Informed Consent to Treatment

Joel Baker, LMFT
Licensed Marriage & Family Therapist
Joel Baker Counseling, LLC
Practicing At: Midtown Psychotherapy Associates
1708 Peachtree Street, NW, Suite 500 Atlanta, GA 30309
678-948-8057

Authorization and Consent to Treatment: I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Association of Marriage and Family Therapy (AAMFT). I am pleased that you have chosen me as your treatment provider and I want to be certain that you understand what to expect. Psychotherapy has benefits and risks, and although it is an effective mode of treatment for a variety of problems, positive results cannot be guaranteed. In order for therapy to be successful, you will need to work on things we discuss outside the therapy office. It is important that we form a collaborative relationship and that you feel comfortable sharing your needs and expectations. Additionally, because you will be discussing some unpleasant aspects of your life, it is important to recognize that you will likely experience some intense feelings. Not only is this normal, it is beneficial.

Fees: My sliding scale fee for each 55-minute psychotherapy session is $120, and the fee for each 75-minute session is $150. Group therapy sessions are $60 per session. However, reduced rates can be negotiated prior to engaging in services. Under extenuating circumstances, fees can be negotiated during time of service. I do not file claims with insurance. Any phone calls that last longer than 15 minutes will be charged at a pro-rated amount. Fees are payable at the end of each session by credit card, check, or cash. Sessions that are cancelled or rescheduled with less than 24 hours notice will be charged at the above rate.

Confidentiality: The law protects the privacy of all communication between a patient and a therapist. In most situations, I can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements per HIPAA standards. Exceptions to confidentiality include when a client expresses a serious intent to inflict life-threatening harm to him/herself or another or abuse to a minor or an elderly person. There are also other possible limits to confidentiality. Court orders have been used to gain access to clients' records in some cases.

Emergency Procedures: Should you have an emergency and need to reach me, call me at 678.948-8057. If you do not reach me, leave a message and I will return emergency calls as quickly as I can. Calls placed during business hours (M-F, 9am-6pm) should be returned the same day; however, if you call in the evening (after 6pm) or during the weekend, I may not receive your message until the next business day, excluding holidays. Therefore, should you need emergency assistance before I return your call, there are several options: 1) Call a friend or another member of your support network. 2) Call 911 or an emergency crisis hot line number. 3) Go to the nearest hospital emergency room or call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.

Please initial _____

Informed Consent to Treatment

I, the undersigned, have read and understand the above information (**Informed Consent**) and I consent to treatment under these conditions. I understand I have the right to withdraw consent at any time.

I further acknowledge that Joel Baker, LMFT has provided me with the **Notice of Georgia Policies and Practices to Protect the Privacy of Your Health Information (HIPAA).**

Name (please print):_____

Signature:_____

Date:_____

CONSENT TO CORRESPOND ELECTRONICALLY

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While Joel Baker, LMFT takes reasonable precautions to protect your confidential information, e-mail is not a completely secure method of communication.

I acknowledge that if I use electronic mail to initiate contact with Joel Baker, LMFT regarding my therapeutic care, that Joel Baker, LMFT has my permission to correspond via that email address and other forms of electronic communication.

The purpose of e-mail communication is to communicate with the client regarding scheduling appointments, reminding clients regarding their appointments, homework assignments, follow-up care according to staff or information regarding the clients' business account. **Electronic communication is not a way of communicating new information regarding care or of communicating emergency treatment.**
Joel Baker, LMFT does not use electronic text messaging or social networking for communication with clients.

I give permission for Joel Baker, LMFT to e-mail me regarding my therapeutic care at:

_____@_____

_____ _____
Signature Date