

# Cheri Mattox-Carroll, M.Ed., LPC, NCC, BC-TMH, CPCS Director of Counseling

North Metro Campus • Marietta Campus • Chattahoochee Technical College • 770-975-4152  
Cheri.Mattox-Carroll@ChattahoocheeTech.edu

---

## **INFORMATION, AUTHORIZATION and CONSENT TO TREATMENT**

I am very pleased that you have selected me to be your counselor, and I am sincerely looking forward to assisting you. This document is designed to inform you about what you can expect regarding the counseling process, confidentiality, emergencies, and other details regarding your treatment. This document is part of my commitment to keep you informed of every part of your counseling 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.

### **Background Information**

The following information regarding my educational background and experience as a counselor is an ethical requirement of my profession. If you have any questions, please feel free to ask.

I received my bachelor's degree from East Texas State University and my master's degree in Counseling from West Georgia State University. I have been practicing psychotherapy since 1995 at such facilities as North Metro Technical College and Chattahoochee Technical College. I have also presented several workshops on topics such as Distress Tolerance, Depression, Generalized Anxiety, Stress Reduction, Positive Relationships, QPR Suicide Prevention, and Mindfulness Meditation. Additionally, I have been a member in good standing in the following professional associations: GCCA and ACCA. I am a council member for GCCA. I am licensed in the state of Georgia as a professional counselor, license #003386 and certified under National Board of Certified Counselors #46036. I have specialized training in Telemental Health Counseling and have a credential noted as BC-TMH. I am also certified as CPCS to provide supervision for counseling interns. I have a certification in Cognitive Behavioral Therapy and additional training in Dialectical Behavioral Therapy, Mindfulness, Motivational Interviewing and Post Traumatic Stress Disorder.

### **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. Yet, self-awareness and self-acceptance are goals that may take some time to achieve. As a client, you are in complete control, and you may end your counseling sessions with me at any point.

For counseling 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. Generally, the more of yourself you are willing to invest, the greater the return.

It is my policy to focus on clients who I believe they have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process so that you are more capable of facing life's challenges in the future without counseling assistance. Counseling can be helpful during several phases of life transitions. I also do not believe in creating dependency or prolonging counseling 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. Your personal development is my number one priority. I encourage you to let me know if you feel that terminating our sessions or transferring to

another counselor 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. I truly hope we can talk about any of these decisions. If at any point you are unable to keep your appointments over three appointments or I do not hear from you for one month, I will need to close your file until such time as you wish to resume counseling. As long as I have space in my schedule, reopening your chart and resuming treatment is always an option.

### **Confidentiality & Records**

Your communications with me will become part of a clinical record of treatment, and a file stored in a locked cabinet in my locked office. I will also keep records via Titanium, a secure platform. 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. This order can be appealed and 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.

### **Professional Relationship**

There are important differences between counseling and advice from a friend. 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. A counselor offers you choices and helps you choose what is best for you. A counselor helps you learn how to solve problems and make better decisions. A counselor's responses to your situation are based on tested theories and methods of change. Also, in order to protect our confidentiality, I may not acknowledge you if I see you on campus or in public, unless you initiate the acknowledgment.

### **Statement Regarding Ethics, Client Welfare & Safety**

I assure you that my services will be provided 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 so that I may immediately rectify the situation. 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 counseling, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. 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.

In addition, 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. Yet 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.

## Telemental Health Statement

Telemental Health is defined as follows:

“Telemental Health or Distance Counseling means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. Telemental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01)

Telemental Health is a relatively new concept despite the fact that many counselors have been using technology-assisted media for years. The Georgia Composite Board requires counselors to have six hours of specialized training. Therefore, I have completed specialized training in Telemental Health to earn a board certification: BC-TMH. I have also developed several policies and protective measures to assure your information remains as confidential as possible.

### The Different Forms of Technology-Assisted Media Explained

#### **Landline phones:**

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my own landline in my office or from my college cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know.

#### **Cell phones:**

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically only regarding setting up an appointment if needed or to answer a call from a student or in some cases actually conduct a counseling session if in an emergency or if the campus is closed on a weekday(s).

#### **Email:**

Email is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information.

**Nonetheless, please know that it is my policy to utilize this means of communication strictly for appointment confirmations and generic exchanges of information, and not as a means to discuss confidential information.** Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy. There are some secure email modalities such as Hushmail that could be utilized, though those are paid subscriptions.

I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see below under "In Case of Emergency."

### **Video**

I use a platform for video counseling using HIPAA compliant, secure Doxy-Me for students who have a camera and microphone attached to a computer. I will always encourage students, if they use this method, to be in a private place while engaged in a counseling session. If you choose to use this method, I will arrange for you to have a link that will allow you to enter into a 'virtual waiting room.' You will also need to complete an Informed Consent in which you will provide a number I can reach you if we encounter technology issues.

### **Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:**

I will not accept "friend" or "connection" requests from any current or former client on my personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, Snapchat, etc., as it may compromise your confidentiality and blur the boundaries of our relationship.

### **Your Responsibilities for Confidentiality & Telemental Health**

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any Telemental Health sessions. I will ensure that when I am communicating with you, I am in a secure location.

### **In Case of Technology Failure**

During a Telemental Health session using video conferencing, we could encounter a technological failure. The most reliable backup plan is to include a telephone number in which I can reach you. Similarly, if a cell phone malfunctions, please have an alternate phone available and ensure I have that phone number. If we are on a phone session and we get disconnected, I will call you back within a few minutes. If I am not able to reach you, we will reschedule.

### **Limitations of Telemental Health Therapy Services**

Telemental Health services should not be viewed as a complete substitute for therapy conducted in my office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office. There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I've done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

*Currently we are offering only phone and video sessions though that could change with technology.*

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

### **Communication Response Time**

My availability includes normal business hours by appointment from 8 am to 5 pm M-TH and 8 am to 3:30 pm on Fridays. I do have late afternoon appointments by special arrangement. I do carry a college cell phone, yet I am not available at all times due to other commitments and student appointments. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources. I will return phone calls and emails within 24 hours and usually sooner unless otherwise indicated. In that event, there will be an out of office notification on email and office phone. I do not return calls on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please consider the following:

### **In Case of an Emergency**

If you have a mental health emergency, I encourage you to do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225 or other 24-hour crisis hotline in your area
- Call Ridgeview Institute at 770.434.4567 or local hospital
- Call Peachford Hospital at 770.454.5589 or local hospital
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice

If we decide to include Telemental Health as part of your treatment, there are additional procedures that we need to have in place specific to these services. These are for your safety in case of an emergency:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telemental Health services are not appropriate.
- I require an Emergency Contact Person in whom I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your contact person is willing and able to go to your location in the event of an emergency. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above.
- You agree to inform me of the address where you are at the beginning of every Telemental Health session and to provide a contact name and number on the Informed Consent Form.

### **Cost of Sessions and Structure**

There is no cost to CTC students, faculty or staff. A CTC student is one who is registered for the current session. I will offer sessions to students between terms as long as the student has registration for the subsequent term. Sessions are not offered to students who no longer attend CTC.

Sessions run 45-50 minutes. Rarely do I offer the opportunity for clients to extend the session. I know it is unfortunate sometimes to end the session with the client upset and I am reluctant for this to happen. I will usually set a phone chime when there is 5 minutes left in the session as I find that less intrusive than interrupting a thought or feeling through voice reminder. The final chime is when the session officially ends. Please respect the needs of the next client when the final chime sounds. I will

always offer to set an appointment for the next week. I offer primarily face-to-face counseling sessions every week. Unless you are in crisis, I rarely offer two sessions within a five-day period.

**Cancellation Policy**

In the event that you are unable to keep either a face-to-face appointment or a distance counseling appointment, please notify me at least 5 hours in advance via phone or email. In the event I do not answer the phone, please leave a message. A 24-hour window is preferable so that others may have an appointment.

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

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. 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.

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.

\_\_\_\_\_  
Client Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

*If you under the age of 18, it is recommended that you have one or both parents (or legal guardian) sign the Informed Consent to prevent future issues and abide by CTC policy and APA ethics.  
If Applicable:*

\_\_\_\_\_  
Parent’s or Legal Guardian’s Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s or Legal Guardian’s Signature

\_\_\_\_\_  
Parent’s or Legal Guardian’s Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent’s or Legal Guardian’s Signature

The signature of the Counselor below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

\_\_\_\_\_  
Counselor’s Signature \_\_\_\_\_  
Date