Professional Disclosure Statement

Jessica Fosse MS, CRC, APC

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Qualifications:

- Kennesaw State University, BS in Human Services with a concentration in Case Management 2018
- Mercer University, MS in Clinical Rehabilitation Counseling 2024
- Certified Rehabilitation Counselor (708700)
- National Provider Identifier (1154125748)
- Associate Professional Counselor (APC010515)
- Atlanta Specialized Care Tax Identification (81-4596053)

Counseling Background:

• Population served: Children, Adolescents, and Adults
• Description of services: Individual, parent consultation, and group therapy are my preferred modalities. Interventions are tailored to meet individual's needs. I utilize cognitive behavioral therapy (CBT), person-centered, dialectical behavioral therapy (DBT), and mindful practices. I also use Eye Movement Desensitization and Reprocessing (EMDR) to treat and relieve PTSD, acute stress, and anxiety symptoms resulting from traumatic and other life experiences.
• Description of areas of competence: ADHD, anxiety, autism, trauma, depression, disabilities, parenting skills, behavioral concerns, executive functioning, and relationships.

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 cash or check)
90791 (Rapid Access Assessment) $774.39 (*750.00 Cash or Check)
90834 (45-minute individual session) $180.69 ($175 cash or check)
90846 (45-minute family/no patient) $180.69 ($175 cash or check)
90847 (45-minute family/patient) $ 180.69 ($175 cash or check)
9942/3 (Telephone calls >10 min) $4.02 per min ($3.89 cash or card)
90889 (Report writing/letters/insurance forms) $4.02 per min ($3.89 cash or card)

Cancellation (Full fees apply according to signed agreements)

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.

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.

Complaints:
As an Associate Professional Counselor (APC), I am under clinical supervision as required by the licensing board to ensure ethical and competent practice. Although, clients are encouraged to discuss any concerns with me, you may contact my clinical supervisor, Melissa Coats (LPC), clinical director Theresa Westfall (LPC) 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. (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 the above terms and will abide by these guidelines.

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