

LPC Professional Disclosure Statement

Theresa Westfall MS, LPC
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Locations

- 6782 Jamestown Drive
Alpharetta, Georgia 30005

Qualifications

- Mercer University, Master's of Science in Clinical Mental Health Counseling received in 2015
- Ten years of counseling experience.
- Additional training in trauma counseling, progressive counting, internal family systems, and brainspotting.
- Atlanta Specialized Care Tax Identification Number (81-4596053)
- Georgia Licensed Professional Counselor (010818)

Counseling Background

- Population served: Children, Adolescents, and Adults
- Description of services offered: Individual, conjoint, and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic and client focused therapy addressing such issues as trauma, anxiety, depression, addiction, relationships, ADHD, stress management, and Autism Spectrum Disorders. Interventions are cognitive behavioral in nature and frequently include brainspotting.

“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 agency 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)	\$242.64	(*\$235.00)
90791	(Rapid Access Assessment)	\$774.39	(*\$750.00)
90834	(45-minute individual session)	\$242.64	(*\$235.00)
90846	(45-minute family/no patient)	\$242.64	(*\$235.00)
90847	(45-minute family/patient)	\$242.64	(*\$235.00)
90853	(Per-120 minutes-group therapy)	\$103.25	(*\$100.00)
90853	(Per-90 minutes-group therapy)	\$77.43	(*\$75.00)
9942/3	(Telephone calls >10 min)	\$5.39 per min	(*\$5.22 per min)
90889	(Report writing/letters/insur. forms)	\$5.39 per min	(*\$5.22 per min)
Safe and Sound Protocol		\$516.25	(*\$500.00)

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>).

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 Clinical Mental Health Counselors
complaints@ncblcmhc.org
PO Box 77819
Greensboro, NC 27417
(844) 622-3572

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: _____