

Tyler Orr, LPC/MHSP  
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<b>Client Name</b> _____		
<b>Birthday</b> _____		
<b>Address</b> _____		
<b>City</b> _____	<b>State</b> _____	<b>Zip Code</b> _____
<b>Email</b> _____	<b>Phone</b> _____	
<b>Emergency Contact</b> _____	<b>Name</b> _____	<b>Phone</b> _____

**INFORMATION, AUTHORIZATION, &**  
**CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your therapist, 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 regarding 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.

*I hold a Master of Arts in Clinical Mental Health Counseling from Adams State University, 2014*

*I am a licensed professional counselor in the state of Tennessee with a mental health service provider designation (LPC/MHSP)  
License number 3447*

*I am a National Certified Counselor (NCC). Certified by the National Board for Certified Counselors.  
Certificate number 349491*

Please initial that you have read this page \_\_\_\_\_

### 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 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 are in complete control, and 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, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my locked office. Additionally, 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. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a therapist. This state has a very good track record in respecting this legal right. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but I will do everything in my power to keep what you say confidential.

Please note that in couple's counseling, I do not agree to keep secrets. Information revealed in any context may be discussed with either partner.

### Structure and Cost of Sessions

I am pleased to offer a sliding fee scale. By signing this document, you indicate an understanding that fees for counseling are based on gross annual household income, and that you have given an honest account of income and number of dependents. All sliding fees can be found in the table below and in this link <http://www.tylerorr.com/general-information>.

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Annual Household Income	Number of Family Members					
	1	2	3	4	5	6+
\$0 - \$19,000	\$90.00	\$85.00	\$80.00	\$75.00	\$70.00	\$65.00
\$20,000 - \$29,000	\$95.00	\$90.00	\$85.00	\$80.00	\$75.00	\$70.00
\$30,000 - \$39,000	\$100.00	\$95.00	\$90.00	\$85.00	\$80.00	\$75.00
\$40,000 - \$49,000	\$105.00	\$100.00	\$95.00	\$90.00	\$85.00	\$80.00
\$50,000 - \$59,000	\$110.00	\$105.00	\$100.00	\$95.00	\$90.00	\$85.00
\$60,000 - \$69,000	\$115.00	\$110.00	\$105.00	\$100.00	\$95.00	\$90.00
\$70,000 - \$79,000	\$120.00	\$115.00	\$110.00	\$105.00	\$100.00	\$95.00
\$80,000 - \$89,000	\$125.00	\$120.00	\$115.00	\$110.00	\$105.00	\$100.00
\$90,000 - \$99,000	\$130.00	\$125.00	\$120.00	\$115.00	\$110.00	\$105.00
\$100,000 and above	\$135.00	\$130.00	\$125.00	\$120.00	\$115.00	\$110.00

Your annual household income: \$ \_\_\_\_\_

Fee for counseling: \$ \_\_\_\_\_ per 50-minute session

Please note that proof of income must be provided before or at the beginning of your initial session. Acceptable forms of proof include tax statements, bank statements, and pay stubs. You're welcome to bring your proof of income with you to your first session, or if you prefer, you can fax them to 423-252-2210 or email them to [jennifer@tylerorr.com](mailto:jennifer@tylerorr.com).

Payment is due when services are rendered unless an agreement has been made in advance. 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. Telephone calls that exceed 10 minutes in duration will be billed at \$1 per minute. The fee for each session will be due at the conclusion of the session. Cash, personal checks, Visa, MasterCard, Discover, American Express, or Health Savings Account cards are acceptable forms of payment, and I will provide you with a receipt of payment upon request. Please note that there is a \$30 fee for any returned checks. I do not accept insurance at this time.

Sometimes illnesses and emergencies happen which prevent you from keeping your reserved time. In those instances please call the office to let us know what happened as soon as possible, and there will not be a charge for these infrequent occurrences. In the absence of such circumstances, you will automatically be charged the full session fee for appointments not cancelled twenty-four hours in advance of your reserved time. Patients arriving late to appointments are responsible for the regular session fee even though the full 50 minutes will not be available. If you are more than 25 minutes late without calling, the appointment will be cancelled and charges will apply. In case of inclement weather (e.g., snow and ice) please call the office to determine if it will be open.

No Show/ Missed Appointments: If you miss an appointment, it is to your benefit to call us as soon as possible in order to let the office staff know if you have suffered an emergency situation. Otherwise, we will have to hold you accountable to the 24 hour cancellation policy and automatically charge for the full session cost.

Missing Multiple Appointments: Please call us if you miss multiple appointments to avoid your future appointments being cancelled. If you miss 2 appointments in a row, due to our ongoing waiting list, we will

Please initial that you have read this page \_\_\_\_\_

have to cancel all future appointments until you call in to reschedule. Additionally, you may be required to prepay for future appointments. If you miss 3 appointments in a row without calling the office to let us know why you missed the appointment, then you will be considered an inactive client and all future sessions will be cancelled. If you wish to begin counseling again after becoming inactive, you will be placed back on the waiting list. Additionally, if you are not on the schedule for more than two months, you will be considered inactive. Please discuss any concerns you may have regarding this policy with your counselor.

Please be advised that you are required to provide and maintain on file a valid credit card number and authorization. This information will be maintained in strict confidentiality. If you have a late cancellation or no show we reserve the right to automatically charge your credit card on file for the full session cost.

#### 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, my assistant or I will return phone calls within 24 hours with the exception of holidays. 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 RESPOND hotline at Parkridge Hospital: 423-499-2300
- In Tennessee call Crisis Response Services: 855-274-7471
- In Georgia call Behavioral Health Link/GCAL: 800-715-4225
- Call 911.
- 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, we 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.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

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. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other 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 Counseling 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 professional licensing board that governs my profession.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. 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 nonetheless.

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, help is generally on the way.

#### Court Appearance and Legal Testimony

It is our policy not to become involved in cases that will, or are likely to necessitate court-ordered testimony or the surrendering of patient records. However, if your situation will or is likely to require this, please let your therapist know before your initial session begins. Court requirements for patient records to be compiled by your counselor have a minimum charge of \$100 per document. In the event you or your attorney initiate a subpoena for your counselor to appear in court you agree to pay our standard fee of \$200 per hour portal to portal.

#### Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains therapeutic and professional. Therefore, I've developed the following policies:

Cell phones: It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you. If this is a problem, please feel free to discuss this with me.

Text Messaging and Email: Both text messaging and emailing are not secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to text and/or email because it is a quick way to convey information. If you choose to utilize texting or email, please discuss this with me. **However, please know that it is my policy to utilize these means of communication strictly for brief topics such as scheduling and appointment confirmations.** Please do not bring up any therapeutic content via text or email to prevent compromising your confidentiality. **You also need to know that I am required to keep a copy of all emails and texts as part of your clinical record.**

Facebook, LinkedIn, Instagram, Pinterest, Etc: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality.

Google, etc.: It is my policy not to search for my clients on Google or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Please feel free to ask questions, and know that I am open to any feelings or thoughts you have about these and other modalities of communication.

**Appointment reminders:** I'm pleased to offer appointment reminders that can be sent to you the day before your session. These reminders are automatically sent to your phone via text message. The service I use for these reminders meets the security requirements to be considered HIPAA compliant. Appointment information is considered Protected Health Information under HIPPA. By checking yes, you are waiving your right to keep this information completely private and requesting that text reminders be sent to your phone.

Do you wish to receive appointment reminders via text messages? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Our Agreement to Enter into a Therapeutic Relationship

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 "Information, Authorization and Consent to Treatment" form as well as the **Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with me, and you are authorizing me to begin treatment with you.

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**Client Name (Please Print)**

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**Date**

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**Client Signature**

**If Applicable:**

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

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**Date**

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**Parent's or Legal Guardian's Signature**

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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**Therapist's Signature**

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**Date**

Please initial that you have read this page \_\_\_\_\_