



<u>90853</u> (Per-60 minutes-group therapy)	\$103.40	(*100.00)
<u>9942/3</u> (Telephone calls >10 min)	\$5.16 per min	(*5.00 per min)
<u>90889</u> (Report writing/letters/insur. forms)	\$5.16 per min	(*5.00 per min)
<u>Cancellation</u> (Full fees apply according to signed agreements)		

### **Use of Diagnosis**

Some health insurance companies will reimburse clients for counseling services, and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

### **Confidentiality**

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

### **Complaints:**

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the NASW Code of Ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>).

**Georgia Secretary of State**  
<http://www.sos.ga.gov/plb/>  
 237 Coliseum Drive  
 Macon, GA 31217-3858  
 (478) 207-2440

### **Acceptance of Terms:**

We agree to these terms and will abide by these guidelines.

Client Name: \_\_\_\_\_ Client D.O.B. \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_