

Shenithia Arnold, EdD, LPC, ACS, NCC
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Atlanta, GA 30324
678. 744. 6965

Information for Clients

ABOUT YOUR THERAPIST...

Dr. Shenithia Arnold is a Licensed Professional Counselor in the state of Georgia as well as a Nationally Certified Counselor through the National Board for Certified Counselors. Presently, Shenithia holds a Doctorate in Counselor Education & Supervision, a Master of Arts in Community Counseling, and a Bachelor of Arts in Psychology. She has over 10 years of professional experience providing services for adolescents, teens, and adults in various settings including psychiatric facilities & institutions, private practice, in-home and community service centers, the juvenile justice center, adult correctional facilities, and managed care companies. Dr. Arnold is the owner and founder of Journey2Greatness, LLC whereby she services adolescents and adults through individual, group, and family therapy. Additionally, Dr. Arnold is an adjunct professor at Liberty University Online Programs whereby she teaches Master and Doctoral level students in the Department of Counselor Education & Family Studies. Her career trajectory includes that of a Counselor Educator, Licensed Professional Counselor, Approved Clinical Supervisor, and Mental Health Consultant.

BENEFITS & RISKS OF COUNSELING....

Researchers assert that there are numerous benefits to counseling. I believe that the counseling process is a powerful one in that it is a journey of self-awareness and discovery. Counseling provides an opportunity for clients to develop insight regarding their thoughts, feelings, and behaviors in an effort to cope more effectively. As a licensed therapist, I have worked with clients who have experienced years of depression yet after receiving counseling, reportedly they were able to find a sense of hope. Client's struggling with anxiety often learn effective techniques and coping skills to better manage their worries/concerns. Relationships often improve as well as communication skills. In counseling, people have the opportunity to talk through their stressors until things are naturally resolved. Another potential benefit to counseling is learning to develop and maintain a *sense* of balance when faced with the inevitable challenges that life presents. However, the outcome of counseling depends greatly on the motivation and effort that the client brings to the therapeutic setting.

There is also the risk that through counseling, clients may at times feel uncomfortable levels of sadness, guilt, anxiety, frustration, loneliness, helplessness, or other negative feelings as a part of the healing process. However, the goal is to find a way to manage those feelings appropriately. It is not uncommon (especially with children) for symptoms to worsen before improving. Anytime we engage in change, the more familiar way of existing in the world and in our relationships is stirred up causing some degree of discontentment. There is also the risk of family members, friends, and/or significant others having their own reactions to a client's new way of thinking, feeling, and behaving.

Overall, the benefits greatly outweigh the risks. When a client and his or her therapist are both committed to the process of counseling and both understand that therapy is not a quick fix, results are often observed. It takes great courage to begin the process of counseling! If you have any questions about what to expect during your *Journey 2 Greatness*, I am more than happy to discuss this with you not only in our first session together but throughout the process.

GROUP COUNSELING...

Group counseling sessions are ideal for a numerous of reasons. One of which is that clients are provided a confidential and safe space to share their most intimate thoughts, feelings, and experiences with a license professional as well as with other individuals who may have similar thoughts, feelings, and experiences.

Adolescent/Teens Process Groups will meet face to face for six to eight consecutive weeks to discuss/process their thoughts, feelings, struggles, and/or concerns regarding what's important to them and other adolescents/teenagers their age. This group experience aims to provide teenagers with professional feedback from a license therapist and other adolescents/ teenagers who may have experienced similar challenges. **CLIENTS MUST ATTEND ALL 8 CONSECUTIVE SESSIONS IN THE GROUP CYCLE** (except in the case of an emergency). **THUS, CLIENTS ARE FINANCIALLY RESPONSIBLE FOR ALL SESSIONS PRIOR TO THE START OF THE GROUP CYCLE.** If a Group is in a new cycle, any interested clients are encouraged to pay for at least one full session in advance to secure 1 of the 8 available seats at the start of the new cycle.

Psycho-Education or Content Specific Groups will meet face to face for six to eight consecutive weeks to process thoughts, feelings, and experiences as well as learn evidenced based skills to cope with stressors. Fee's for psycho-education groups are due **PRIOR** to the start of the session. If the group is in a new cycle then each interested group member is recommended to pay initial session fee in advance to secure 1 of the 8 available seats.

Informed Consent

CONFIDENTIALITY

Confidentiality is a client's legal right. Our sessions and my records about you are kept private. I am prohibited by law to keep information regarding your disclosures private. I will not inform others that you or your child is receiving counseling services from me, or disclose what is discussed. In all but a few situations, your confidentiality and privacy is protected by state law and by the ethical rules of my profession. However, exceptions are as follows:

1. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means informing authorized persons about the threat of harm.
2. If I have reason to believe a child or any adult dependent has been or will be abused or neglected, I am legally required to report this to the proper authorities.
3. If you are or will be involved in court proceedings and my records are ordered by a judge.
4. If a guardian ad litem (GAL) is appointed in a custody case involving child clients I have seen for counseling services and she/he is ordered by the court to have access to mental health practitioners and records therein, I am required to provide that information as it is court ordered.

5. The Patriot Act of 2001 requires me in certain circumstances, to provide federal law agents with records, papers and documents upon request and prohibits me from disclosing to my client that the FBI sought or obtained the items under the Act.
6. I am happy to provide paperwork for you to file with your insurance company (e.g., Super Bill); however in doing so, there will be a diagnosis required with the paperwork and there may be a violation of your confidentiality as insurance companies do not always observe the same strict confidentiality policies that I do as a License Professional Counselor.
7. Occasionally, I may seek professional consultation with other licensed professionals where I share information about my cases for educational or consultation purposes *only* regarding how to best serve my clients *without* revealing ANY confidential or identifying information.
8. If you should choose to communicate with me via email, I cannot guarantee your confidentiality as sometimes an email remains on a server and may be accessible by others. However, if you wish to communicate with me by email, feel free to do so at:
journey2greatness@yahoo.com.
9. In the case of my death or major medical incapacitation, all of my records will be accessed by Trondi Jerry, LPC.

More on Confidentiality:

In **working with children**, legally the parent(s) or legal guardian(s) of the child hold legal rights to the client; *however confidentiality lies with the child client*. In order to establish and preserve the essential relationship and setting for a child's therapy, I honor the child's disclosure as confidential while providing parents and/or legal guardians only with summaries of treatment goal, plan, progress, and recommendations for continued treatment as requested.

In **working with couples and families**, the couple/family as an entity is my client. At that time, I am not providing individual therapy for either half of the couple or for any one member of the family. *I will not be a "secret keeper" nor will I facilitate secret keeping...* If anything significant is revealed in an individual session of a client in which I am also conducting couples/family therapy I will encourage the client to disclose the information in the next session so we can work through it effectively.

DIVORCE & CUSTODY CASES....

*****I am not a custody evaluator and cannot make any recommendations on custody. I can refer you to a list of licensed psychologists who provide custody evaluation if needed.***** Due to the sensitive nature of divorce and all potential issues that may arise in such cases, I have very specific policies to which you **MUST** agree before we enter a counseling relationship:

1. If I am seeing a child whose parents are in the process of divorce or who are already divorced, I require a copy of the standing court order demonstrating the custodial rights of each parent and/or the parenting agreement that is signed by both parents and the judge at the first intake session. I will need to have contact with the parent who has legal custodial decision making for medical issues before I see the child for counseling. I will need to obtain written consent for the child to participate in counseling from the legal custodian(s).
2. I will be available to provide an interview with a guardian ad litem (GAL) assigned to investigate the best interest of any child I am counseling upon production of court order demonstrating the Gal's right to examine your clinical record or speak with me. Otherwise, the

adult client or parents of child client will need to sign a release for me to speak with the GAL. The client will be charged a full session fee for me to have such meeting with a GAL.

3. I will provide an identical summary of a child's therapy progress, treatment plan information and parent recommendations to both parents who share in the legal custody of the child I am seeing for counseling and will offer and encourage opportunities for both parents to participate in parent consultations along the way.

4. Family sessions will likely be recommended and depending on the case, the therapist may need to see the child with each parent separately, or possibly siblings and/or other significant family members who live in the home with the child.

5. **I ask all of my clients to waive the right to subpoena me to court.** This policy is set in order that I can preserve the efficacy and integrity of my therapeutic progress and relationship with you and/or your child(ren). It is my experience that my appearance in court often damages my therapist-client relationship and it is my ethical duty to make every reasonable effort to promote the welfare, autonomy, and best interests of my clients. By signing this agreement, you are waiving right to have me subpoenaed and agreeing in fact not to have me or my records subpoenaed. I will be happy to provide a referral to another therapist who may be willing to appear in court if needed as an alternative if you would prefer.

6. In the case I am subpoenaed to appear in court even with this waiver – whether I testify or not – I charge my full standard fee for Court Related work of \$100/hour of my professional time. Any of my time dedicated to any court-mandated appearance including preparing documentation, discussions with lawyers and/or the guardian ad litem in connection with the court appearance and any time spent waiting at the court house in addition to time on the stand as well as any travel time will be billed at \$100 per hour.

I understand these policies and hereby waive any and all rights to subpoena Shenithia Arnold d.b.a Journey2Greatness, LLC and her clinical record on any current or future legal proceedings.

Printed Name _____
Signature _____ Date _____

SCHEDULING & CANCELLATIONS:

I require 24 hours notice of cancellation of any appointment.

If a client does not arrive for a scheduled appointment or cancels inside of 24 hours, there will be a charge billed for the full fee session.

On the rarest occasion there is what I consider to be a *true, absolute, unavoidable emergency* I will waive the charge. If you or your child is contagious, has fever, is vomiting, has incessant coughing, has a profusely runny nose, please call me as soon as you notice these indications as we do not wish to put other clients at risk of illness. I simply ask for 24 hours notice whenever possible. *If sudden onset, call me as soon as possible and request waiver of the 24 hr. notice policy.*

Fees, Payment, Insurance...

All fees are paid directly to me, your therapist. I accept Cash, Zelle, Cash App (\$ShenithiaArnold), PayPal, Master Card, Visa, American Express, and Discover. Currently, I am contracted with Prime Healthcare insurance, Anthem Blue Cross & Blue Shield, and Cigna. However, if you wish to begin services as an out- of -network client, I will be happy to provide

paperwork for you to file with your insurance company for reimbursement. I CANNOT guarantee that your insurance company will reimburse any services rendered. It is also important to note that I am not responsible for contacting your insurance company to ensure reimbursement.

Additionally, I have a contractual agreement with LiveSafe of Georgia, BCBS EAP, Cigna EAP, ESI EAP services, as well as WellSpring EAP services.

I am sensitive to current economic challenges and will discuss alternative payment (if necessary) at our initial intake session. A reduced fee agreement will be signed once application is approved. There is a **\$25 fee for any insufficient funds**. That \$25 fee is due at the time of your next session, along with the payment for that session. If I receive two (2) insufficient funds from you, I will require that you pay using cash or credit card only from that point forward.

Standard Fees:

30 Minute Psychotherapy Session: \$65

45 -60 Minute Individual Session: \$100

45 Minute Individual Psychotherapy add-on's: \$100

60 Minute Family Psychotherapy (with patient): \$100

60 Minute Group Sessions: \$65

50 Minute Other Psychiatric/Clinical/Administrative Services: \$45-\$100

****Sliding scale for Self-Pay individual sessions *may* be available upon request at 35% reduced rate****

Phone or Email Communications initiated by client exceeding ten minutes, will be pro-rated and billed at the relevant session rate.

Preparation of Summaries of Treatment at request of client: \$45 per item requested.

Court Related and/or Child Specialist Work for Collaborative Law Cases: \$100/hour of any and all time spent on the case.

I do require payment of fees be made at the beginning of each session so business can be out of the way prior to addressing any issues the client need or want to address during the session. If you are utilizing your insurance benefit be prepared to pay your co-pay prior to the start of the session. *If you are a LiveSafe contracted client, BCBS EAP, Cigna EAP, ESI EAP client, or a WellSpring EAP client disregard.*

After Hour Support and Emergencies... I DONOT provide emergency services.

You may call me during business hours on my mobile office number 678 744 6965 and leave me a confidential voicemail including your telephone number (even if you know that I have it) along with a brief message. I will return your call when I have finished all sessions and business with other clients or between sessions if possible. If I am unable to return your call the same day that you leave the message, I will do so as soon as possible the following business day. I also provide all clients of my away-from-office dates in advance.

If you have a life- threatening emergency, you should always call 911 or go to the nearest hospital of your choice.

Only contact me in an emergency situation, *after* you have already obtained emergency assistance from 911 or appropriate authorities.

Other after hour Mental Health Resources (not to be substituted for calling 911 for emergency):

National Suicide Prevention Lifeline 800.273.8255

Georgia Crisis & Access Line 800.715.4225

Southern Regional Hospital 770. 991. 8000

Ridgeview Institute 770. 434.4567

Peachford Hospital 770.454.5589

Skyland Trail 844.456.3262

Cobb Mental Health Crisis Line 770.422.0202

Fulton Mental Health Crisis Line 404.730.1600

Non-Emergency Mental Health Resources

Fulton County Community Service Board 404.613.3675

Clayton Community Service Board 470.237.9142

Dekalb Community Service Board 404.294.3836

Department of Family & Children Services 404.657.3459

My Records...

You should be aware that pursuant to HIPAA, I keep information about all of my clients in a collection of professional records. This constitutes your clinical records. You may schedule an appointment to examine your clinical record. Additionally, you may receive a copy of your clinical record, if you request it in writing. Because these are professional records, they could be misinterpreted by inexperienced and/or untrained and unlicensed professionals. For this reason, I recommend that you initially review them in my presence during a scheduled session or have them forwarded to another mental health professional so you can discuss the contents. There will be an administrative fee of \$45 charged for the time it takes to compile a summary of records and mailing the records. However, a transfer of records from one professional to another is no charge.

Client Rights...

HIPAA provides you with several new or expanded rights with regard to your clinical records and disclosures of protected health information. These rights include: requesting that I amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures are sent; having any complaints you make about my policies and procedures recorded in your records; and the right to a paper copy of this Agreement, the Notice form, and the privacy policies and procedures.

Complaints or Grievances...

If you feel that there is basis for a formal complaint or grievance about anything related to the professional services I am providing, I invite you to first share your concerns with me directly so that I will be informed and have an opportunity to respond and resolve any potential

misunderstanding. Or you have a right to file a complaint with my licensing board and may do so by contacting the board at the following address and phone number:

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

Our Agreement to Enter into Counseling Services....

I have read or have had this agreement read to me. I understand all of the information provided in the pages above, have initialed all pages indicating that I have read them and understand them. I agree to abide by all the policies outlined herein. By signing this agreement, I am consenting to treatment and understand all the benefits and risks of counseling as outlined herein.

Printed name of client

Signature of client

Date

Printed name of legal guardian or Ad Litem

Signature of legal guardian or Ad Litem

Date

Signature of Therapist

Date