

# Resilient Families Counseling, LLC

**Melissa Troskie, M.A., Ed.S., LPC, LMFT**

212 Creekstone Ridge

Woodstock, GA 30188

(770) 744-3699

## **Important Information for Clients**

**Please read this information carefully. We will review this information during the intake session and sign a Counseling Agreement together. You can print the Counseling Agreement signature page (page 6) or a copy of it will be provided to you.**

### **Consent to Treatment and Therapeutic Services Agreement**

My goal is to provide a safe and therapeutic environment to help you make the changes and achieve the goals important to your life and relationships. In order to accomplish this, it is important to establish a mutual understanding about our specific responsibilities as we enter a therapeutic relationship. This document contains important information about my professional services and operational policies. Please read it carefully and make note of any questions you may have so that you can discuss them when you meet with me. *When you sign this document, it will represent an agreement between you, your therapist and Resilient Families Counseling, LLC.*

### **Counseling and Therapy Services**

The words “counseling” and “therapy” are used virtually interchangeably. Counseling refers to listening and offering information and professional opinion – like providing “counsel” or “consultation.” “Therapy” is the abbreviated word for “psychotherapy.” Therapy refers to the healing aspect of this interaction and to interventions designed to promote emotional, psychological, spiritual, and relational healing.

The counseling or therapy process is not easily described in general statements. The process varies depending upon the personalities of the therapist and the client, and the particular problems you bring to work on. There are many different methods your therapist may use to deal with the problems that you plan to address. The counseling process requires that you actively participate in the therapeutic process both during the sessions and between sessions—in your daily life.

The therapeutic process can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, it has also been shown to have significant benefits for the people who actively participate and strive to meet their treatment goals. Therapy often leads to better relationships, solutions for specific problems and significant reductions in distress. There are, however, no guarantees as to what you may experience.

## Sessions

All counseling or therapy begins with some type of evaluation process or period of time. During this evaluation period, you and I will determine if I can help you with the issues you are bringing to therapy. Sessions are typically either 50 minutes in length or they may be longer – typically either 80 minutes or 100 minutes—depending upon the issue and the treatment approach. **Once an appointment session is scheduled, you will be expected to pay for the session unless you provide at least 24 hours advance notice of cancellation.**

## Standard Professional Fees and Billing

This is a **partial listing** of fees for services provided by Resilient Families Counseling, LLC. These fees are subject to change and are subject to being amended due to clinical or administrative services.

### Standard Fees\*

Outpatient Intake Therapy Session (50 minutes).....	\$95
Outpatient Therapy Session (15-30 minutes).....	\$50
Outpatient Therapy Session (45-50 minutes).....	\$95
Outpatient Therapy Session (75-90 minutes).....	\$140
Outpatient Therapy Session (100 minutes).....	\$190

\* *Sliding Scale Fees are available upon documentation of necessity*

### Additional services **provided at the above listed hourly rates:**

- Phone consultations with client, physicians, attorneys, or others designated by the client shall be billed at the above listed hourly rates.
- Written report preparation fees (whether for court, insurance, medical, client, etc...) shall be billed at the above listed hourly rates.

### Additional services **provided at a rate of two times** the above listed hourly rates:

- Court or legal process appearance fee, whether subpoenaed by client or any other party in reference to the client, including but not limited to court attendance, testimony, deposition, hearings, trials, legal proceedings, mediation or representative meetings shall be billed at a rate of \$190 per hour.
- Court travel time (from Resilient Families Counseling, LLC to the destination and return trip) shall be billed at a rate of \$190 per hour.

If you have financial needs, please complete the Financial Information form and bring to your Intake Session. Sliding Scale Fees must be established over the phone before the Intake Session; otherwise, you are expected to pay the standard fee. If your financial situation changes (or every 2 months), a new Financial Information form will need to be completed and approved by me before a fee change at least 24 hours before your next scheduled appointment.

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Fees can be paid by cash, check, or credit card. There is a returned check fee of \$30.00. Account balances from previously held or missed sessions must be paid in full at

least 48 hours before the next scheduled appointment; otherwise, your appointment may be taken off the schedule.

Other services billed at the same “hourly” or session rate include telephone conversations lasting longer than 10 minutes (which may be billed in hourly increments), attendance at meetings with other professionals you have authorized, preparation of records, reports or treatment summaries, and the time spent performing any other service requested by you or an agent authorized on your behalf (i.e. attorneys, insurance companies).

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Resilient Families Counseling, LLC has the option of using all legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. In most collections situations, the only information released regarding a client’s treatment is his/her name, the nature of the services provided, and the amount due.

### **Missed Appointments**

Once an appointment time is scheduled, I am committing to being available to you for that period of time. Please give me 24 hours notice when cancelling or changing an appointment. You may leave a message on my main office voicemail 24 hours per day regarding any cancellations or schedule changes. **Email or text messages are not viable ways of scheduling or cancelling appointments.** If you miss two appointments in a row without contacting me, I will assume you no longer wish to receive services and will close your treatment file. You may be taken off the schedule after 3 cancelled appointments in any order. Treatment files can be reopened at any time should you wish to return for additional therapy.

### **Fees Related to Legal Proceedings**

Should you become involved with legal proceedings that require the participation of your therapist, you will be expected to pay for our professional time even if called to testify by another party. Resilient Families Counseling, LLC will charge \$190 per hour for participation in any legal proceeding and billable time will include the time spent in travel. Time frames are often difficult to judge in legal proceedings and it is not unusual for proceedings to be delayed or cancelled. For this reason, Resilient Families Counseling, LLC will charge you based upon the time that you, your attorney, or the party in question, is requesting that I make available for your proceedings. You will be charged for the requested time whether or not I am called to testify, even in the event that the proceedings are cancelled or postponed, and even if a legal authority deems that our participation is not needed.

### **Insurance Reimbursement**

Resilient Families Counseling, LLC participates in the Coventry Health Plan. It is very important that you find out exactly what mental health services your insurance policy covers. Regardless of your insurance, all fees will be due at the time services are rendered unless billing of your insurance company has been arranged with Resilient Families Counseling, LLC in advance.

Some of my clients utilize their insurance on an “out-of-network” reimbursement basis. You may request a copy of your session billing form that will contain all information you should need to file a claim for reimbursement. \*\* If you choose to file for insurance reimbursement, you must pay the full private fee rate at the time of service AND you cannot use Sliding Scale Fees. Remember that you (not your insurance company) are responsible for full payment of fees. If you plan to rely on insurance reimbursement, it is very important that you determine exactly what mental health services your insurance policy covers for out-of-network services.

Note also that if you are filing insurance, you have likely already signed an agreement with your insurance company that authorizes the insurance company to seek additional information from providers in order to process your claims. You will have already sent in your diagnosis when you submitted the claim, and additional information requested may include treatment summaries, treatment plans, or even session notes. **Your signature on this consent agreement authorizes me to provide diagnoses, treatment summaries (either verbal or in writing), and treatment plans to your insurance company when requested. I require you to sign an Authorization to Release/Exchange Confidential Information form if session notes are requested by your insurance company.**

Information sent to the insurance company will become part of the company’s files and will probably be stored electronically. Though all insurance companies claim to keep such information confidential, I have no control over what they do with your medical information once it is in their hands. In some cases, they may share the information with a national medical information databank. Be aware that if I do not provide the insurance company with the requested information they require to authorize payment, they may deny your claims.

### **Contacting the Therapist**

I am often not immediately available by phone due to my work with clients. Please be aware that I have a very limited amount of time to respond to clients between sessions. Please only contact me for response between sessions if the information cannot wait until your next scheduled session. Preferred contact is by business voicemail at 770) 744-3699 or email [mtroskie@resilientfamiliescounseling.com](mailto:mtroskie@resilientfamiliescounseling.com).

I will make every effort to return phone calls on the same day or within 24 hours, with the exception of weekends and holidays. Recognize, however, that I am part time and may not retrieve voicemails each business day. If you have a mental health emergency, call 911 or proceed to your nearest hospital emergency room. Some insurance cards also have a number to call in case you require emergency mental health services.

### **Professional Records**

I maintain a confidential treatment record kept in a locking file cabinet in my office. The laws and standards governing the counseling profession require that I keep treatment records for seven years. These files are the property of Resilient Families Counseling, LLC. While you may request a copy of your treatment record, Resilient Families Counseling, LLC reserves the

right under Georgia law to determine if your request is “appropriate” or in your best interest. Resilient Families Counseling, LLC may provide either a summary for you or may agree to release your file to another licensed mental health provider on your behalf.

### **Treatment of Minors**

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request that parents agree to waive their right of access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you may seriously harm yourself or someone else, or if I report any form of abuse. In this case, I am required by law to notify a person that can take steps to reduce risks of these events from occurring or continuing to occur. These persons may include your parent(s) or guardian(s) or the proper authorities.

### **Confidentiality**

In general, State and Federal laws protect the privacy of all communications between a patient and a licensed mental health provider, and I can only release information about your therapy to others with your written permission. If you would like me to share information or to release a report to a third party, an “Authorization to Release/Exchange Confidential Information” form must be signed. There are a few exceptions, however, when your consent is not required to release confidential information.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your mental health is an important issue, a judge may order your therapist to provide a copy of your financial file and your treatment file or to testify if the court determines the issue demands it. If a judge orders your therapist to provide these records or to testify, I will be forced to comply with the court order with or without your consent.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if a therapist believes that a child is being abused, the therapist is mandated by law to file a report with the appropriate city, county, or state agency. If a therapist believes that a client is threatening serious bodily harm to another, the therapist is required to take protective actions. These actions may include notifying the potential victim, contacting your family members, contacting the police, and/or seeking hospitalization for the client. If a client threatens harm to self, the therapist may be obligated to seek hospitalization for the client and/or to contact the client’s family members or others who can help provide protection.

I am required to uphold the ethical standards and obligations required of mental health professionals. This includes the ethical obligation to participate in case consultation with colleagues. During consultation every effort is made to avoid revealing your identity. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you raise any questions or concerns that you

may have when you meet with me. I will be happy to discuss these issues with you, if you need specific advice. However, formal legal advice may be needed in some situations because laws governing confidentiality are quite complex.

Also note that you are to uphold confidentiality as well. Who you see here in our waiting room, hallways, parking lot, or in group therapy sessions must be held confidential. You should not reveal others' names or discuss anything regarding their situation with anyone for any reason.

Your signature on the signature page indicates that you have read the information in this document and agree to abide by its terms during your evaluation/treatment at Resilient Families Counseling, LLC.

**Thank you for allowing me to serve you at Resilient Families Counseling, LLC!**

Resilient Families Counseling, LLC  
Melissa Troskie, M.A., Ed.S., LPC, LMFT  
212 Creekstone Ridge  
Woodstock, GA 30188  
(770) 744-3699

### Counseling Agreement

The signatures here signify that we each have read, discussed, understood and agree to abide by the information and stipulations presented in the “Information for Clients” document, including “What You Should Know About Confidentiality in Therapy.”

Client Signature: \_\_\_\_\_  
Client, or parent/guardian acting for client

Printed Name: \_\_\_\_\_  
Client’s Printed Name (if minor): \_\_\_\_\_

Client Signature: \_\_\_\_\_  
Spouse or additional adult participating in therapy

Printed Name: \_\_\_\_\_

Therapist signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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