Iterum Mental Health Services, LLC
Information, Authorization, Policies & Consent to Treatment and TeleMental Health

Welcome to **Iterum Mental Health Services, LLC**. This document is designed to inform you about what you can expect from your therapist, policies regarding confidentiality and emergencies, use of technology, and several other details regarding your treatment.

Confidentiality & Records

Your communications with your therapist will be documented as part of your clinical record of treatment and are considered **Protected Health Information (PHI)**. Your PHI will be securely stored through **TherapyNotes**, a HIPAA-compliant electronic health record system that has executed a **Business Associate Agreement (BAA)**. This agreement requires TherapyNotes to safeguard your PHI using HIPAA-approved security measures, including point-to-point encrypted transmission and secure storage protocols.

Your therapist will maintain confidentiality regarding everything you share, except in the following circumstances: (1) you provide written authorization directing your therapist to disclose information and sign a **Release of Information** form; (2) your therapist determines there is a risk of harm to yourself or others; (3) there is a reasonable suspicion of abuse or neglect involving a child, an elderly person, or a vulnerable disabled individual; or (4) disclosure is required by a court order.

In the event of a court order, your therapist retains the right to assert **privileged communication**, which is the legal protection of confidentiality between a client and counselor. This state generally has strong protections for this privilege, and if disclosure is ordered, your therapist may seek to appeal the decision. While an appeal cannot be guaranteed to succeed, all reasonable efforts will be made to protect your confidentiality to the fullest extent permitted by law.

Additional Client Rights & Responsibilities

Your rights as a patient:

- **Complaints.** Iterum Mental Health Services will investigate and respond to any complaints you may have regarding services provided.
- **Suggestions.** You are encouraged to provide suggestions or feedback regarding any aspect of services provided by Iterum Mental Health Services.
- **Civil Rights.** Your civil rights are protected under applicable federal and state laws.
- **Treatment.** You have the right to participate in the development and formulation of your treatment plan.
- **Denial of Services.** You have the right to refuse any services offered to you and to be informed of any potential consequences of such refusal.
- **Record Restrictions.** You may request restrictions on the use or disclosure of your Protected Health Information (PHI); however, Iterum Mental Health Services is not required to accept such requests.
- **Availability of Records.** You have the right to access and/or obtain a copy of your Protected Health Information. Access to certain records may be denied in limited circumstances, in which case this decision will be discussed with you. Please refer to our records release policy for additional details.
- **Amendment of Records.** You have the right to request an amendment to your clinical records. Such requests may be denied; if denied, the request will be documented in your record.
- **Medical/Legal Advice.** You have the right to consult with your physician, attorney, or other professional advisors regarding your treatment.
- **Disclosures.** You have the right to receive an accounting of disclosures of your Protected Health Information that were not authorized by you.

Your rights to receive information

Before services begin, you will be informed of session rates, both prior to and during treatment upon request. You will also be provided with information regarding your rights to confidentiality, including the limits to confidentiality.

In addition, you will be informed of the type of therapy being provided, as well as any associated limitations or considerations. You will also receive information regarding the conditions under which services may be terminated, including behaviors or circumstances that may lead to this decision. In the event that services are terminated, appropriate referrals will be provided to support continuity of care.

Please initial that you have read this page _____

Iterum Mental Health Services' Ethical Obligations

1. Iterum Mental Health Services is dedicated to serving the best interests of each client.
2. Iterum Mental Health Services will not discriminate between clients or professionals based on age, race, creed, disability, personal identity, or other personal characteristics.
3. Iterum Mental Health Services will maintain an objective and professional relationship with each client.
4. Iterum Mental Health Services respects the rights and perspectives of other mental health professionals.
5. Iterum Mental Health Services will appropriately terminate services or refer clients to other providers or programs when clinically indicated.
6. Iterum Mental Health Services clinicians will continuously evaluate their own professional effectiveness, limitations, biases, and areas for growth, and will pursue ongoing education and training.
7. Iterum Mental Health Services will respect institutional and administrative policies while also advocating for improvements when doing so is in the best interest of clients.

Client Responsibilities

1. You are responsible for your financial obligations to Iterum Mental Health Services as outlined in the Fees for Professional Services section.
2. You are responsible for following all clinic policies.
3. You are responsible for treating staff and other clients with respect.
4. You are responsible for providing accurate and complete information about yourself as it relates to your care.

Attendance & Cancellation Policy

An appointment is a commitment on your clinician's part to be present and on time. If your clinician is delayed, every effort will be made to ensure you receive your full scheduled session time.

If you arrive late, your session may be shortened due to scheduling constraints and subsequent appointments.

Cancellations can delay treatment progress. Therapy is most effective when attended consistently with minimal interruption. A 24-hour cancellation policy is in place. Appointments cancelled with less than 24 hours' notice will be considered late cancellations or missed appointments except in rare circumstances.

This policy exists because missed appointments impact:

1. Your treatment progress,
2. Your clinician's reserved time and clinical availability, and
3. Other clients who could have used the appointment time.

Missed or late-cancelled appointments may be subject to a $45 fee for the first time, and a full session fee the second time

Repeated missed appointments (three or more within a short period or consecutive cancellations) may result in case closure and referral to another provider. Cases with extended inactivity (30 days or more) may also be closed without notice.

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Federal Truth in Lending Disclosure Statement for Professional Services
Fees for Professional Services

I (we) agree to pay Chattahoochee Child Psychology Services, LLC, the following rates for the indicated services:

Psychotherapy Fees

☐ A fee of $220.00 for the initial clinical interview (approximately 1 hour and 45 minutes). Subsequent sessions are billed at $110.00 per clinical unit (50–60 minutes for individual or family counseling). Additional time beyond a standard clinical unit will be prorated, with a fee of $45.00 per additional 30-minute increment.

Other Fees

- A ½ session fee for the first missed appointment or cancellation with less than 24 hours' notice, and the full session fee for missed appointments or late cancelations thereafter.
- A fee of $_____per hour or portion thereof for court related services including, but not limited to, court testimony, reading and writing of letters/emails and court documents, telephone calls with attorneys, commuting time, waiting time, and preparation time. If not otherwise specified, the fee is $250 per hour.
- Any co-pay and/or deductibles required by my insurance company.
- A processing fee of 3-4% is charged for all credit card payment transactions.

Payments are due at the time of service. There is a late fee of 10% per month on all fees that are not paid within 60 days of the billing date. IMHS, LLC reserves the right to charge any credit card on file for any unpaid balance. Cash, personal checks, Visa, MasterCard, or Discover are acceptable for payment, and we will provide you with a receipt of payment.

Clients with Insurance

Insurance companies have many rules and requirements specific to certain plans. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. We will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area.

Your insurance company may not pay for services that they consider to be non-efficacious, not medically or therapeutically necessary, or ineligible (not covered by your policy, or the policy has expired or is not in effect for you or other people receiving services). **If the insurance company does not pay the estimated amount, you are responsible for the balance. If the insurance company applies an amount to your deductible, you are responsible for the balance.** The amounts charged for professional services are explained above.

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Communication Response Time

Please note that our practice operates in the Eastern Time Zone (ET). As an outpatient practice, we serve clients who are able to maintain their safety and utilize available resources between sessions. We do not provide 24-hour crisis coverage and are not available at all times.

If you feel you need a higher level of support, please discuss this with your therapist so that appropriate resources or referrals can be explored. We respond to phone calls, emails, and text messages within 24 business hours; however, messages are not returned on weekends or holidays.

If you are experiencing a mental health emergency and require immediate assistance, please follow the emergency instructions below.

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In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for communication back from your therapist, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Laurelwood Hospital at 770.535.3562 • Call Ridgeview Institute at 770.434.4567 • Call Peachford Hospital at 770.454.5589
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

Professional Relationship

Psychotherapy is a professional relationship designed to support your mental health and well-being. To protect your interests and ensure effective treatment, the relationship between you and your therapist must remain professional. Relationships outside of therapy, known as dual relationships, can create conflicts of interest and may interfere with the therapeutic process. For this reason, therapists maintain clear professional boundaries and focus solely on your treatment needs.

Examples of dual relationships include becoming friends with your therapist, engaging in a business relationship, providing services to one another, socializing outside of therapy, participating in a romantic relationship, or interacting in a way that extends beyond the professional therapist-client relationship. While incidental contact in the community may occur, therapists work to maintain appropriate boundaries to protect your privacy and the integrity of the therapeutic process.

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Statement Regarding Ethics, Client Welfare & Safety

At **Iterum Mental Health Services, LLC**, we are committed to providing counseling services that meet the professional and ethical standards established by applicable licensing boards and professional organizations, including the American Counseling Association (ACA) and the American Psychological Association (APA).

If you ever have concerns about your therapist's conduct, treatment approach, or professionalism, we encourage you to discuss those concerns directly with your therapist whenever possible. Open communication often helps resolve misunderstandings and strengthens the therapeutic relationship.

If you believe you have been treated unethically or have concerns that you do not feel comfortable addressing with your therapist, you have the right to contact the appropriate licensing board to file a complaint or request a review of services provided:

Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-2440

Therapy is a collaborative process, and while many clients experience meaningful growth and positive change, no specific outcome can be guaranteed. Progress depends on many factors, including your goals, participation, life circumstances, and the nature of the concerns being addressed. Your therapist will work with you to develop a treatment plan and support you in achieving your desired outcomes.

It is also important to understand that personal growth can affect relationships, routines, and other areas of life. Changes made during therapy—such as setting healthier boundaries, improving communication, or making significant life decisions—may impact the people around you. Your therapist can help you navigate these adjustments as they arise.

At times, therapy may involve discussing difficult experiences, emotions, or memories. As a result, some individuals notice temporary increases in emotional discomfort before experiencing improvement. Although this process can be challenging, it is often a normal part of meaningful therapeutic work and can lead to lasting growth and healing.

Above all, Iterum Mental Health Services, LLC is dedicated to providing a safe, respectful, and supportive environment. We value your feedback and encourage you to share any concerns, questions, or reactions that arise during treatment so they can be addressed promptly and appropriately.

Technology / TeleMental Health Statement

Iterum Mental Health Services, LLC

This section explains how Iterum Mental Health Services, LLC uses technology in the delivery of care, including confidentiality, risks, and expectations for TeleMental Health services.

TeleMental Health Definition (Georgia Code 135-11-.01):
TeleMental Health refers to the delivery of behavioral health services using technology-assisted communication such as phone, video, internet platforms, smartphones, tablets, or computers. This may include both live (synchronous) and asynchronous communication.

General Considerations

TeleMental Health is widely used but still carries privacy and security risks. While we use HIPAA-compliant and encrypted systems where appropriate, confidentiality cannot be guaranteed when using electronic communication.

Our clinicians receive training in TeleMental Health delivery and follow established ethical and professional guidelines to help protect your privacy and ensure quality care.

Communication Methods

Telephone (Landline and Cell Phone):
Phone communication is not fully secure. Calls may potentially be overheard or reflected in phone records. Phone contact is typically used for scheduling or brief logistical communication unless otherwise arranged. Clinical phone conversations may be billed according to the Fee Agreement.

Text Messaging:
Texting is not a secure form of communication and is used only for scheduling or appointment-related purposes. Clients should not use text messages to discuss clinical concerns. Texts may be documented in your record if clinically relevant and may be billed if they involve therapeutic content.

Email:
When email is used clinically, we utilize a HIPAA-compliant encrypted system. Clients may need to access messages through a secure portal and may be required to set a password. Email sent outside of secure systems may not be protected under HIPAA standards.

Clients are encouraged to use secure devices and networks when accessing email (e.g., password-protected devices, updated antivirus software, and private internet connections). Email communication may be billed when it involves clinical interaction. Email should not be used for emergencies or urgent matters.

Social Media and Online Interaction

To protect confidentiality and maintain professional boundaries, Iterum Mental Health Services, LLC does not accept friend requests, follows, or connections with current or former clients on any social media platforms.

Clients should not use social media messaging systems (e.g., Facebook Messenger, Instagram DMs, X/Twitter messages) to communicate with their therapist, as these platforms are not secure and are not regularly monitored.

Online interactions such as comments, tags, or public replies may unintentionally become part of the clinical record and can compromise confidentiality. For this reason, clients are asked to avoid engaging with therapists publicly online.

Online Searches

It is not standard practice to search for clients online. In rare situations involving safety concerns or inability to reach a client through usual means, limited online searching may be used to support wellbeing. Any such action would be documented and discussed when appropriate.

Apps, Websites, and Digital Tools

Therapists may recommend mental health apps or websites to support treatment. Clients should be aware that these platforms may track usage or collect data. Use of these tools is optional, and clients may choose whether or not to engage with them.

Payment and Insurance

Payment systems may generate automated receipts via email or text depending on card settings. Clients are responsible for understanding their receipt and notification preferences.

Insurance coverage for TeleMental Health services varies by plan. Clients are responsible for verifying benefits and submitting claims if applicable.

Client Responsibilities

Clients are responsible for ensuring they are using secure devices, private locations, and protected networks when engaging in TeleMental Health services. Sessions should not be recorded in any form unless explicitly agreed upon in writing. Unauthorized recording may result in termination of services.

Limitations of TeleMental Health

TeleMental Health is not always a substitute for in-person therapy. Limitations may include reduced ability to observe nonverbal cues, communication misunderstandings, and possible technical disruptions such as dropped calls or poor video/audio quality.

Consent and Participation

By engaging in TeleMental Health services, you agree to the use of the communication methods selected in collaboration with your therapist. You may withdraw consent for any technology-based service at any time by notifying your therapist in writing.

If you have questions or concerns about any aspect of TeleMental Health, we encourage you to discuss them during session so they can be addressed appropriately.

The structure and fees for TeleMental Health services are outlined in the Fees Agreement. A credit card on file is required, and the signed Credit Card Authorization Form allows charges for services provided remotely. Cards are charged at the end of each TeleMental Health session or clinical interaction, excluding appointment scheduling. We accept Visa, MasterCard, and Discover, and receipts are provided for all payments.

Insurance coverage for TeleMental Health varies, and many plans do not cover these services. Clients are responsible for verifying benefits and submitting claims for reimbursement if applicable. A statement can be provided upon request.

Clients are also responsible for any technology-related costs, including devices, internet service, software, and communication charges.

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DIVORCE AND CUSTODY MATTERS: POLICIES AND AGREEMENT

I understand that my therapist, or my child's therapist, at **Iterum Mental Health**, does not serve as a custody evaluator and cannot provide recommendations regarding custody arrangements. If a custody evaluation is needed, I may be referred to a qualified professional who specializes in custody evaluations. I also understand that therapists at Iterum Mental Health do not provide recommendations to courts regarding divorce proceedings or related legal matters.

Because divorce, custody disputes, and related legal matters involve unique clinical and ethical considerations, Iterum Mental Health maintains specific policies that must be acknowledged and agreed to before counseling services are provided. These policies include the following:

1. **Custody Documentation**
   Prior to the initiation of counseling services for a minor, a current copy of any court order outlining custodial rights and/or a fully executed parenting agreement, including all required signatures, must be provided to Iterum Mental Health.
2. **Consent for Treatment**
   In most circumstances, consent from and communication with both legal guardians is required before counseling services can begin. If one parent has final decision-making authority regarding healthcare matters and requests counseling services despite the objection of the other parent, the therapist will determine, at their professional discretion, whether services can be provided. When legal custody is shared, both parents will be afforded the opportunity to participate in the therapeutic process.
3. **Communication with Attorneys and Court-Appointed Professionals**
   It is the policy of Iterum Mental Health that therapists do not communicate directly with attorneys representing either party in a custody dispute. When appropriate and legally authorized, therapists may communicate with a court-appointed Guardian ad Litem (GAL) and/or Custody Evaluator (CE) who has been granted access to the child's records. Any time spent communicating with a GAL, CE, attorney, or other legal representative will be billed at Iterum Mental Health's court-related hourly rate. Please consult your therapist for current rates.
4. **Attorney Communication by Mutual Request**
   If both parents request that the therapist communicate with an attorney on behalf of either party, written authorization from both parents must be obtained before any such communication occurs. All attorney-related communications will be billed at the applicable court-related hourly rate.
5. **Custody and Divorce Recommendations**
   Therapists at Iterum Mental Health do not provide written statements, recommendations, opinions, or reports regarding custody determinations, parenting arrangements, or divorce proceedings.
6. **Agreement Not to Subpoena**
   To preserve the integrity of the therapeutic relationship and treatment process, all clients agree to waive their right to subpoena their therapist or the therapist's clinical supervisor for court testimony. By signing this agreement, you acknowledge and agree not to subpoena your therapist or their clinical supervisor to testify in legal proceedings.
7. **Court Appearance and Subpoena Fees**
   If this policy is violated and a therapist or clinical supervisor from Iterum Mental Health is subpoenaed or otherwise required to participate in legal proceedings, the client will be responsible for all associated professional fees at the applicable court-related hourly rate. Billable time includes, but is not limited to, document preparation, record review, consultation and communication with attorneys, Guardians ad Litem, Custody Evaluators, travel time, courthouse waiting time, court appearances, testimony, and any other activities related to the legal matter.

Please initial that you have read this page _____

RECORDS RELEASE POLICY & PROCEDURES

Clients generally have the right to review and obtain copies of their health records. However, there are circumstances in which access to certain portions of a record may be restricted or withheld in accordance with federal and state laws, professional judgment, and ethical standards. If access is limited, the reasons for that decision will be communicated to you.

For records pertaining to minors, Iterum Mental Health exercises particular caution regarding confidentiality. Except where otherwise required by law, authorized by a court order, or permitted under applicable regulations, records will not be provided to non-medical third parties without authorization from both legal custodians.

Requests for mental health records made in connection with legal disputes, including custody and divorce proceedings, receive heightened scrutiny. Mental health professionals are afforded discretion under HIPAA regarding the disclosure of certain treatment records. As part of our commitment to protecting the therapeutic relationship and maintaining client confidentiality, Iterum Mental Health carefully evaluates whether the release of records serves a legitimate clinical purpose and is in the best interests of the client, particularly when the client is a child.

Rather than releasing the full clinical record, a provider may determine that a treatment summary or narrative overview is a more appropriate method of responding to a records request. This option may be offered at the provider's discretion.

Records, reports, correspondence, or other materials that originated from outside providers, agencies, schools, hospitals, or institutions are not the property of Iterum Mental Health and cannot be released by our practice. Such documents must be requested directly from the entity that created them.

Requests for copies of records maintained by Iterum Mental Health are subject to the following requirements:

1. **Submission of a Written Request**
   Any request for records must be made in writing and delivered to the treating provider and/or the Owner/Director. Requests submitted solely by text message will not be accepted. The request must be made by a person legally authorized to access the information and must clearly identify the records being requested, along with the requestor's name, signature, and date of submission.
2. **Clinical Review Meeting**
   Prior to the release of records, the requesting party will be required to schedule a consultation with the provider and/or Owner/Director. This meeting will be billed at the provider's standard private-pay rate. Because psychotherapy records often contain clinical observations, diagnostic impressions, and treatment-related terminology that may be misunderstood without context, the review session provides an opportunity for clarification and discussion.
3. **Production of Records and Associated Fees**
   Following completion of the review meeting, copies of the requested records may be produced. A copying fee of $1.00 per page will apply. Records are released as a complete chart and will not be selectively edited or partially produced at the request of the client. All applicable fees must be paid before records are provided.

Please initial that you have read this page _____

Our Agreement to Enter into a Therapeutic Relationship, Consent to Psychotherapy, and Consent to Psychological Assessment

Thank you for choosing Iterum Mental Health. We value the opportunity to support you and look forward to working with you throughout your treatment. If you have any questions regarding the information contained in this document, please discuss them with your therapist prior to signing. By signing this form, I acknowledge that I have carefully reviewed the contents of this Agreement, understand its terms, and agree to be bound by its conditions. I further acknowledge receipt of the Federal Truth in Lending Disclosure Statement for Professional Services, when applicable.

I authorize Iterum Mental Health and its providers to disclose relevant clinical information, including diagnoses, treatment notes, psychological evaluations, testing results, and other necessary records, to my insurance carrier or other authorized third-party payer for the purpose of processing claims and obtaining reimbursement for services rendered.

I understand that any information released under this authorization will be limited to what is reasonably necessary for determining eligibility, benefits, payment, utilization review, or other insurance-related functions. I further understand that access to this information will be restricted to individuals whose responsibilities involve claims administration, payment processing, or benefits determination.

I understand that I may withdraw this authorization at any time by providing written notice to Iterum Mental Health. This authorization will remain in effect for one (1) year from the date of signature.

I acknowledge that I have been informed of the nature of the information that may be disclosed, the purpose of the disclosure, and the individuals or organizations authorized to receive such information. I certify that I have received a copy of this form and agree to its terms.

By signing below, I confirm that I have read and understand the information contained in this document, agree to the policies governing my treatment relationship with Iterum Mental Health and its providers, and voluntarily consent to the commencement of psychotherapy, counseling, group services, psychological assessment, or other clinical services deemed appropriate by my provider.

_____ _____ **Client Name**
(Please Print) Date

_____
Client Signature

If Applicable:

_____ _____ **Parent's or Legal**
Guardian's Name (Please Print) Date

_____
Parent's or Legal Guardian's Signature

The signature of the therapist below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

_____ _____