

Tatiana Matthews LPC/LCMHC

Professional Disclosure Statement

Atlanta Specialized Care

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www.atlantaspecializedcare.com

Locations

- 6782 Jamestown Drive Alpharetta, Georgia 30005
- 1730 Mount Vernon Road, Suite G Dunwoody, GA 30338

Qualifications

- East Carolina University, Master's of Science in Rehabilitation Counseling received in 1998
- Georgia Licensed Professional Counselor (3359)
- North Carolina Licensed Clinical Mental Health Counselor (3632), Certified Rehabilitation Counselor (00016907)
- National Provider Identifier (1053321687)
- Atlanta Specialized Care Tax Identification Number (81-4596053)
- In clinical practice since 1998

Counseling Background

- Population served: Adolescent and Adults
- Description of services offered: Individual, conjoint and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic, client-centered therapy for children, adolescents, and adults addressing trauma, anxiety, depression, addiction, neurodivergent couples, ADHD, Autism Spectrum Disorder, and learning disabilities. Interventions include evidenced based Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Eye Movement Desensitization and Reprocessing, executive functioning support, neurodivergent-affirming couples therapy, and workplace optimization.

“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-notice-patient-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 direction 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) \$258.50 (*250.00)
90791 (Rapid Access Clinical Assessments) \$774.39 (*750)
90834 (45-minute individual session)
90846 (45-minute family/no patient)
90847 (45-minute family/patient)
90853 (Per-60 minutes-group therapy)
9942/3 (Telephone calls >10 min)
90889 (Report writing/letters/insur. forms)
Test of Variables of Achievement \$258.50 (*250.00)
Test of Variables of Achievement-Recheck \$51.63 (*50.00)
Cancellation (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.

Social Media/Internet Policy

- I do not accept invitations from clients to personally 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 that could involve significant safety issues (both mental and physical), I reserve the right to use this source of public 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 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
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