

Mycala Cherry MS LPC NCC
Professional Disclosure Statement

Atlanta Specialized Care

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www.atlantaspecializedcare.com

Locations

6782 Jamestown Dr, Alpharetta GA 30005

1730 Mount Vernon Rd, Suite G, Atlanta GA 30338

Qualifications

- Georgia State University, Master of Science in Clinical Mental Health Counseling received in 2017
- Georgia Licensed Professional Counselor (LPC014759)
- Nationally Certified Counselor, certified in 2017
- National Provider Identifier (1558044149)
- Atlanta Specialized Care Tax Identification Number (99-4599899)
- Certified in Brainspotting, ASIST
- In clinical practice since 2017

Counseling Background

- Population served: Adolescents, Young Adults, and Families
- Description of services offered: Individual, family, and group therapy using a range of cognitive, behavioral, experiential, and trauma-responsive modalities specific to client's needs.
- Description of areas of competence: Relational and holistic approach, addressing issues such as: trauma/complex trauma; severe depression and anxiety; mood disorders & emotional dysregulation; maladaptive coping which interferes with functioning, such as self-harm, substance use, disordered eating, self-isolation, severe avoidance, and relational issues.

“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-disclosurenoticepatient-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) \$232.31 *(\$225 cash or check)
90791 (Rapid Access Assessment) \$774.39 (*750.00 Cash or Check)
90834 (45-minute individual session) \$232.31 *(\$225 cash or check)
90846 (45-minute family/no patient) \$232.31 *(\$225 cash or check)
90847 (45-minute family/patient) \$ \$232.31 *(\$225 cash or check)
9942/3 (Telephone calls >10 min) \$5.16 per min (\$5.00 cash or card)
90889 (Report writing/letters/insurance forms) \$5.16 per min (\$5.00 cash or card)
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 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.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Social Media/Internet Policy

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). This is a common practice in my field, as adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. 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 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 standards of the American Counseling Association. 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

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: _____