

Informed Consent – Supplemental Information



Lisa Hedden, MS, APC, NCC

Phone: 404-994-1034

Name: _____ Date: _____

Welcome to the counseling process. My name is Lisa Hedden, and I am a psychotherapist with Compassion Cove Counseling, LLC practicing under direction of Practice Manager, Melanie Gulley, and supervision of Dr. David Lane. This document contains important information about my professional services and business policies. Please read it carefully and note any questions you have so you can discuss them with me during your intake. This document is supplemental to Compassion Cove Counseling Informed Consent for Treatment; it does not amend or replace the aforementioned document and is intended solely to provide additional information to you as a client. Once you sign this consent form, it will constitute an agreement between us.

Counselor Information – Lisa Hedden

I have a passion for helping others accomplish their purpose and goals and believe this can best be achieved by providing therapeutic support as a mental health psychotherapist. I have a Master of Science in Clinical Mental Health Counseling from Mercer University, BS from Wake Forest University, and MBA from Emory University. I'm currently pursuing a PhD in Counselor Education and Supervision at The University of Georgia. I am a licensed Associate Professional Counselor (#APC006597) in Georgia, and as such, I adhere to the ACA Code of Ethics, which is available for your review at <https://www.counseling.org/resources/aca-code-of-ethics.pdf>. I am also a National Certified Counselor (#1094963). I am a member of the American Counseling Association (ACA), the American Association of Christian Counselors (AACC), and the Licensed Professional Counselors Association of Georgia (LPCGA). I have completed advanced training in EMDR and training in Animal Assisted Therapy, in addition to training in other evidenced-based counseling therapies. I completed my counseling internship with Walden Behavioral Care (formerly Atlanta Center for Eating Disorders) and have worked in residential treatment for eating disorders, partial hospitalization, intensive outpatient programming, and outpatient therapy. I support the principles of Intuitive Eating and Health at Every Size, and I'm a certified Prepare/Enrich facilitator for relationship counseling.

Nature of Counseling Services and the Therapeutic Process

Psychotherapy is the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the concerns that brought you to therapy, and the number of sessions will be determined based on your concerns and goals. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation. In order to obtain the most benefit from counseling, I recommend:

- Be specific about your concerns and decision to utilize counseling services

- Work with me as your therapist to establish your goals for therapy
- Discuss progress with your therapist and raise any concerns you have about the progression or nature of the sessions
- Actively participate, in an open and honest manner

If you have any questions or concerns throughout the process that you are unable to address with me, you may contact my supervisor:

W. David Lane, M.Ed., Ph.D., LPC, LMFT, NCC

Telephone: 770.810.5789

Email: wdlane@compassioncovecounseling.com

I utilize multiple approaches to therapy based on individual concerns and needs. We will work together to establish goals and as your therapist, I will exercise judgment to work with you in achieving those goals. I incorporate EMDR (Eye Movement Desensitization and Reprocessing) and somatic experiencing into therapy, along with Animal Assisted Therapy (AAT); and may also use behavioral and cognitive behavioral approaches, feminist principles that recognize individual needs, cultural norms, and gender biases, Adlerian principles, art therapy, narrative theory, attachment principles, emotionally focused therapy, and/or a family systems approach, among others.

I welcome all backgrounds, cultures, and faiths to the counseling relationship. If you desire, I will work with you to incorporate spirituality or your specific faith principles into the counseling experience. I hold a Christian worldview, and according to your preferences, may utilize standard counseling techniques in a way that is aligned with Christian teaching and values.

As your counselor, it is my ethical responsibility to maintain only a counseling relationship with you, and not to interact outside of this relationship. Since we may encounter each other from time to time in our community, I will not acknowledge you unless you choose to acknowledge me first. In other words, I will take my lead from you. This is to ensure confidentiality and protect the nature of our relationship. In keeping with this professional relationship, my policy is to decline invitations of a personal nature, decline gifts, and decline social media requests. If you choose to follow me professionally through professional networking sites/pages, know this information will be public and could compromise the confidentiality of your relationship with me.

If counseling services are desired after termination, you may contact your private health insurance company or call the GA Mental Health Access line 1-800-715-4225.

Use of Technology

My voicemail at the number listed on this form is confidential. However, due to the nature of text and email communication, I cannot guarantee the privacy of information you transmit. As such, please do not utilize electronic methods of communication for personal information. If you choose to text or email me, I will only respond to routine requests, such as scheduling, and will not provide therapy using these or other electronic means (e.g. Skype, FaceTime, etc.), unless pre-defined as part of telehealth.

Telehealth

There is always the possibility of sudden unexpected termination of therapy due to technological difficulties experienced by one or both of us. Technology does not always work as anticipated. Router problems can occur, power can go out, and computers can malfunction. When this arises, the protocol for immediate real-time will be for both of us attempt to make contact by phone

during internet technology failure; please call 404-994-1034. Text and email are back up alternatives. If I am unable to reach you and have not received any indications that you have attempted to reach me, I will enact emergency protocol by dialing 911 and then calling your emergency contact on file.

There is also the possibility of misunderstandings when using telephone, real-time chat, and text-based modalities such as email. Such misunderstandings can typically occur when nonverbal cues are relatively lacking during counseling/supervision engagement. Even with video chat software, misunderstandings may occur, since bandwidth is always limited and images lack detail. Therapists are observers of human behavior and gather a significant amount information from body language, vocal inflection, eye contact, and other non-verbal cues. We will discuss more about this in the initial session. Please have patience with the process and I encourage you to clarify information if you think I have not understood you well. I will also periodically ask for clarification to ensure we are on the same page.

Clients without computers can access the internet from public locations such as libraries, computer labs, or internet cafes, inside or outside as internet signal permits. Should you use these types of public access, I encourage you to consider the visibility of your screen to people around you. Be sure to position yourself to avoid peeping by those around you and use headphones or earbuds for as much privacy as possible.

Fees, Cancellation Policy, Insurance

Evaluation & initial intake appointment fees are \$150 for a 60-minute session. Individual and couples/family therapy sessions are \$120 per 50-minute session thereafter. Once your appointment hour is scheduled, you will be expected to pay for it (even if it is missed) unless you provide 24-hours advance notice of cancellation. If you are 20 minutes or more late to your appointment, it will be considered a no-show. Any outstanding fees must be paid before additional sessions can be scheduled. In circumstances of unusual financial hardship, please inquire about a sliding scale fee, in which case I would no longer provide a superbill for insurance purposes.

Credit cards are the only accepted form of payment, and payment in full is required at the beginning of each session. Payment schedules for other professional services will be agreed to when these services are requested and accepted.

If you have a health benefits policy, it will usually provide some coverage for mental health treatment when a licensed professional provides such treatment. All of my services will be considered "out of network" with your insurance provider. Please notify me before our first session if you will be utilizing insurance benefits; and then upon your request, I will provide you with a superbill which you may file with your insurance company. However, you (not your insurance company) are responsible for full payment of the fee. Carefully read the section in your insurance coverage booklet that describes mental health services and call your insurer if you have any questions.

Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plans or summaries, or in rare cases, a copy of the entire record will be required by the insurance company. This information will become part of the insurance company's files, and in all likelihood, some of it will be computerized. It is best to discuss all the information about your insurance coverage with me, so you can decide what can be accomplished within the parameters of the benefits available to you

and what will happen if the insurance benefits run out before you are ready to end treatment. It is important to remember that you always have the right to pay for counseling services yourself (“self-pay”) if you prefer to avoid involving your insurer.

Minors

Regarding minors, please note that the minor child constitutes the client. I will provide treatment to children under the age of 14 only if the child agrees that I can share information with the parent or legal guardian as necessary. For children 14 and older, I request an agreement between the minor client and parent or legal guardian allowing me to share treatment progress with the parent/guardian; unless there is a safety concern as noted above, any other communication regarding counseling of the child will require the child’s written permission. This policy is in place so that counseling can be a safe and secure environment for the child and facilitate open and honest communication. If you are a divorced or single parent of a minor child or are the legal guardian of a minor child or incapacitated adult seeking therapy, I may require documentation of legal authority to engage in a counseling relationship on behalf of the client or bring the client to counseling.

Additional Information

From time to time, I may audio or video record in person and telehealth sessions and share information about our sessions with my supervisor or in consultation with other counseling professionals. I will only share what is essential for consultation or case presentation and will not use your actual, full name or other personally identifiable information.

If you have any questions or concerns that prevent you from signing this document, please discuss them with me so that we can come to an agreement about your care and I can provide referrals to other providers, if necessary.

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms. I will provide a copy of this document to you upon your request.

Client Name – Please Print

Client Signature

Date

For Minors Only:

Parent or Legal Guardian’s Name – Please Print

Parent or Legal Guardian’s Signature

Date

Lisa E. Hedden, MS, APC, NCC

Date

Animal Assisted Therapy Consent and Release of Liability

Animal Assisted Therapy (AAT) is a form of creative, experiential therapy that utilizes therapy animals and handlers (people who manage the animal) to provide goal-directed therapy to individuals. AAT can be used with various psychological, emotional, developmental, cognitive, motivational, or physical concerns. Any fear of dogs or allergies should be reported before treatment starts so proper precautionary measures can be taken and appropriateness determined.

RISKS AND BENEFITS:

There are many benefits associated with working with therapy animals in training and with AAT. Some benefits that have been found in animal assisted therapy include:

- Animals help improve motivation and engagement in therapy, perhaps resulting in a shorter recovery process (and lower costs).
- Animals provide a sense of security and emotional support. Dogs in particular offer unconditional acceptance and positive regard.
- Animals can promote relaxation. Research has demonstrated that petting an animal can help lower blood pressure, heart rate, and increase serotonin and oxytocin (a feel-good chemical in the brain). In a study of people who had heart attacks, those that had a companion animal lived longer than those that did not.
- Animals can help the client learn frustration tolerance and other anger management techniques.
- Animals can help in the areas of focus and attention.
- Animals can be instruments of learning, which can increase self-confidence and self-esteem.
- Animals offer humor and fun due to their playful nature.
- Animals in therapy ask for clients to develop empathy, nurturance, and responsibility, and model other skills like forgiveness and patience.
- Clients can learn about stereotypes affecting animals, and how they deal with stereotypes in their own life. Through this, they can learn advocacy skills.
- Through the use of positive reinforcement-based dog training, clients can learn the importance of rewarding behaviors in themselves, in their partners, and/or their children.

Even though there are many benefits to working with therapy animals in training and to AAT, there are risks involved in utilizing this method of therapy. For example: dogs may nibble, accidentally scratch, lick, lean up against a client, and/or cause light bruising. These actions are not aggression but rather the dog's way of interacting with the client. In addition, if the client is allergic to dogs or is unaware of an allergy, the client may suffer from an allergic reaction. Lola will remain current on all standard vaccinations, such as rabies; however, there is always a risk of the transmission of a disease when working with animals. A client may request to review a list of vaccinations Lola has.

While I have listed some of these risks, we cannot foresee all potential problems that may occur. Therefore, by signing this form you are releasing Footpath Partners, LLC and Lisa Hedden, MS, APC, NCC from any liability should any injury occur as part of your treatment here.

RULES:

1. Animals have individual rights, just as each client has rights. Therefore, Lola is allowed to determine if and when she participates with others. While it may be planned to have her in session, she will never be forced to do so.
2. Lola has her own quiet space in the office where she can rest, sleep, or just take a quiet break. She should not be disturbed when she is in this area.
3. Lola should always be treated gently. She should never be hit, have her tail or any other parts pulled, be carried or treated in any other way that is uncomfortable to her.
4. Lola will always need me present in any therapeutic situation.
5. If Lola becomes irritated, scared, or in any way acts in a negative manner, I will put her in a safe place. No other person should touch her at these times.
6. Lola can only be carried by her therapist handler.
7. Because of the unpredictability of animals in unfamiliar situations, clients may not bring their own animal to be involved in their therapy session.
8. Clients agree to immediately notify the therapist of any injury they or Lola receive during the course of therapy.
9. Clients must use antibacterial wipes, hand sanitizer and/or soap in the office before and after interacting with Lola.

RELEASE AND WAIVER:

By signing below you are indicating you agree to abide by the office policies and procedures as they specifically relate to Lola and her training as a therapy dog; and in stating your acceptance of these rules and risks, you agree to accept full liability and responsibility for illness or injury, including medical treatment and costs, in the event that Lola harms you or your child in any way in the course of treatment or you or your child is harmed in any way as a result of being on the property of 3754 Lavista Rd, Tucker, GA 30084, 515 E Crossville Rd, Roswell, GA 30075 or at any other location while in the presence of Lisa Hedden, MS, APC, NCC and/or Lola.

Client Name – Please Print

Client Signature

Date

For Minors Only:

Parent or Legal Guardian’s Name – Please Print

Parent or Legal Guardian’s Signature

Date

Lisa E. Hedden, MS, APC, NCC

Date