

Noushine Navabi Counseling, LLC



285 West Wieuca Road NE, PMP 5095
Atlanta GA 30342

CLIENT INFORMATION

Name:					
Address:					
Home #:		OK to leave message or text?			
Social Security No.:			Cell #:		
Sex:		DOB		Current Age:	
Employer Name:					
Employer Address:					
Work #:		OK to leave message or text?			
Emergency Contact:					
Relationship:					
Home #:		Work #:			
I,	agree that the above information is correct. I authorize and understand that I am fine with texting and cell phone call and understand that this is not confidential.				
Signature: (by typing your full name, you are signing this document electronically)				Date:	
Primary Physician:					
Physician Address:					
Physician Phone #:					
Any of the following presenting problems: (mark with an X)					
	YES	NO		YES	NO
Addiction:			Problems with drinking daily:		
Difficulties with sleep:			Difficulties with eating:		
Anxiety:			Depression:		
Physical abuse in past or present:			Sexual abuse:		
Emotional abuse:					
Legal History:					
If Legal History is yes, conviction date and charge:					

GENERAL HEALTH INFORMATION

Please initial that you have read this page _____

1. How would you rate your current physical health? (circle or mark with an X)				
Poor	Unsatisfactory	Satisfactory	Good	Very good
Please list any specific health problems you are currently experiencing:				
2. How would you rate your current sleeping habits? (circle or mark with an X)				
Poor	Unsatisfactory	Satisfactory	Good	Very good
Please list any specific sleep problems you are currently experiencing:				
3. How many times per week do you generally exercise?				
What types of exercise do you participate in?				
4. Please list any difficulties you experience with your appetite or eating patterns:				
5. Are you currently experiencing overwhelming sadness, grief, or depression?				
If yes, for approximately how long?				
6. Are you currently experiencing anxiety, panic attacks, or have any phobias?				
If yes, when did you begin experiencing this?				
7. Are you currently experiencing any chronic pain?				
If yes, please describe.				
8. How often do you drink alcohol?				
9. How often do you engage in recreational drug use?				
10. Are you currently in a romantic relationship?				
If yes, for how long?				
One a scale of 1-10, how would you rate your relationship?				
11. What significant life changes or stressful events have you experienced recently:				
12. Please briefly describe your childhood:				

FAMILY MENTAL HEALTH HISTORY:

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (father, grandmother, uncle, etc.).

Please circle and list any family members

Alcohol/Substance Abuse yes/no which family member _____

Anxiety yes/no which family member _____

Depression yes/no which family member _____

Domestic Violence yes/no which family member _____

Eating Disorders yes/no which family member _____

Please initial that you have read this page _____

Obsessive Compulsive Behavior yes/no which family member _____
Schizophrenia yes/no which family member _____
Suicide Attempts yes/no which family member _____

ADDITIONAL INFORMATION

1. Are you currently employed?
If yes, what is your current employment situation?
Do you enjoy your work? What if anything is stressful about your current work?
2. Do you consider yourself to be spiritual or religious?
If yes, describe your faith or belief:
3. What do you consider to be some of your strengths?
4. What do you consider to be some of your weaknesses?
Please describe any previous professional counseling:

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your therapist, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I received my bachelor's degree from the University of North Florida and my master's in counseling from Nova Southeastern University. I am fully licensed as LPC (licensed professional counselor) in the state of Georgia and have specialized training in trauma and EMDR. My license number is 011642.

Theoretical Views & Client Participation

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these

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goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments or I don't hear from you for 30 calendar days, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

Confidentiality & Records

Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Professional Relationship

Our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other way, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

There is another dual relationship that therapists are ethically required to avoid. This is providing therapy while also providing a legal opinion. These are considered mutually exclusive unless you hire a

Please initial that you have read this page _____

therapist specifically for a legal opinion, which is considered "forensic" work and not therapy. My passion is not in forensic work but in providing you with the best therapeutic care possible. Therefore, by signing this document, you acknowledge that I will be providing therapy only and not forensic services. You also understand that this means I will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

You should also know that therapists are required to keep the identity of their clients confidential. For your confidentiality, I will not address you in public unless you speak to me first. I must also decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my ethical duty as a therapist to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

For the safety of all my clients, their accompanying family members and children, I maintain a zero tolerance weapons policy. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others. I reserves the right to contact law enforcement officials and/or terminate treatment with any client who violates my weapons policy.

TeleMental Health Statement

TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information.

TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, I have completed specialized training in TeleMental Health Ethics. I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Please initial that you have read this page _____

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my own landline in my office or from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. Telephone conversations (other than just setting up appointments) are billed at my hourly rate.

Cell phones:

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically regarding setting up an appointment if needed. Telephone conversations (other than just setting up appointments) are billed at my hourly rate. Additionally, I keep your phone number in my cell phone, but it is listed by your initials only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. However, I realize that many people prefer to text because it is a quick way to convey information. If you choose to utilize texting, please discuss this with your therapist. You also need to know that I am required to keep a copy or summary of all texts and emails as part of your clinical record that address anything related to therapy.

Email:

Emailing is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because like texting, it is a quick way to convey information. Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy. I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Email (other than just setting up appointments) is billed at my hourly rate for the time I spend reading and responding to them

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is my policy not to accept "friend" or "connection" requests from any current or former client on my **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

Video Conferencing (VC):

Video Conferencing is an option for us to conduct remote sessions over the internet where we not only can speak to one another, but we may also see each other on a screen. I utilize Zoom and Psychology Today. These VC platforms are encrypted to the federal standard, HIPAA compatible, and have signed a HIPAA Business Associate Agreement (BAA). The BAA means that Zoom and Psychology Today are willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, I will give you detailed

Please initial that you have read this page _____

directions regarding how to log-in securely. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with me at the time of your appointment.

I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Recommendations to Websites or Applications (Apps):

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

Electronic Transfer of PHI for Billing Purposes:

If I am credentialed with and a provider for your insurance, please know that I utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically to APS Billing. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, my billing company, or both.

Electronic Transfer of PHI for Certain Credit Card Transactions:

I utilize Ivy Pay as the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card for my services, the date you used it, and the amount that was charged. This notification is usually set up at the time the card is run. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as Ivy Labs.

Your Responsibilities for Confidentiality & TeleMental Health

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

Communication Response Time

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably stable, safe, and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I will return phone calls and text messages within one business day. However, I do not return calls on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency

Please initial that you have read this page _____

If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Ridgeview Institute at 770.434.4567
- Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

If we decide to include TeleMental Health as part of your treatment, there are additional procedures that we need to have in place specific to TeleMental health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only.

Structure and Cost of Sessions

Your session is your personal reservation for that week. If you must cancel an appointment, please notify your therapist no less than 24 hours prior to your session so that it can be rescheduled. You will be charged your hourly rate for scheduled sessions that are not canceled within 24 hours. You will be charged by the card on your file the therapy fee. Fees are payable at the beginning of each session and are nonrefundable. My hourly rate is \$150. Phone session \$2.50 a minute, court cases we bill at \$250.00 per hour. For any declined credit card on file you will be subjected to an additional \$25 fee. Please understand that you are not to involve or engage Noushine Navabi LPC in any legal issues or litigation in which you are a party to at any time either during your counseling treatment including after treatment terminates.

This would include any interaction with the Court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system.

If you wish to subpoena your therapist to testify at a deposition or a hearing, you would be responsible for her expert witness fees in the amount of \$1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time spend over one-half (1/2) day would be billed at the rate of \$375.00 per hour including travel time. Understand that if you subpoena your therapist, she may elect not to speak with your attorney, and a subpoena may result in your therapist withdrawing as your counselor.

Any paperwork or medical files are \$50 and up per file. You may call 904-910-0902 regarding any questions you may have (i.e. billing, appointments, etc.). After hours, leave a voice mail message with your contact information and you will be contacted the next business day. If you need a phone session you will be charged at a rate of \$2.50 per minute. Any text message will be responded to however we do not do therapy through texts. Please reframe from this.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleMental Health appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible to pay your hourly rate for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

Our Agreement to Enter into a Therapeutic Relationship

Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Treatment" form **as well as the Health**

Please initial that you have read this page _____

Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices” provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you. I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

I _____ am aware that I am an active participant in the counseling process and that I share responsibility for my treatment. My responsibilities in treatment include informing the therapist of any information that may be relevant to the problems or conditions being treated, assisted in setting goals for treatment, following therapeutic advice to the best of my ability, and ending treatment in a responsible way. I am aware that Noushine Navabi Counseling LLC follows the HIPPA CFR42 guidelines and HITECH guidelines.

I _____ do hereby voluntarily consent to the care and treatment by Noushine Navabi Counseling LLC. I acknowledge that this form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.

Client Name (Please Print)

Client Signature
(by typing your full name, you are signing this document electronically)

Date

The signature of the Therapist below indicates that she has discussed this form with you and has answered any questions you have regarding this information.

Therapist’s Signature

Date

Please initial that you have read this page _____