

Statement of Confidentiality & Consent to Treatment

Welcome & Who is Chris?

Thank you for choosing me to be your therapist. I would first like to congratulate you on taking the first step toward a better and healthier relationship, life, and future.

I received my bachelor's degree from Central Michigan University in Family Studies, with a concentration in Human Sexuality. I received a Masters and Doctoral degree from Michigan State University, in Human Development and Family Studies, Specializing in Couple and Family Therapy. In addition to my licensure as a Marriage and Family Therapist in Georgia, Ohio, and Michigan, I am also a Certified LGBT Psychotherapy Provider, and a Certified Family Life Educator. I consider myself to be a relational therapist, specializing in working with intimate relationships and individuals; however I am trained and have experience working with all types of presenting problems.

Philosophy of Treatment, Potential Benefits and Risks

It is my belief to work collaboratively with you as the client in order to best help you discover the best way to handle your difficulties. I do engage in minimal psychological testing to gather baseline information, but I always share this information with you from a therapeutic assessment standpoint; you can ask at any time for me to clarify *any* component of therapy or assessment. That being said, therapy is not easy. Just as with any healthcare service, there is a potential for benefits and risks associated with your treatment.

While no one can guarantee or promise a specific outcome, there are a number of potential benefits that can result from therapy. The benefits usually depend on the specific issues or difficulties that you hope to address. The benefits are also dependent on the goals that are set during therapy and the amount of time and effort you are willing to pursue. Research has shown that people who attend therapy often report feeling better than those people who do not. Potential Risks include the possibility that change will not occur, or that difficulties may get worse as a symptom of change when treatment begins. If you experience any kind of negative reaction or concerns related to therapy, I encourage you to talk over the situation with me as soon as you can.

Confidentiality

I maintain a strict level of confidentiality when it comes to my clients. I do not provide information to outside sources, nor do I acknowledge that you are even my client, without written, expressed permission from you as my client. I uphold the ideals that a client's privacy and trust is the foundation to a successful therapeutic relationship.

Limits to Confidentiality. Confidentiality may be revoked in the following instances (outside of my control):

1. A valid court order mandates the release of records
2. The client is a danger to self or others
3. There is reason to believe that there has been abuse (including neglect) of a child, or of an elderly, vulnerable, or disabled person
4. Certain communicable diseases are required to be disclosed to the health department
5. The client initiates a complaint or legal proceedings against me

Only the minimum amount of information will be disclosed as request for the above instances. Clients may also request that I speak or collaborate with other health care professionals. To do so, I require a signed document giving me permission to communicate in the manner described with that individual/group/agency. You can revoke the permission at any time, within legal limits.

Christopher K. Belous, PhD LMFT

No Secrets. As a Couple and Family Therapist, I view the *relationship* as my client, not each client individually. As such, I make no guarantees about maintaining secrets of one member of the relationship, at the expense of the other partner(s).

Professional Boundaries. I will not engage with you on Social Networks (e.g. Facebook, Twitter), or begin a personal friendship with you outside of the therapy session. Should I see you in public places, I will take my cue on how to act from how you interact with me, only providing acknowledgement when you have done so first. As well, I am not an emergency mental health provider. Should you have a mental health emergency you should contact Grady Hospital Behavioral Health Center at (404) 616-4444, or call 9-1-1.

Appointments

Typically, therapy sessions are scheduled for once per week; approximately 45-60 minutes in length, but this arrangement can be changed to meet your needs. Appointments need to start and end on time, as they are a reservation of my time, your time, and the time of potential clients before and after your session. You may want to come to your session a few minutes early in order to complete routine questionnaires.

Fees and Scheduling. All billing and fees are completed through the Mercer Medicine group. Should insurance be used when paying for services, your fee is determined by your insurance company in conjunction with Mercer Medicine. Your co-pay is determined by your insurance plan, and any deductibles must be met. It is your responsibility to know this information, and come prepared to each session with payment. Should you need to cancel your appointment, provide at least 24 hour notice (678-547-6779). See Fee Agreement for details.

Your Rights as a Client

You, as the client, are entitled to certain rights and maintain responsibilities regarding your mental health treatment or evaluation. As a consumer, you have the ability to “hire” and/or “fire” me as your mental health provider at any time. You have the right to efficient and helpful mental health treatment. Should you have a concern about your services, please do not hesitate to open a discussion with me, so we can work together to help you get the services you need.

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Your signature below indicates that you have read this information and consent to treatment/evaluation by Christopher K. Belous, PhD LMFT. All clients over the age of 17 are required to sign, under 17 a legal guardian must accompany signature. A copy of this agreement can be provided upon request.

_____	_____	_____
Client Written Name	Client Signature	Date
_____	_____	_____
Client Written Name	Client Signature	Date
_____	_____	_____
Client Written Name	Client Signature	Date
_____	_____	_____
Client Written Name	Client Signature	Date
Christopher K. Belous, PhD LMFT	_____	_____
Therapist Written Name	Therapist Signature	Date