

Professional Disclosure Statement

Ross Mills

Office: 770-815-6853 Fax: 678-855-8953

Qualifications:

- Kennesaw State University, BS in Psychology 2016
- Mercer University, Masters in Clinical Rehabilitation Counseling
- Associate Professional Counselor, 2024

Counseling Background:

- Mercer University, Masters in Clinical Rehabilitation Counseling

Locations:

- Alpharetta Office: 6782 Jamestown Dr.
Alpharetta, GA 30005
- Dunwoody Office: 1730 Mt. Vernon Rd., Suite G
Dunwoody, GA 30338

Session Fees and Length of Service:

“No Surprises” The Consolidated Appropriations Act of 2021/“Good Faith Estimate” Session Fees/Explanations and Length of Service

For more information regarding your rights regarding the “No Surprises”/The Consolidated Appropriations Act of 2021:

“<https://www.cms.gov/files/document/model-disclosure-noticepatient-protections-against-surprise-billing-providers-facilities-health.pdf>”

▪ This Good Faith Estimate lists my rates for each provided therapeutic service. You ultimately determine how many sessions and which services you receive. You have a choice of mental health providers and may choose to terminate our relationship at any time. By signing this agreement, you agree to pay the fees listed below in full for all services rendered. If fees are not processed as discussed, see the above website for directions to file complaints or the licensure agencies listed at the bottom of this form.

▪ Cash, check, HSA, credit, and debit cards accepted. *Courtesy discount for cash/check payments.

Fees, Codes, Descriptions:

90791 (45-minute initial intake) \$180.69 (\$175.00 cash/check)
90834 (45-minute individual session) \$180.69 (\$175.00 cash/check)
90846 (45-minute family/no patient) \$180.69 (\$175.00 cash/check)
90847 (45-minute family/patient) \$180.69 (\$175.00 cash/check)

9942/3 (Telephone calls >10 min) \$4.02 (\$3.89 Cash/Check) per minute

Fees, Codes, Descriptions (cont):

90889 (Report writing/letters/insur. forms) \$4.02 (\$3.89 Cash/Check) per min

Cancellation (Full fees apply according to signed agreements)

Rapid Access Assessments:

90791 (45-minute initial intake) \$258.13 (*250.00)

90791 (Rapid Access Assessment) \$774.39 (*750.00)

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. I am a mandated reporter of abuse in the state of Georgia.

Social Media/Internet Policy

- I do not personally accept client invitations to network on social media sites. This is a common practice in my field, and this policy helps to protect your privacy. If you have questions or concerns about this, please let me know.
- It is my policy not to conduct Internet searches on my clients. I rely exclusively on the information clients have provided to me directly in our counseling work. However, in matters involving significant safety issues (both mental and physical), I reserve the right to use this public information source.

Complaints: Although clients are encouraged to discuss any concerns with me, you may contact my supervisor, Tatiana Matthews, LPC, CRC, or file a complaint against me with the organization below should you feel I am in violation of the standard of the American Counseling Association's (ACA) Code of Ethics.

(<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>)

(ACA) Code of Ethics.

(<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>)

Georgia Secretary of State

<http://www.sos.ga.gov/plb/>

237 Coliseum Drive Macon, GA 31217-3858

(478) 207-2440

North Carolina Board of Licensed Professional Counselors

PO Box 1369

Garner, NC 27529

Phone: 919.661.0820

Fax: 919.779.5642

E-mail: ncblpc@mgmt4u.com

Acceptance of Terms

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

Client: _____ Date: _____
Counselor: _____ Date: _____