

**HANNAH HAWKINS-ESTHER L.C.S.W.**

Pine River Psychotherapy  
1145 Sheridan Rd  
Atlanta, GA 30324  
Phone: 770-595-4510

**CLIENT INFORMATION**

Welcome to my practice. I will be continually working to provide you with appropriate, high quality services. I believe that as a client, if you understand and participate in your own care you can achieve better results. I have the responsibility to give you the best care possible, to respect your rights, and to recognize your responsibilities as a client. I have prepared this information handout to help you identify these rights and responsibilities.

**YOUR RIGHTS AS A CLIENT****Your rights to privacy and confidentiality**

I follow the privacy provisions of the State of Georgia and federal laws and rules. You have the right to know the policies, practices, and limitations of the privacy information that you share with me.

Your treatment record will be stored in a locked cabinet or computer which is protected from unauthorized access. It is accessible only to me. Your treatment record includes your diagnosis, treatment plan, progress notes, psychiatric and other medical reports, and closing summary.

Your billing record is accessible to only me and to my billing office staff whom I have authorized to perform billing services

It is your choice whether or not to use your insurance coverage for payment of my services. While I do not file insurance claims on your behalf, I will provide you with an appropriate receipt that you may use to file for partial or full reimbursement, IF your insurance benefits provide out-of-network coverage for your sessions.

All personnel (clinical, support, billing) authorized to have access to your information in this office will limit their access and use of your health care information to only what is necessary. They have agreed to carefully abide by the privacy practices of this office.

If you are receiving clinical services from other health care professionals, I may need to routinely confer with them about your treatment plan and progress for the purpose of coordinating your treatment. I may ask you to sign a release of information in order for me to communicate with the other health care provider. This is your decision, you may limit what information can be shared and you may revoke the release of information in writing at any time.

I participate in an on-going peer supervision group. At times, I may also seek out professional consultation about some aspect of my work with you. It will not be necessary to share your identifying information with the consultant(s) or with the other clinicians. In addition, the consulting professionals and other mental health clinicians also must abide by applicable laws and ethics and protect your confidentiality in all cases.

Other than the routine disclosures noted above which are necessary to perform treatment and billing services on your behalf, no information will be released to any other persons or agencies outside of this office without your written authorization except by court order. If anyone outside of this office requests information from me or from your records, your permission in writing on a special authorization for release of information form is necessary. Before giving permission, satisfy yourself that the information is really needed, that you understand that the information is being sent out, and that giving the information will help you. You have the right to approve or refuse the release of information to anyone, except as provided by the law.

#### **Exceptions to the Above Information Release Procedures**

1. When I have knowledge of, or reasonable cause to believe, that a child is being neglected or physically or sexually abused, in which case Georgia law requires such information to be reported.
2. Reporting of maltreatment of vulnerable adults as specified by Georgia law.
3. Reporting of alleged fractioned sexual misconduct as specified by Georgia law.
4. Reporting of incidences of threatened homicide or physical violence against another person. I must report such threats to the appropriate police agency as well as the intended victim.
5. In cases of threatened suicide, at least one concerned person and/or the appropriate police agency may be contacted to intervene and the client will be referred for evaluation.
6. In cases in which a client with a history of sexual/physical abuse of others terminates therapy against my advice, I will notify those past victims that the client has terminated therapy against my advice so that proper precautions can be taken.
7. It is my policy to employ the use of a collection agency or to file in small claims court on all accounts which are overdue by 60 days. Information to pursue such payment due to me will be shared with the agency or the court.

#### **Minors**

If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is my policy to request an agreement from parents to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel that there's a high risk you will

seriously harm yourself or someone else. In this case, I will notify them of my concern. I also reserve the right to provide them with a summary of your treatment when it is complete. Before giving them any information I will discuss the matter with you, if possible, and do my best to honor and work through your concerns in this matter.

### **Right Not to Be Discriminated Against**

You have the right not to be discriminated against in the provision of professional services on the basis of race, gender, age, ethnic origin, disabilities, creed, or sexual orientation.

### **Right to Know Your Therapist's Qualifications**

You are entitled to ask me what my training is, where I received it, if I am licensed, my professional competencies, experience, education, biases, attitudes, and any other relevant information that may be important to you in the provision of services. You have the right to expect that I have met the qualifications of training and experience required by Georgia law and to examine public records maintained by the licensure board that regulate my practice. This information can be found at The Georgia Secretary of State's web site (<http://www.sos.state.ga.us/>) or by calling:

<b>Professional Licensing Boards Division</b>	237 Coliseum Drive Macon, GA 31217-3858	478-2071300
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My professional competencies include the following: adult and adolescent psychotherapy, family and couples therapy, group therapy, and consultation. Specific areas of professional interest and ongoing study include, ADHD(adult and adolescent), anxiety, and depression, life transitions, divorce issues, substance abuse and addiction and process addictions, parenting issues, and blended families.

### **Right to Be Informed**

You have the right to be informed of my assessment of your presenting problem in language that you understand and to know available treatment alternatives. You also have the right to understand the purpose of professional services, including an estimate of the number of therapy or consultation sessions, the length of time involved, the cost of the services, the method of treatment, and the expected outcome of therapy. In addition, you have the right and responsibility to help develop your own treatment plan. If medication is being considered for you, you have the right to be informed by your physician of treatment alternatives, action of the medication, and possible side effects.

### **Right to Read Your Own Records**

You have the right to read your own records. However, because these are professional records and can be misinterpreted and/or upsetting to untrained readers, I recommend that you review them in my presence so that we can discuss the contents. I will assist you in

understanding your written records by being available to answer questions and to explain the meaning of technical terminology. In addition, you have the right to be told why the information that I am requesting is needed and be told how the information will be used. You should be informed of the consequences, if any, of refusing to supply requested information. The information collected will be used by me for the purposes of evaluation and treatment. If you chose not to provide this information, I cannot determine which services are most appropriate for you and that will make it more difficult for me to carry out an effective treatment plan for you.

My records retention policy is as follows: The complete record will be retained in a locked compartment for seven years. At the end of those seven years, the record will be destroyed leaving only the name of the client and the date that the record was destroyed. The time period begins from the date of the last visit (or for minors, from the date they reach 18). Should there be any further direct client contacts; the counting period will begin again at the date of the new service.

#### **Right to Refuse Treatment**

You have the right to consent to or refuse recommended treatment. You can be treated without consent only if there is an emergency and in my clinical opinion failure to act immediately would jeopardize your life. In such emergency cases, I will make reasonable efforts to involve a close relative or friend prior to providing emergency services. No audio or video recording of a treatment session can be made without your written permission.

#### **Right to Voice Grievances**

You have the right to voice grievances and request changes in your treatment without restraint, interference, coercion, discrimination, or reprisal. I encourage you to share your concerns directly with me. You also have the right to report a complaint about my services to the state licensure board that regulates my practice. You have the right to report violations of my privacy practices to the Secretary of Health and Human Services for the state of Georgia.

#### **Right Not to Be Subjected to Harassment**

You have the right not to be subjected to sexual, physical, or verbal harassment.

#### **Professional Relationship**

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Nor will I be able to “friend” you on social networking sites. In sum, it is my duty to always protect and be aware of our therapeutic relationship. Please know these limits are not meant to be discourteous in any way, and represent the highest respect for our work together.

### **Statement Regarding Ethics, Client Welfare & Safety**

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Workers. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the Georgia professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

## **YOUR RESPONSIBILITIES**

As a client, you have responsibilities as well as rights. In order for therapy to be most successful, it is important for you to take an active role. You can help yourself be being responsible in the following ways:

### **To Be Honest**

You are responsible for being honest and direct about everything that relates to you as a client. Please tell me exactly how you feel about the things happening in your life. I would also suggest in order get the most from your therapy that you refrain from any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions.

### **To Understand Your Treatment Plan**

You are responsible for understanding your treatment plan to your own satisfaction. If you do not understand, ask me. Be sure you do understand since this is important for the success of the treatment plan.

### **To Follow the Treatment Plan**

It is your responsibility to work on the things you and I talk about both during and between sessions and to discuss with me whether or not you think you can and/or want to follow a certain treatment plan so we can make adjustments if necessary.

### **To Keep Appointments**

You are responsible for keeping appointments. If you cannot keep an appointment, notify me as soon as possible so that another client can be seen. **You will be charged for appointments when canceled with less than 24 hours notice.**

### **To know Your Fees**

I am willing to discuss my fees with you and provide a clear understanding for you of the costs of all associated services.

### **To Keep Me Informed**

So that I may contact you whenever necessary, I will rely on you to notify me of any changes in your name, address, home or work phone numbers.

## **EMERGENCY PROCEDURES**

Should you feel that your situation requires further attention, I am available Monday through Thursday from 9:00am until 5:00pm and Friday from 9:00am until 3:00pm. I check my voice mail regularly during these hours and will return your phone call within a reasonable time frame. I do not regularly check my voicemail from Friday evening through Sunday or on holidays. You may leave a message and it will be returned on the following Monday. In the case I am out of town due to business, an emergency or a planned vacation, I will arrange for a colleague to cover my calls.

Should you experience a clinical emergency and feel your situation requires immediate attention, please call 911 or go to your local emergency hospital room. Additionally:

Georgia Crisis Line: 1-800-715-4225  
Atlanta Emergency Mental Health Services: 404-730-1600

## **FEE INFORMATION**

### **Sessions**

My fee for 50 minute sessions is \$200.00. You can request a receipt for your personal and or insurance records. I do hold a limited number of sliding scale slots for those with extenuating financial circumstances. If a slot is open, we can then discuss and determine your personal need for sliding scale fees, determine the fee and whether or not it will be time limited. After a thorough discussion, I will make a decision on whether we will be a good financial fit. My sliding scale fees range from \$130.00-\$175.00. Payment is due at each session, I accept cash, checks and credit cards. Additionally, if a special payment arrangement is needed, please discuss this with me at the beginning of your session.

### **Additional charges**

#### **Returned Checks**

All returned checks will be subject to a 40.00 fee.

#### **Phone Calls**

I understand that in some instances it will be necessary to contact me between sessions and this can be done by phone. I will be happy to address any concerns within a ten to fifteen minute period free of charge.

#### **Paperwork**

Copies, reports and letters written and submitted by me per your request or mandated by a court will be an additional charge per quarter hour. You will be responsible for paying for these services at time of completion. Should you need any additional services from me I am happy to discuss these fees with you

#### **Court**

Fees for court services include **all** time spent out of my office as well as time spent working on documents and preparation. A minimum deposit will be necessary prior to your court date.

**PLEASE PRINT THIS PAGE AND BRING WITH YOU TO YOUR  
APPOINTMENT**

**THANK YOU!**

I am committed to providing you with high-quality services, and I appreciate your decision to work with me. If you have any questions or concerns at any time during the Course of your therapy, please feel free to speak with me.

Please sign and bring this last page with you to your first session.

*I have read and I understand all of the above policies pertaining to the psychotherapy practice of Hannah Hawkins-Esther LCSW.*

*These include, but are not limited to, my rate per session, the 24-hour cancellation fee policy, additional charges for services outside sessions, emergency contact procedures, and electronic communication policies.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Would you be interested in receiving an occasional email from me about courses I'm teaching that might interest you?

Circle Y or No add your email

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