

New Perspectives

PSYCHOTHERAPY



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INFORMATION, AUTHORIZATION, AND CONSENT TO TREATMENT:

Welcome to New Perspectives Psychotherapy. I am very pleased you have selected my practice for therapy and look forward to serving you. This document is intended to outline what you can expect from engagement in therapy and several other details regarding your treatment at New Perspectives Psychotherapy. It is my commitment to keep you fully informed of your therapeutic experience and provide collaboration and open communication. Questions, comments, and suggestions with regard to your therapy are encouraged and welcomed. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together.

Therapeutic Process/Client Participation/Therapist Background: You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. There is a possibility that you might experience strong feelings or a change in mood. It will be important to discuss and acknowledge these changes and work through these feelings with me in therapy. There are no miracle cures, but I can promise to support you and provide you with effective therapeutic strategies and insights to manage mental health symptoms and elicit wanted change. Therapy begins with an intake session designed to evaluate your needs and goals for therapy. This can often take more than one session to assess. It is also an opportunity for you to determine if I am the best therapist to meet your current needs. If I assess that I do not have the skills to adequately address your presenting needs, I will assist you in finding appropriate referrals. If it is determined that our therapy will move forward, together we will formulate treatment goals, directed by you, and this will provide a framework for our treatment. Sometimes goals are met within just a few weeks or months, and other times it might take a longer period of time. We will periodically have reviews to determine progress in therapy. It will also be determined in the intake process the appropriate frequency of therapy. It is my ethical obligation to practice within my scope and area of expertise, and at any time, different treatments may be recommended. If symptoms worsen beyond my ability to treat them adequately, a higher level of care

may be indicated and discussed with you in therapy. It is within your right to refuse or terminate treatment at any point.

Lauren Shemain, LCSW, is a Licensed Clinical Social Worker in the states of Georgia (CSW006150) and New York. She graduated with a Master in Social Work from New York University's Silver School of Social Work. She specializes in providing individual therapy to young adults, adults, and older adults. Lauren is skilled in working with clients to address issues related to anxiety, depression, grief and loss, life transitions, stress management, and relationship and familial conflicts. Lauren's approach is eclectic and integrative and introduces techniques from multiple theoretical orientations including but not limited to Psychodynamic Therapy, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Emotional Freedom Techniques, Mindfulness Practices, Interpersonal Psychotherapy, Trauma Informed Therapy, and Strength-based Interventions. These interventions are tailored to meet the needs of the individual client.

New Perspectives Psychotherapy assures you that services will be rendered in a professional manner consistent with the National Association of Social Workers. If at any time you feel that I am not performing in an ethical or professional manner, please let me know immediately. If you feel that your concerns have not been adequately addressed, you may contact the Georgia Board of Professional Counselors, Social Workers, and Marriage and Family Therapists at 844-753-7825.

Confidentiality: What is discussed in therapy will be kept strictly confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, or as part of the professional practice of this business. The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. A release of information would need to be signed and dated. While therapy is a safe and trusting space, there are limitations of such client held privilege of confidentiality and they are itemized below:

1. If a client threatens and has a plan or intention to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If you are using your insurance (this includes out-of-network benefits) to cover your sessions, a mental health diagnosis is required and your records may be requested by the insurer for justification of services and payment. All information needed to pay claims and continue treatment will be provided to the insurance company. This includes demographic information and a diagnosis, and at times treatment plans and therapy progress notes.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. I VOLUNTARILY CONSENT TO TREATMENT SERVICES AND AUTHORIZE LAUREN SHEMAIN, LCSW, OF NEW PERSPECTIVES PSYCHOTHERAPY LLC, TO PROVIDE SUCH TREATMENT. I UNDERSTAND THAT MY GOALS FOR TREATMENT ARE NOT GUARANTEED AND I AM ABLE TO END TREATMENT AT ANY TIME. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL THE INFORMATION IN THIS CONSENT, THE RISKS AND BENEFITS HAVE BEEN EXPLAINED TO ME, AND I HAVE BEEN THE GIVEN THE OPPORTUNITY TO ASK QUESTIONS.