit card that you have placed on file. I am of course happy to provide an itemized statement, upon request, prior to running this charge.

Interaction with the Legal System: By signing this document you acknowledge the following: "I understand that I will not involve or engage Danny Boylan in any legal issues or litigation in which I am a party to at any time either during my counseling or after counseling terminates. This includes any interaction with the court system, attorneys, Guardian ad Litems, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that I wish to have a copy of my file, and I execute a proper release, Danny will provide me with a copy of my record, and I will be responsible for charges in producing that record. If I believe it necessary to subpoena Danny to testify at a deposition or a hearing, I will be responsible for his expert witness fees in the amount of $1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time he spends over one-half (1/2) day will be billed at the rate of $375.00 per hour including travel time. I understand that if I subpoena Danny, he may elect not to speak with my attorney, and a subpoena may result in his withdrawing as my counselor."

For those with Health Partners, Caresource Marketplace, or Alliant Insurance Only: I will bill your insurance directly for each of your sessions and be reimbursed directly by them for their portion. Accordingly, you are responsible for any co-pay, as stipulated in your plan. If you have not met your deductible you will be responsible for payment in full until your deductible is met. It is your responsibility to understand your insurance benefits so check with your insurance provider about your mental health benefits prior to starting therapy. Please note that insurance companies require some Protected Health Information to process claims. This can be demographic data, diagnosis, time and length of sessions, as well as treatment plans and session notes.

Digital Policy: I prefer to schedule appointments by telephone and voicemail. If you choose to communicate with me by email, be aware that all emails may be retained in the logs of your Internet service provider and my Internet service provider. My email address danny@dannyboylan.com is HIPAA compliant, but I cannot guarantee HIPAA compliancy on your end. If you choose to communicate anything to me via email, please know that I cannot guarantee its security or confidentiality. By signing below, you acknowledge that if you use electronic mail to initiate contact with me, then I have your permission to correspond via that email address. I may however send automated appointment reminders to your email address on file, if you have given me permission to do so on my intake forms.

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Please do not email me any information related to the content of your therapy sessions because engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone. We may communicate with each other by text message IN REGARDS TO APPOINTMENTS ONLY, but by signing below you acknowledge that such communication may compromise your confidentiality. If you wish to not be contacted by text message, please let me know.

Video Conferencing (VC): Video Conferencing is an option for me to conduct remote sessions with you over the internet where we may speak to each other as well as see each other on a screen. I utilize TherapyPortal and you can access my virtual waiting room at the time of your session at https://www.therapyportal.com/p/dannyboylan/. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Therapy Notes/TherapyPortal is willing to attest to HIPAA compliance and assumes responsibility for keeping your VC interaction secure and confidential. I ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.), and is located in a place where you have complete privacy.

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 form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you. **By signing below you are also acknowledging that you have been provided with a copy the Notice of Privacy Policies for Danny Boylan LPC LLC.**

_____ _____

Client or Parent's/Legal Guardian's Name (Please Print) **Date**

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Client or Parent's/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.

_____ _____

Therapist's Signature **Date**
Danny Boylan, LPC