

# Christopher Cobb

## Licensed Professional Counselor

11205 Alpharetta Highway, Suite G-2, Roswell, Georgia 30076  
Phone: 770.335.8084 Fax: 404.228.7769

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### Informed Consent

**Informed Consent** is your formal permission that allows me to provide you with professional counseling. By signing this document, you acknowledge and agree to the terms and conditions that govern our counseling relationship. Should you have questions regarding any of these topics, we will discuss them fully in our first session prior to therapy.

### Confidentiality

**Strict confidentiality** regarding all therapist records, testing, and information will be maintained except when mandated by law. **You, the client, hold the right to confidentiality and can waive this right.** In accordance with Georgia Law, all conversations between a therapist and client are **strictly confidential and protected.** However, court orders have been used to gain access to client's records in some cases. There are exceptions to confidentiality as **mandated by law:**

- **Child abuse** must be reported to the Department of Family and Human Services (DFAHS).
- Threat of **physical violence to others** must be reported to appropriate authorities and to the intended victim.
- **Suicidal intentions.** Although involuntary hospitalization is a last resort, danger to self and/or others I grounds for such action in Georgia. It is the therapist's obligation to protect and preserve human life.

**Confidentially** is designed to help you feel comfortable and at ease in order to do the hard work of therapy. Noting the exceptions above, you can say anything in your sessions **and it will never leave the room,** unless you direct otherwise.

### Fees and Sessions

**Fees are due and payable-in-full** when services are rendered, unless prior arrangements are made in advance of any session. Please make checks payable to: **Christopher Cobb, P.C.**

Current fees are as follows:

- **Traditional Sessions** are 50 minutes in duration at a rate of \$120 in my Midtown office (Samaritan Counseling Center) and \$95 in my Roswell/Alpharetta and MARR offices.

- **Extended Sessions** are 90 minutes in duration at a rate of \$180 for my Midtown office and \$140 in my Roswell/ Alpharetta and MARR offices.
- **Off-site Sessions** are variable in length of time (such as family sessions, interventions, etc.) and are charged according to actual time of service at a rate of \$120 per hour plus traveling costs.
- **Travel time.** Travel fees are \$60 per hour based on time from the office to the destination and the return time to the office.
- **Group Sessions** are 80 minutes in duration and are \$50 per participant.
- **Phone Sessions** (actual therapy and does not include scheduling, insurance, and general office issues) occasionally occur due to a crisis. We will try to hold these urgent therapy moments to 15-30 minutes. There is a minimum charge of \$60 with full sessions of \$120 for 50 minutes.

### **My Insurance Policy and Procedure**

Due to major issues facing Counselors in the State of Georgia with insurance providers, I do not accept insurance under any situation. However, I will work with you for your own reimbursement through your out-of-network benefits, if you are eligible. **You are responsible for filing your insurance**, but I can help you. Since my fee structure is pay-in-full for services rendered, you can request for an insurance **Super Bill** to submit to your insurance for reimbursement. Please check with your Provider for details on how to obtain reimbursement, eligibility, and other insurance procedures.

### **Cancellation Policy**

**Twenty-four hour notice is required for cancellations or rescheduling.** Cancellations with less than 24 hours notice, missed appointments, and late arriving appointments are **charged at the full rate**. These charges are due prior to the next session or upon receipt of a monthly statement.

The therapist reserves the right **to deny or defer service**, with full fee and payment due, to clients who are disruptive or are otherwise inappropriate (examples are: attending sessions intoxicated or chemically impaired, bringing another person into a session *without prior consent*, or violating group therapy rules, etc.).

### **Emergency Procedures**

As an independent practitioner, I provide you with psychotherapy services; thus, I am not equipped in my practice to handle off hours emergencies. Should you develop a mental health crisis that **requires immediate attention or relief and/or medical assistance**, please dial 911 or go to the nearest hospital emergency room. Please inform the attending nurse/physician that I am your primary counselor.

## **Outcomes**

**Psychotherapy** can be an effective mode of treatment for a variety of symptoms and life problems. However, **positive results cannot be guaranteed**. It is important that we seek to establish an **open working relationship** in which we can discuss your needs, hopes, and expectations as we develop goals for your therapy. Your **active participation** in the individual or group therapy is essential to achieve your identified goal of therapy.

## **Signature**

I hereby grant Christopher Cobb permission to provide me (or my dependent) professional counseling. I acknowledge and accept these terms and conditions.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

Relationship: \_\_\_\_\_