



JENNIFER TARDELLI, MA, LPC, NCC
PSYCHOTHERAPY • WOMEN'S ISSUES

404.733.0383 • JRT@JENNIFERTARDELLI.COM • WWW.JENNIFERTARDELLI.COM

Consent for Treatment

Below please find the policies, laws and some practical information regarding my therapeutic practice. Please read the following information and discuss any questions or concerns.

Confidentiality: The content of therapy sessions and the identity of patients is confidential information under Georgia law. Clients may choose to release information to specific individuals with written consent. Confidentiality can be broken only if the therapist has reason to believe that the client may be a danger to herself or others and in cases of child or elder abuse and neglect. I elect to report animal abuse & neglect. In the event that we see each other outside of a therapeutic session I will take the client's lead as to whether or not we acknowledge each other.

Mutual Consent: Research supports that the therapeutic relationship is essential to a client meeting therapeutic goals. Therefore, it is important that we both agree that the treatment I provide and our rapport is a good fit for your personality and issues. If either of us determines that my therapeutic style and scope of practice does not support you meeting your therapeutic goals we will discuss options for alternative therapists, treatments or resources that according to my judgment would better serve you.

Termination Policy: You are under no obligation to continue services and may choose to end therapy at any time. An open discussion is a valuable part of ending therapy. Additionally, I am legally obligated to close out your file if we haven't had a session in three months. To reopen your file simply contact me to schedule an appointment.

Communication and Availability: I can be reached at (404)733-0383 for phone calls and texts and at jennifertardelli@yahoo.com for emails. Please allow 24 hours for communication to be reciprocated. Phone calls and texts received during evening and weekend hours will be returned the following business day. Please be aware that using any technology to communicate may not be encrypted and therefore confidentially cannot be guaranteed. I do not have a secure portal with which to conduct video sessions. I am not available by beeper or pager system. If emergencies arise call 911 or Ridgeview Institute at 770-434-4567 or go to the closest emergency room as appropriate.

Payment for Services: My fee is \$175.00 for a fifty-minute psychotherapy session. Full payment is due at the time of service via credit card or cash. Phone calls requiring therapeutic intervention will be billed at \$175.00. Should you decide to file for reimbursement from your health insurance company, I will provide the required information for the claim to be processed upon request. You are responsible for determining your health insurance benefits and obtaining, filling out and submitting the appropriate claim forms and communicating with your health insurance company.

Missed Appointment Policy/Appointment Changes & Cancellation Policy: You will be charged in full for all appointments that are cancelled or rescheduled without 24 hours advance notice. Insurance will not cover these charges. You will also be charged for a full session if you miss a scheduled appointment, come late or leave early. A credit card will be kept on file for these purposes. If for any reason I must cancel an appointment, you will be advised at the earliest possible time.

Home Office Policy: When visiting my home office, please come inside exactly at your appointment time. Because I do not have a waiting area, please note that a car in the driveway generally means I am finishing with the client scheduled prior to your appointment. The entrance to my office is to the right of my garage through the gate and on the side of my house. When your appointment is finished please leave the premises. Only come to my home office when you have a scheduled appointment. Please feel welcome to park in the driveway.



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Litigation: If you are involved in litigation be aware that disclosure of receiving mental health services may result in your mental health becoming an issue before the court. Additionally, your mental health records could be subpoenaed by the court and your confidentiality rights will be waived. Consult with your attorney before disclosing receiving mental health services. In the event that I become involved in your litigation be aware that I charge my full hourly rate of \$175.00 per hour for all time I spend on your case including, but not limited to, gathering records, speaking to attorneys, preparing to testify, testifying, travel and my own legal and therapeutic consultations. Additionally, all expenses I incur from working on your litigation case will be passed on to you including but not limited to any legal consultation fees, professional supervision fees, travel, accommodations and meals.

Social Media Policy: The therapeutic relationship is a highly personal relationship. However, there are boundaries in place to protect both client and therapist and to facilitate client's best care. Therefore I do not accept any friend requests or requests to follow me on any social media sites nor do I follow any clients on social media.

Therapy Dog: With a client's invitation, my dog may attend therapy sessions. She is trained to greet clients and then lay on the floor quietly for the remainder of the session. Many clients find a dog's presence during therapy to be valuable. However, if her presence is not welcome by you she need not attend our session.

Acceptance of Policies: In order to serve you efficiently and responsively I require that agreements be made as to the policies stated above.

If you have read the policies, understand, and agree to them, please sign below:

SIGNATURE: _____ SIGNATURE: _____

PRINT NAME: _____ PRINT NAME: _____

DATE: ____/____/____

DATE: ____/____/____