



Farah Halford, LPC, NCC

Psychotherapist

706-987-2429

18 9th St, STE 105

Columbus, GA 31901

Greetings! Thank you for contacting me regarding my Psychotherapy/counseling services. I am excited to see how we can work together to Elevate your Wellness. Please review all the following pages and sign or initial as indicated.

I am not a physician or a psychologist. I am a Professional Counselor (LPC) licensed by the Georgia Secretary of State to practice mental health counseling in Georgia. I am also certified by the NCC, (National Certified Counselor), which enables me to practice addiction counseling nationally.

I have been married for 30 years and have two grown sons. I enjoy spending time in my garden and traveling to other countries. I see clients Monday-Friday. Understandably, most clients want appointments that do not conflict with their work or school schedule, usually late afternoon, evening, and lunch times, and I will try my best to accommodate you, but appreciate your flexibility and understanding if these times are not immediately available.

Your commitment to yourself and your goals is important for both you and I. Please see the no show, late cancelation policy. This policy is put in place to make sure I can provide the best care to all my clients. I currently take Blue Cross, Cigna, Atena, (through Headway) and private pay. My current fee is \$100.00 per session for individual sessions, and \$125.00 for couples, marriage, pre-marriage, or family sessions. I prefer private pay client's payment in cash or check but will accept credit or debit cards through the Headway system.

If you have any questions, please feel free to call or text me at 706-987-2429

I look forward to seeing how we can partner together to manifest your best self!

Thank you.

Farah Halford, LPC, NCC



Client Consent for Assessments and/or Therapy

Please initial in the spaces provided.

I, _____ do hereby seek and consent to take part in the process of assessment and/or therapy with Farah Halford, LPC, NCC. I am aware that the practice of therapy is not an exact science and I acknowledge that there are no guarantees as to the results or expected outcomes of therapy with Farah Halford, LPC, NCC.

I, _____ have read the Informed Consent, Financial Agreement and the HIPPA Statement. I will ask for any clarification I need about this important information.

I, _____ understand the risks and benefits of therapy as well as my rights and responsibilities as a client. I am aware of record keeping procedures and the process for requesting written documentation. I understand the privacy practices and the limits of confidentiality.

I, _____ understand the importance of honesty in my self-disclosure to obtain an accurate assessment and evaluation of my current situation and I agree to work together to identify appropriate goals and methods of achieving them. I understand that we will review my progress regularly.

I, _____ understand that during the process of evaluation and over the course of therapy, whatever assessments, tests, or other types of clinical care that are recommended will be fully explained to me and that I have the option to accept or reject such care.

I, _____ understand that if, in the judgment of Farah Halford, she is not able to help me because of the nature of my concerns, or because her training and skills are, in her judgment, not appropriate, I will be informed of this fact and referred to another therapist or mental health practitioner who may meet my needs.

I, _____ am aware that I may choose to stop my therapy at any time. I accept that there may be complications I will have to deal with if I choose to terminate therapy before my goals are met.

I, _____ am aware that any appointment I agree to is a commitment to a fee for service. (Please review sessions fees, insurance copays, etc...) Please feel free to ask any questions and we can work together to find an answer.

I, _____ understand that I am responsible for rescheduling or cancelling scheduled appointments within 24 hours of the appointment time. If I do not do so, I agree to pay a fee of \$75.00. I am aware that all fees must be paid prior to attending my next appointment. In addition, I agree to pay a fee of \$100.00 for a "no show", where I missed an appointment, and I provided no notice whatsoever.

I, _____ understand that if payment for the services received is not made, my treatment may be discontinued and I may be referred to a provider who can work within my financial abilities. I understand and agree to the "less than 12-hour cancellation" and the "no show" policies and will pay all related fees.

I, _____ understand that sometimes symptoms may get worse before they get better. It is often painful to process negative thoughts, traumas, etc.... but over time, our healing and journey begins!

My signature below indicates that I understand and agree with all of these statements.

Signature _____ Date _____

INFORMED CONSENT

Please carefully read this document and ask questions about anything you do not understand. This document has important information about your rights and the professional services and business policies of Farah Halford, LPC, NCC.

EMERGENCIES

My business is an outpatient counseling practice and not designed to handle life-threatening emergencies. If you have such an emergency, please call 911 or have someone call 911 for you.

GENERAL INFORMATION

Other than documentation related to assessment and evaluation I keep very brief records, noting only that you have been here, a brief synopsis of the session, and any recommendations made. Any request for written documentation related to your assessment and/or therapy must be submitted in writing five business days prior to the time you need it.

THERAPY—RISKS & BENEFITS

Therapy has also been shown to have benefits. Often it is helpful just to have someone who will listen in a non-judgmental way and who will make every effort to understand. You may reach a fresh perspective and a better understanding of yourself and your personal goals and values, develop skills for improving your relationships, improve your coping skills and find ways to adjust to changes in your life. Therapy may prove helpful in overcoming specific problems such as grief, depression, alcoholism, other drug addictions or other addictive or compulsive behaviors. However, therapy is not an exact science. No guarantees are made as to the results or expected outcomes of therapy. Some people find that taking part in therapy results in changes that were not expected or intended at the outset. Therapy has both risks and benefits. Often therapy requires recalling and talking about unpleasant, painful, or embarrassing aspects of your history and/or your present situation. This may increase your emotional discomfort as well as feelings of emotional vulnerability. Making changes in your beliefs or behaviors can be frightening and sometimes disruptive to relationships you have. You may experience difficulties with people who are important to you, and you may be faced with making decisions that may or may not turn out the way you expect.

DIAGNOSIS

I will be happy to discuss any questions you have regarding a diagnosis. I generally focus on the issues and symptoms you present with rather than a particular diagnosis. However please note that if you are using insurance, I am required to enter a diagnosis.

YOUR THERAPIST

Therapy involves a commitment of time, money, and energy therefore choosing a therapist is important. If you have any questions about my education, credentials, experience, or theoretical approaches as it relates to your therapy, please feel free to discuss them with me. If at any time you feel that our therapeutic relationship is not benefitting you, I trust you will bring it up for discussion. If we cannot resolve the issue to your satisfaction, I will be happy to help you secure an appropriate consultation or refer you to another psychotherapist/counselor. When indicated, I will also discuss with you additional or other alternative options such as medical and/or psychiatric assessment, evaluation for medication, nutritional assessment, testing, other therapies and support groups in the community.

CLIENT RESPONSIBILITIES

The benefits you obtain from therapy depend on your honesty in self-disclosure, how well you use the process and your willingness to put into practice what you learn. It is important to identify your goals for therapy and I will work with you to do that. Based on your presenting problems and the history you disclose, I will offer some initial impressions of the work you may need to do. You are responsible to consider this information and assess your commitment to your therapeutic journey.

CONFIDENTIALITY

Confidentiality in therapy is extremely important given the sensitivity of many of the issues discussed. In general, all communications between client and therapist are confidential and information contained in those communications can only be disclosed with the client's written permission. However, as a Mandated Reporter, by law, there are some exceptions to confidentiality that you need to know about:

- 1) Abuse/Neglect—If there is reason to believe that a child, an elderly person, a disabled person, or a person you have a supervisory role with, is being abused or neglected, the appropriate state agency will be notified.
- 2) Duty to Protect—If there is reason to believe that you present a threat of serious bodily harm to another individual, I will take protective actions which may include notifying the potential victim and/or the police. If, in my professional opinion, you present a danger to yourself or another person, I will notify whoever necessary to keep you and others safe.
- 3) Court Ordered—In most judicial proceedings you have the right to object to your therapist disclosing any information about your treatment. However, in some circumstances such as child custody or adoption proceedings and proceedings in which your emotional, mental, or psychological condition is an important element; a judge may require testimony from your therapist if he/she believes that the court needs this information to make a fully informed decision. Seeing a therapist for court-ordered evaluations or treatment may cause your records to be considered not confidential.
- 4) Supervision/Case Consultation—I may, at times, consult with another mental health professionals about your case without revealing your identity. In such situations the consultant is also legally bound to keep information confidential.
- 5) Minors—If you are under eighteen years of age, please be aware that your parent(s) or guardian has the right to know about progress you are making in treatment and has the legal right to examine your records. If, and as long as your parent(s) or guardian agree, I will provide them only with general information on how your treatment is proceeding. If the therapist feels that there is a high risk that you will seriously harm yourself or another, the therapist will inform them of his concern.
- 6) Related to family and couple's therapy—Protected health information can only be released as it relates to the person who signs the release.
- 7) I request that you not disclose the name or identity of any other person you see in this office building.

APPOINTMENT SCHEDULING

Attending scheduled sessions is a commitment and an important aspect of therapy. During the initial session we will discuss scheduling. If you need to reschedule, this can be done in person, or by phone, email, or text.

I have read and understand this document.

Signature _____ Date _____