Professional Disclosure Statement

Catherine Hessing-Gatson

Office: 770-815-6853

catherine@atlantaspecializedcare.com

Qualifications:

- Bennington College, BA in Theatre and Dance
- Mercer University, MAT in Early Childhood Education
- Agnes Scott College, MA in Clinical Mental Health Counseling
- Certification in Applied Suicide Intervention Skills Training (ASIST)
- National Provider Identifier (1700782810)

Counseling Background:

- Population served: Children and Adolescents
- Description of services: Individual and parent consultation are my preferred modalities. Interventions are tailored to meet individuals needs. I utilize cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), internal family systems (IFS), and play therapy.
- Description of areas of competence: neurodiversity, anxiety, depression, executive functioning skills, and life transitions.

Locations:

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-protectionsagainst-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)

90834 (45-minute individual session) 180.69 (175 cash or check)

90846 (45-minute family/no patient) $180.6\ 9$ (175 cash or check)

90847 (45-minute family/patient) $180.69 ($175 cash or check)

9942/3 (Telephone calls >10 min) $4.02permin$ (3.89 cash or card)

90889 (Report writing/letters/insurance forms) $4.02permin$ (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: I am currently pending approval for my Associate Professional Counselor licensure. As a Clinical Therapist, 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, NCC), 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: _____