

OPTIMAL LIFE, LLC

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FORM 1

DISCLOSURE OF INFORMATION, POLICIES, AND CLIENT AGREEMENT

PROVISION OF THE FOLLOWING INFORMATION AND WRITTEN ACKNOWLEDGEMENT OF ITS RECEIPT ARE REQUIRED BY GEORGIA STATE LAW. PLEASE READ IT CAREFULLY. I WELCOME THE OPPORTUNITY TO DISCUSS ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING THIS AGREEMENT OR MY SERVICES.

Welcome

It is my privilege to work with you as we explore all that has brought you to seek counseling at this time. I am providing this document to you as part of standard ethical practices for my profession. This document will briefly familiarize you with who I am, and outline the terms and conditions of this therapy relationship. In addition, it will provide you with information regarding your rights in the therapeutic process. If after reading this material you have any immediate questions or concerns please do not hesitate to bring them to my attention.

My Training and Approach to Therapy

My educational foundation is a Master of Science (M.S) degree and a Specialist (Ed.S) degree in Professional Counseling, and a Doctor of Philosophy (Ph.D) also in counseling from Georgia State University. I am a Licensed Professional Counselor (LPC) and a Certified Professional Counselor Supervisor (CPCS) registered in the state of Georgia. I am also a National Board Certified Clinical Hypnotherapist (NBCCH).

As a therapist, I have received extensive training on various theories and techniques, and my main emphasis on humanistic and experientially focused approaches to counseling and psychotherapy. By definition, experiential approaches to therapy focus on one's experience and how one makes meaning of this experience.

Additionally, my approach to counseling is vastly relationship focused. The relationship between you and I in the immediate moment, that is. Nothing takes precedence over this relationship. I believe that the quality of this person to person encounter in the therapeutic situation is the catalyst for positive change. Think of this relationship as a shared journey. This is your journey,

and I am a fellow traveler right beside you guiding you throughout this experience. My role in this process is to coach you, to support and encourage you, and to help you clear the blocks which may be hindering your growth and optimal level of psychological functioning.

I adhere to the American Counseling Association Code of Ethics. I also answer to the ethical and professional standards of the Georgia State Composite Board for Professional and Licensed Professional Counselors.

Your Rights as a Client in Counseling

As a client in counseling, you have certain rights that are important for you to know. There are also certain limitations to those rights of which you should be aware.

As a client of a counselor registered or certified by the State of Georgia, **you have confidential communications under state law**. With the exception of the situations listed below, you have the right to have information you share with me **held in strict confidence**; that information includes the fact that you are seeing me.

The privilege is yours, not mine, and cannot be waived without your consent. I will always act to maximize your privacy even when you waive your right to confidentiality.

The following situations are exceptions to your right of confidentiality:

1. If I believe that you are likely to do harm to yourself or to another person, I am required by law to take steps to protect you and/or the other person.
2. If I believe that you may be physically or sexually abusing or neglecting a minor child or vulnerable adult, or if you report information to me about the possible abuse or neglect of a child, I am required by law to report this to Children's Protective Services or Adult Protective Services, state agencies.
3. If you reveal that you have committed or are contemplating the commission of a crime, I may report that to appropriate authorities.
4. If you are currently in litigation or become involved in litigation during treatment or file a complaint against someone for malpractice, you may be asked to disclose information regarding your therapy as part of that process. Although I will request your consent to release information, I can be legally obligated by subpoena or court order to turn over my records and testify. Nevertheless, please inform me as soon as you know that you are likely to be in such a legal situation; so that I can exercise due caution so as to protect your privacy.
5. If you submit claims to your insurance company, they will likely require some information regarding your treatment with me. Most insurance companies only require basic information, often including a psychiatric diagnosis. You have the right to know the diagnosis that I use in any communication with your insurance company or other third-party payer or agency. All of the diagnoses that I use come from the *Diagnostic and*

Statistical Manual of Mental Disorders, Fifth Edition (DSM-V). A copy of this book is available in my library and you are free to look at it.

Should you attempt to use your health insurance to cover my services, there are a few things you should know. Some insurance companies will partially or fully cover my services and some will not. If this is a concern for you, please check with your insurance company regarding your eligibility for benefits and with me regarding the policies and procedures.

I need to be very clear that I cannot guarantee that your treatment with me will be covered. Further, you are directly responsible to pay my fees when my services are performed and your insurance company is responsible to you for any reimbursements according to the coverage and conditions specified by your particular policy.

6. If an Employee Assistance Program (EAP) has referred you to me for evaluation, I may be required to disclose basic information about the evaluation such as a description of the problem, diagnosis, and therapeutic recommendation. I will share with you all information I will be sending to the EAP representative at your request. You are free to get a second opinion although the financial obligation you incur in obtaining one must be settled between you and your EAP agency.
7. If you are seeing me in couples or family therapy, and you, your partner or another family member should happen to see me in an adjunctive individual session, information shared with me in that meeting may be shared by me in joint or family sessions if I believe it to be in the best interest of the work we are doing together. Likewise, if you are a group therapy member and you share information with me outside of group, it may be shared by me in subsequent group sessions if I believe it to be in the best interest of the work we are doing together in the group.

In some cases, it will be useful to the therapy for me to discuss your situation with others such as your physician, your former therapist, etc. In such cases, I will seek your written permission for this exchange of information.

I regularly consult with colleagues regarding my work with clients to gain feedback and suggestions about my clients' counseling goals. My work with you may be discussed in formal or informal sessions with my colleagues or staff, or with other professionals with whom I seek consultation or supervision elsewhere. During these consultations, neither your last name nor other unique identifying information will be used. All discussions of this type with other professional are subject to the same provisions of confidentiality discussed above.

If you have been referred directly to me by someone else, I may, as a good professional practice, acknowledge to them that you have contacted me and thank them for the referral. I will not discuss your situation with them unless I have your written permission.

You always have the right to request a change in treatment or to refuse therapy. It is important that what we do together meets your needs. If you believe you are not being helped, please tell me so that we can work through this difficulty together. If we are unable to do so, I will assist you in finding another therapist.

Although you are free to terminate counseling at any time, it is my request that you discuss your decision and reasons for termination at the beginning of a regularly scheduled session. I consider it of therapeutic value to you that the counseling relationship be closed in a straightforward manner, ensuring that all counseling issues have been dealt with to the best of your and my ability. In any case, notice of termination will result in my scheduling other clients into your regularly scheduled time slot. If you cancel an appointment or miss an appointment without leaving notice of rescheduling with my voicemail, notice of termination will be assumed and your time slot will be given to the next available client.

In Case of an Emergency

I am considered to be an outpatient provider, and I am set up to accommodate individuals who are reasonably safe and resourceful. I am not equipped to provide intensive crisis care. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support for your needs, 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 1 – 2 business days. 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 Dekalb County Crisis Line at 404-892-4646 or Fulton County Crisis at 404 730-1600
- Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.
- Call 911 or go to your nearest emergency room.

Appointments and Fees

Appointments are usually scheduled once or twice a week. Individual sessions last for 50 minutes. When I see couples or families the session will often be 75 minutes long. One session hour lasts 50 minutes, so a 2-hour session would last for 100 minutes.

My standard fee is \$125 per 50-minute session, and \$180 per 75-minute session, and \$200 per 90-minute session.

You agree to pay the session fee in full at the end of each session unless we specifically agree on another payment schedule. I accept checks, cash, Visa, MasterCard, American Express or Discover. I cannot take Medicaid, Medicare, Peachcare or barter. A \$20.00 fee per check will be charged for returned checks. A finance charge of 1.5% per month or \$2.00 minimum, whichever is greater, will be assessed on balances outstanding over 30 days, unless we have made other arrangements in advance of you incurring a debt to me. In any case where a bill is accumulated, we will have a written agreement regarding a payment schedule.

If I am doing work related to your treatment that is outside the bounds of our scheduled counseling, you will be billed on an hourly basis for all the time I spend on your case. This includes travel time to another location (such as the hospital, your home, an attorney's office, or another setting), meeting with other professionals regarding your case, writing reports,

preparation time, etc. My hourly fee for this type of work is the same as the fee you are charged for your therapy session.

In the event that you are unable to keep an appointment, you must notify me by phone or email, at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed.

Technology Statement

In our ever-changing technological society, there are numerous ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me to maintain your confidentiality, respect your boundaries, and ascertain that our relationship remain therapeutic and professional. Therefore, I have developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. If you would like for me not to use a cell phone when contacting you, please let me know. For your information, my business phone number rings my cell phone, which you are free to utilize for basic communication (e.g., appointments). While you are welcome to leave a voicemail at any time, please note that I silence my cell phone at night, and I am not available on my off days or major holidays. Additionally, it may take me 1-2 business days to return your call due to my schedule. Please return to the Fulton and DeKalb County Crisis numbers section of this form (page 4) for information regarding other emergency contacts in case you are in crisis and need immediate assistance.

Text Messaging and Email: It is important for you to know that text messaging and email may not be completely secure and confidential. If you would like for me not to use texting or email when contacting you, please let me know. I realize that many people prefer to text and/or email on a regular basis, and it may be a quick and easy way to communicate information like appointment times. If you choose to utilize texting or email for quick messages, I will honor your choice. However, please refrain from bringing up any therapeutic content via text or email to prevent compromising your confidentiality. Furthermore, please be aware that all emails are kept in files of both your and my Internet service providers and could be accessed by system administrators. Additionally, emails are typically kept on the hard drive of each of our computers. You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.

Facebook, Instagram, LinkedIn, Etc: Like many other individuals, I use various social networking sites for both personal and professional purposes. Due to ethical concerns of dual roles and confidentiality, it is my policy not to connect with clients on social networking platforms that are personal in nature (e.g., your or my personal Facebook pages). Therefore, I will neither request to be Facebook/Instagram friends, nor accept an invitation to be Facebook/Instagram friends from any current or former clients. Additionally, my ethics code prevents me from soliciting endorsements from current or former clients. If you choose to follow me professionally on the web, you are welcome to do so via Facebook, my Optimal

Life, LLC web page (www.guvensel.com), or my Optimal Life LLC Twitter account, with the understanding that doing so may compromise your confidentiality.

Google, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and allow you to share information about yourself to me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, you are welcome to bring in a mobile device to your session. In sum, technology is constantly changing, and there are implications to all of the above that we may not know at this time. Please feel free to ask questions, express your concerns, and know that I am open to any feelings or thoughts you have about these various modalities of communication.

Quality of Service

If you feel I have behaved in an unprofessional or unethical manner, please advise me so that the problem can be clarified and resolved. If you feel that this does not resolve the issue, you may contact one or both of the following:

Georgia State Dept. of Licensing
237 Coliseum Drive
Macon, GA 31217
478 207-1670

Committee on Ethics and Professional Practices
1717 "K" Street, N.W., Suite 407
Washington, DC 20006
202 429-1825