ANCHORED
COUNSELING SERVICES

67 Peachtree Park Dr NE Suite 102
Atlanta, Ga 30309
info@anchoredtherapy.life
(404) 282-1505

Anchored Counseling Services LLC - Consent Form 2026

INFORMATION, DISCLOSURE, CONSENT, DESCRIPTION OF FEES AND SERVICES

Anchored Counseling Services, LLC welcomes you. We believe it is important for you to be informed about the nature of counseling, the policies and procedures governing the help you will receive here, the fees charged for our services, and your rights as a client.

COUNSELING IN THIS CENTER

The words "counseling" and "therapy" (collectively referred to below as "therapy") often are used interchangeably to indicate forms of help that address various kinds of personal and family distress such as, without limitation, depression, anxiety, adjustment difficulties, including at work, school or with other people, significant life changes and marital and family conflicts.

The goals of therapy range from the relief of symptoms to adjusting to significant life changes based on acquiring a better understanding of one's personal, interpersonal, and social circumstances. Anchored Counseling Services, LLC 's methods of treatment are based on best, evidence-based practices common to the training and experience of marriage and family therapists, psychologists, social workers, and professional counselors. Therapists work within the standards and ethical guidelines of state licensing laws and professional associations as well as the Evidence-based approaches for providing care. Therapists also respond to the needs of clients who want their values, beliefs, and religious affiliations to be considered in their therapy.

THERAPY PROCESS

Therapy begins with an intake process designed to evaluate your needs and difficulties and to help you and the therapist make decisions about engaging in therapy. This evaluation may take one session or a series of sessions. If you or the therapist believes someone else could better meet your needs, we will help you get connected with another counselor. The therapy process itself may take many forms, depending on the issues that need to be addressed and how far you wish to proceed in dealing with them. Treatment is guided by a plan that you and your therapist agree to pursue. Therapy ends when the work is done, or at the point, that you decide to end it.

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THERAPY POLICIES AND PROCEDURES

YOUR RIGHTS AS A CLIENT. You have all the rights established by the state of Georgia governing clinical practices. These include the rights of consent to treatment; seeking disclosure from your therapist about his or her qualifications; requesting a different therapist; ending treatment at any time; accessing grievance procedures; and having the records of your treatment kept in confidence.

THERAPY RECORDS

You have a right to view the records that your counselor keeps. If you want a copy of your records, Anchored Counseling Services, LLC charges $30.00 for up to 30 pages. For every page after that, there is an additional $0.75 per page. There is no charge for records sent to physician or doctor's office to coordinate care, though we must have a written release of information to provide records to another party. No records will be released if a second person is involved in the therapy (e.g. couples counseling) without the express written permission of each person present.

SAFE ZONE

Anchored Counseling Services is a Safe Zone for all people regardless of sexual orientation, gender identity or expression, age, physical ability, race, ethnic background, immigration status, or creed. No weapons are allowed in any Anchored Counseling Services, LLC office. Anchored Counseling Services, LLCS provides gender neutral restrooms.

CONFIDENTIALITY

What you tell your therapist will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, or as part of the professional practice of this center. If you and/or your family see more than one provider at Anchored Counseling Services, LLC the providers may consult with each other to ensure that you receive the most effective care possible. By law, there are circumstances when your therapist must report information to the appropriate persons or agencies beyond Anchored Counseling Services, LLC for example: a) if you threaten bodily harm or death to yourself or someone else; b) if you reveal

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information about child, elder, disabled person or dependent adult, or parental abuse; or c) if ordered by a court of law. If your therapy is court ordered the results of treatment or tests must be revealed to the court. In all other instances, your written permission is required before your therapist, or Anchored Counseling Services, LLC can reveal information about your treatment. We will protect your confidentiality as we maintain high clinical standards in our diagnosis treatment, case records, business operations, and quality control.

AUDIOTAPE/RECORDING

Is strictly prohibited to ensure your privacy and confidentiality.

EMERGENCY CONTACT

If you cannot reach your therapist in the case of a mental health emergency, you may call the Georgia Crisis and Access Line at 1-800- 715-4225, and/or you should call 911 or go to the nearest hospital emergency room. The following numbers are for Psychiatric hospitals; Lakeview Behavioral Health 678-743-1968, Peachford Hospital 770-455-3200

PAYMENT

All fees for services are due and will be charged the morning of your session. The payment information you provided in your client portal will be charged the agreed upon rate or copay per session. If the card on file declines, you will be automatically sent an invoice with a $2.95 invoice fee included. If the counseling fee is not paid prior to the session, the appointment will be canceled, and a No Show fee will be applied to your account. The fee will have to be settled before the next session can take place. If your account is more than 15 days overdue, we reserve the right to turn your account over to a collection agency. You specifically waive any right to confidentiality regarding financial information given by Anchored Counseling Services to a collection agency.

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INFORMED CONSENT FOR TELEMENTAL HEALTH SERVICES

INTRODUCTION

Telehealth involves the use of electronic communications to enable a counselor to evaluate your needs and to provide counseling when you cannot meet your therapist in person. This may involve a telephone conversation, or a video camera and computer so you can see your counselor. By signing this form, you give your permission to receive telehealth services. Prior to your session, you will be advised about what telehealth platform to use to establish a video conference session.

HOW DO TELEHEALTH SERVICES WORK?

Your counselor will be in a private office so no one can see you or hear the conversation on the counselor's end. You will be responsible for creating a safe and confidential space for yourself. You should use a space free of other people. It should be difficult or impossible for people outside the space to see you or hear your interactions with your counselor. If you are unsure of how to do this, please ask your provider for help. You and your counselor will have the required electronic equipment (e.g. phone, iPad, computer) with the necessary HIPPA-compliant links. Telehealth is performed over a secure communication system that is almost impossible for anyone else to access, however, any internet-based communication is not 100 % guaranteed to be secure. When ready to start the session, you will click on the link to begin. When the session is over, you will sign off.

HOW IS THIS DIFFERENT FROM AN IN OFFICE SESSION?

There is little difference. Your counselor will meet with you and ensure that documentation is included in your clinical record. If the video conferencing connection drops while you are in a session, please have an additional phone line available to contact your therapist, or make additional plans with your therapist ahead of time to reconnect. You will pay your fee by credit or debit, which will be kept on file.

BENEFITS AND RISKS OF TELEHEALTH

By participating in telehealth, you will not spend time driving to and from your appointment. You will not have the cost of transportation; you also will be able to talk from the comfort of your own home.

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Possible risks include: the video connection may not work or may stop working; image resolution may be poor; privacy may be compromised if a family member listens through a closed door or walks into the room during a session; privacy may be compromised if any outside party gains access to my personal information by bypassing the security measures of the communication system.

INDIVIDUAL/COUPLES/CHILD/FAMILY THERAPY SESSIONS

When you schedule a therapy session, your therapist reserves a block of time for you. Your appointment will begin and end at the scheduled time. If you arrive after the scheduled start time, your appointment will still end at the scheduled ending time. In your session, you are encouraged to develop an awareness of the time, think about what you would like to accomplish, and pace yourself. If there are questions you want to ask, please begin your session with these. This may sound difficult if you are dealing with something upsetting; however, learning to do so is a part of the healing process. If you have had any thoughts of harming yourself or someone else, please let your therapist know at the start of the session so that you can work together to make a plan for safety. We encourage you to ask any questions, or address any concerns you have, during your session. If you need a letter or a form completed, please let your therapist know at the beginning of the session. Any paperwork that you request your therapist to complete outside of session will incur an additional $25.00 fee.

CONSENT TO TREATMENT OF MINORS

You hereby represent that you have the legal authority to obtain medical treatment and counseling for the minor child for whom you are requesting treatment. You are the biological parent or legal guardian. If group home or foster family settings, you are designated to authorize treatment. If divorced, you are the primary custodial parent and can secure treatment without the authorization of the other parent.

FEES AND PAYMENT

Therapy sessions are normally 50 - 55 minutes. The standard fee is $150.00 per session. The fee may be adjusted in writing based on family size and financial circumstances. The agreed upon fee is set during the Intake process.

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CANCELING AN APPOINTMENT.

If you need to cancel an appointment, please notify your therapist as soon as possible. If you do not notify your THERAPIST at least 24 hours before your scheduled appointment time, or if you do not keep an appointment, there will be a $75.00 NO SHOW FEE. You will be asked to keep a credit/debit card on file and the fee will be charged to your card. You will not be scheduled for further appointments after you miss two appointments without canceling 24 hours before the appointment. You agree that you are permitted to receive calls and text messages at the telephone number you have provided to us. You agree to promptly alert us whenever you need to update your telephone number. Fees charged for a no-show appointment, if due to a legitimate, documented medical emergency, may be waived at the sole discretion of the therapist.

ENDING THERAPY.

Although you may end therapy at any time, it is preferred that you have a face-to-face concluding appointment with your therapist rather than terminating by telephone, mail, or by not showing up. Should you decide to terminate treatment, we will confirm the termination in writing. If during treatment, you do not contact your therapist for a period of thirty (30) days or more and you do not have a scheduled session, we will assume that you wish to leave counseling and you will be notified of the termination in writing. Our records will show that you have terminated treatment at that point. Naturally, you are free to seek counseling in the future, but you will not be considered in treatment until you return to therapy.

LEGAL SYSTEM INTERACTION

Anchored Counseling Therapists do not interact with the legal system on behalf of their clients. Anchored Counseling Therapists do not do forensic work, nor do they do custody evaluations or recommendations. Keeping your therapist out of the legal system and litigation will protect your therapy. If you subpoena your therapist, you will be responsible for paying Anchored Counseling Services expert witness fees in the amount of $1,500.00 for one-half (1/2) day, to be paid five (5) days in advance of any court appearance or deposition. Any additional time your therapist spends over one-half (1/2) day is billed at the rate of $375.00 per hour, including travel time. Your counselor may choose not to speak with your attorney, and a subpoena may result in your therapist withdrawing as your counselor.

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DISABILITY AND FAMILY AND MEDICAL LEAVE ACT (FMLA) REQUESTS

With your written consent, your therapist will decide whether or not to provide records to a disability insurance provider or your employer regarding disability and FMLA requests. A separate fee will be charged for the completion of these documents. Our ability to complete questionnaires, which include requests for opinions about disability that would justify these benefits, is partially related to the length of time that you have been in treatment at Anchored Counseling Services. Your provider will make a judgment as to their ability to respond to the questions in these forms, including questions seeking opinions about the level of disability, the justification for taking FMLA leave, or the appropriateness of returning to work.

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GENERAL CONSENT SIGNATURE PAGE

Having read the above, I understand and consent to the following (Please initial each line):

1. ____ I have seen and read the information contained in this Information Disclosure, Consent, and Description of Fees and Services Form.
2. ____ I have seen and/or been offered a copy of Anchored Counseling Service's Notice of Privacy Practices as mandated by the Health Information Portability & Accountability Act (HIPAA).
3. ____ I have been oriented to safety policies and emergency procedures.
4. ____ I consent to treatment as described in this form.
5. ____ I understand my therapist may consult with other Anchored Counseling Services providers who work with me and/or my family.
6. ____ I consent to the counselor treating any minor children I may bring for therapy.
7. ____ I am responsible for paying all fees as described above.
8. ____ My credit card number will be stored in a secure vault or I will be invoiced.
9. ____ If I do not pay at the time of my appointment, my card on file will be charged.
10. ____ My credit/debit card on file will be charged a NO SHOW FEE equal to the amount of the agreed upon session rate, if I fail to cancel my appointment 24 hours in advance, or if I don't show up for my appointment.
11. ____ My credit/debit card on file may be charged any balance on my account more than 14 days old.
12. ____ If I accrue an unpaid client balance, I understand services will cease until the balance is settled.
13. ____ I understand I will be charged if I request copies of my records as outlined above.
14. ____ I understand that I will not involve my therapist in any legal issues or litigation during my therapy or after therapy ends.
15. ____ I understand that if it is necessary to subpoena my therapist, I will be responsible for their expert fees as described above. I also understand my therapist may choose not to speak to my attorney, and that a subpoena may result in my therapist withdrawing as my counselor.

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Client Full Name: _____

If the client is a minor,

Parent or Legal Guardian Name: _____

Client Email:

If the Client is a minor,

Parent or Legal Guardian Email: _____

Client Date of Birth: _____

Client Signature: _____

If the Client is a minor,

Parent or Legal Guardian Signature: _____