



## **Informed Consent for Services**

**Services and staff-** I understand that Michelle McGlamery, LCSW offers a wide range of counseling services, and that these services are provided by a licensed social worker in the State of Georgia (CSW004932).

**Confidentiality-** I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside Michelle McGlamery, LCSW without my written permission. The only exception is in situations where disclosure is required by law:

1. If I present an imminent threat of harm to myself or to others
2. When there is an indication of abuse of a child or dependent adult
3. If I become gravely disabled
4. by court subpoena or in the case of a lawsuit

**Staff Consultation-** I understand that my therapist may consult with outside supervision in order to provide the best possible care.

**Emergencies and E-mail-** With respect to electronic mail (e-mail), I am cautioned that e-mail is not a confidential means of communication. Furthermore the Michelle McGlamery, LCSW cannot ensure that e-mail messages will be received or responded to if my therapist is not available. I understand that e-mail is not the appropriate way to communicate confidential, urgent, or emergency information. **Therefore, I am encouraged to call 911 if I have urgent needs when the office is closed or I cannot reach my counselor.**

**Risk and benefits-** I understand that there is a possibility of risks and benefits which may occur in counseling. Counseling may involve the risk of remembering unpleasant events and may arouse strong emotional feelings. Counseling can impact relationships with significant others. The benefits from counseling may be an improved ability to relate with others; a clearer understanding of self, values, goals; increased academic productivity; and an ability to deal with everyday stress. Taking personal responsibility for working with these issues may lead to greater growth.

**Fees and Payment Expectations-** I understand that fees are due at the time of service. Cash or debit/credit cards are accepted for payment. Assessed fees are **\$125 for a 50 minute session**. I understand that if I am unable to attend a session due to illness or an emergency, I must notify my counselor as far in advance as possible. If I do not show up for an appointment or fail to cancel at least 24 hours prior to my appointment, I will be responsible for paying for the missed session. I understand that if I am late for my appointment, I will still be charged for the full price of the 50 minute session.



**Eligibility, Appropriateness and Referrals-** The delivery of services from this therapist to me shall be contingent upon whether the therapist and I can agree that the services are appropriate given the needs and conditions I present. If it is decided that this is not the appropriate therapist to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

IN THE CASE OF A MINOR CHILD, I HEREBY CERTIFY THAT I AM HIS OR HER LEGAL GUARDIAN, AUTHORIZED TO CONSENT TO COUNSELING SERVICES ON HIS OR HER BEHALF.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION:

_____	_____	_____
Print Name Here	Signature	Date

_____	_____	_____
Print Name Here	Signature	Date

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT(S)

_____	_____	_____
Staff Member	Signature	Date



## **Communication Addendum to the Informed Consent Agreement**

Secure and private communication cannot be fully assured utilizing cell/smart phone or regular email technologies. It is the client's right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technology to contact Michelle McGlamery, LCSW will be considered to imply consent to return messages to client via the same non-secure technology, pending further clarification from client. Please check below which modes of communication are permitted and which are not permitted. This consent may be updated at any time should circumstances or preferences change.

In the event that client chooses not to allow non-secure modes of communication, contact will only be made on Michelle McGlamery's, LCSW secure portal site or mail.

### **Voice communication to client's cell/smart phone for:**

Scheduling appointments	___ Permitted	___ Not Permitted
Appointment reminders	___ Permitted	___ Not Permitted
Between session contact	___ Permitted	___ Not Permitted

### **Voice communication from Michelle McGlamery's, LCSW cell/smart phone for:**

Scheduling appointments	___ Permitted	___ Not Permitted
Appointment reminders	___ Permitted	___ Not Permitted
Between session contact	___ Permitted	___ Not Permitted

### **Text communication between Michelle McGlamery's, LCSW & client's cell/smart phone, including attachments, for:**

Scheduling appointments	___ Permitted	___ Not Permitted
Appointment reminders	___ Permitted	___ Not Permitted
Between session contact	___ Permitted	___ Not Permitted

### **Contact via the client's email, including attachments, for:**

Scheduling appointments	___ Permitted	___ Not Permitted
Appointment reminders	___ Permitted	___ Not Permitted
Between session contact	___ Permitted	___ Not Permitted

*If permitted, list permitted email address (es): \_\_\_\_\_*

### **Teleconferencing based communication to client's portal for:**

Scheduling appointments	___ Permitted	___ Not Permitted
Appointment reminders	___ Permitted	___ Not Permitted
Between session contact	___ Permitted	___ Not Permitted

*If permitted, list permitted portal site(s): \_\_\_\_\_*



**Teleconferencing based communication from Michelle McGlamery's portal for:**

Scheduling appointments	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not Permitted
Appointment reminders	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not Permitted
Between session contact	<input type="checkbox"/> Permitted	<input type="checkbox"/> Not Permitted

*If permitted, list permitted portal site(s): \_\_\_\_\_*

**Statement of Validation:**

I have read the Statement of Services, it has been adequately explained to me, and I understand its contents.

**By Client(s) including couples and family members as appropriate.**

_____	_____	_____
Print Name Here	Signature	Date

_____	_____	_____
Print Name Here	Signature	Date

**By Michelle McGlamery, LCSW**

_____	_____	_____
Print Name Here	Signature	Date



## New Patient Intake Form

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

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Referred by: \_\_\_\_\_