



INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very pleased that you have selected me to be your psychologist and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details of your treatment. 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. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

The following information regarding my educational background and experience as a therapist is an ethical requirement of my profession. If you have any questions, please feel free to ask.

Dr. Keown is a clinical psychologist who is licensed to practice psychology by the State of Georgia. She has worked in the field of psychology as a therapist and psychological examiner since 1996. Dr. Keown holds a Bachelor of Science from the University of Alabama, graduating with honors in psychology. She earned a Master of Science in psychology from the University of South Alabama and a Master of Arts in clinical psychology from Argosy University. Dr. Keown earned her doctoral degree from Argosy University after completing an internship at the Miami VA Medical Center. Her post-doctoral training was completed in a private practice setting. Dr. Keown currently works in private practice in the historic Roswell area, treating adults with a wide range of issues, disorders or concerns using well-researched modalities of psychotherapy.

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 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 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.



Confidentiality & Records

Your communications with me will become part of a clinical record of treatment referred to as Protected Health Information (PHI). I will always keep everything you say to me completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information.

Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of \$150 per 50 minute session. The fee for the initial visit or consultation is \$175. Doing psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, you and I will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$30 per 15 minutes. The fee for each session will be due at the conclusion of the session. Cash, personal checks, American Express, Visa or MasterCard are acceptable for payment. The receipt of payment may also be used as a statement for insurance if applicable to you. Please note that there is a \$25 fee for any returned checks. If psychological testing and evaluation is requested and agreed upon, the fee for testing, interpretation and report preparation is \$135 per hour.

Fees for legal services are billed at \$400 per hour including communication with those involved in legal matters, travel, preparation and cancellations. I do not conduct custody evaluations and am not involved in forensic psychology. It is therefore not typical of my practice to become involved in legal proceedings with a client. If you are involved in a legal matter or likely to become involved in one in the near future, please advise me immediately so that an appropriate referral may be made.

Insurance

Insurance is not accepted or filed by this practice. Dr. Keown and Positive Living Psychotherapy are not in-network with any insurance companies. However, we provide you with all the documentation necessary to file out-of-network with your insurance company for reimbursement directly to you based on your plan benefits. Full payment is due at the time of your session. Feel free to call David Keenan at Medical Billing Solutions, Inc. at 1-888-734-0882 and he will be happy to check your out-of-network benefits.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.



In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a beeper nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls within 24-48 hours. 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 Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589, call 911, or go to your nearest emergency room.

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. If you and I were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. 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. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

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 American Psychological Association. 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 nature of psychotherapy, I am unable to guarantee specific results regarding your therapeutic goals. 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.

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, it is likely that this discomfort will subside.

Dr. Maureen Keown
Licensed Clinical Psychologist

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Positive Living
Psychotherapy



I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask. Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you. Your signature also acknowledges that you have been offered a copy of the HIPPA policy. You will be provided with this policy at any time.

Client Name (Please Print)

Date

Client Signature

Parent's or Legal Guardian's name & signature

Date