

**Alyza Berman, LCSW**  
**Treatment Contract**  
**Informed Consent and Administrative Policies**

Welcome. The following information is meant to inform you about my policies and my understanding of our professional relationship. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Therapy is a relationship that requires open communication. If you have any questions about these or any other aspects of your psychotherapy, please feel free to bring them up at any time.

**Professional Background and Philosophy:**

I am a Licensed Clinical Social Worker. I have a Master's degree in Social Work from the University of Pennsylvania. I believe that all individuals have the capacity to thrive. It is a privilege to work with you in helping you do so. It is impossible to guarantee specific results regarding therapy. However, we will work together to achieve the best possible results for you. It is essential that you are actively involved in setting your goals.

**Theoretical Views & Client Participation**

It is my belief that as people become more aware and accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with me at any point.

In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without me. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating therapy or transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments or I don't hear from you for one month, I will need to close your chart. However, as long as I still have space in my schedule, reopening your chart and resuming treatment is always an option.

**Fee:**

My regular fee is \$175 per forty-fifty-minute psychotherapy session and \$225 per the initial assessment. My fees are the same for individuals, couples and families. I do not charge for brief phone calls, but do charge for longer calls (15 minutes or more.) Fees for these calls are due at the next appointment and are as follows: 15 minutes = \$30.00, 20 minutes = \$40.00, 30 minutes = \$60.00. If you are late for your appointment, that amount of time is deducted from our session. Payment is due in full at the time of service, unless prior arrangements have been made. At the end of each session, you will receive a receipt that you can submit to your insurance company for reimbursement. At this time, I am not associated with

any insurance panels. I accept credit card (visa or mastercard), check, or cash. If you choose to pay by check, please note that there is a \$25 charge for any returned checks.

Fee Increase: You will be given 2 months advance notice if I increase my fees.

### **Cancellations:**

If you cannot keep your appointment time, please give me **at least 24 hours notice of a BUSINESS DAY** so that I can make the time available for others. **If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment.** If you are going to be more than 15 minutes late for your appointment, please let me know by calling 404-694-0204. Please leave a message if you do not reach me directly. Otherwise, if you are more than 15 minutes late, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the missed appointment. Fees are not prorated if you are late.

### **Confidentiality & Exceptions:**

Confidentiality is an essential part of the therapeutic process and is a commitment that I make to you. Consistent also with the mental health laws of Georgia, I will not release any information about you without your written consent. There are specific exceptions to the commitment of confidentiality:

- § When you direct me to tell someone else and you sign a “release of information” form.
- § When I feel as though you are a threat to your own or someone else’s safety.”
- § When a minor child is endangered by abuse or neglect.

In each of these instances, I will make every effort to speak with you before I speak with anyone else. If you are seeing another healthcare provider, it may at times be necessary to exchange information regarding your treatment. In those cases, you will be asked to complete an authorization to release information. Please note that I do not testify in court on your behalf. If I am ordered to do so by a judge, all confidentiality will not be protected. In addition, I charge \$2500 fee for court appearances per day.

Please review the Notice of Privacy Practices provided to you as part of this new client information. It describes in more detail your rights with regard to Protected Health Information. Your PHI will be kept in a file stored in a locked cabinet in my locked office or your PHI will either be stored electronically with an EMR (electronic medical record), a secure storage company who has signed a HIPAA Business Associate Agreement (BAA) ( The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, Federally approved encryption) or in a locked filing cabinet in a locked office. By signing this Administrative Policies sheet, you are acknowledging your receipt of the Notice of Privacy Practices.

**Communication and Emergency Contact:** I do my best to return phone calls within 48 hours; however, occasionally there are unavoidable delays. Also, routine calls received after 5pm on Thursday and on the weekends will be returned the next business day. If you need to speak with me immediately, please indicate so through text or on my voice mail and I will make every effort to call you back as soon as I possibly can. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225 [or other crisis hotline](#)
- Call Ridgeview Institute at 770.434.4567 [or local hospital](#)
- Call Peachford Hospital at 770.454.5589 [or local hospital](#)
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.

## Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. I realize that many people prefer to text and/or email because it is a quick way to convey information. **I do not respond to emails right away. However, please know that it is my policy to utilize these means of communication strictly for appointment confirmations (nothing that could be inferred as therapy).** Therefore, please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. If you do, please know that I will not respond. **You also need to know that I am required to keep a summary or copy of all emails and texts as part of your clinical record that address anything related to therapy.**

Facebook, LinkedIn, Instagram, Pinterest, Twitter, Etc: It is my policy not to accept requests from any current or former clients on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality.

Google, Bing, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material and bring it to your session.

### Faxing Medical Records:

If you authorize me (in writing) via a "Release of Information" form to send your medical records or any form of protected health information to another entity for any reason, I may need to fax that information to the authorized entity. It is my responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of my fax machine. However, my fax machine is kept behind two locks in my office. And, when my fax machine needs to be replaced, I will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

### Recommendations to Websites or Applications (Apps):

During the course of our treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide and communicate to me if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

### Client Signature:

Your signature indicates that you have reviewed and understand this document, have had all questions answered to your satisfaction, and agree to adhere to the policies. A copy for your records has also been received.

\_\_\_\_\_  
Client Signature  
(or signature of parent if client is a minor)

\_\_\_\_\_  
Date