

About me

My name is Katherine L. Hammons, LPC, and I am the counselor you will be seeing today. This paperwork is designed to inform you about my background, ensure that you understand our professional relationship, as well as document your understanding of, and consent to treatment.

My office address is *5400 Laurel Springs Parkway, Suite 1307, Suwanee, Georgia, 30024*, and my phone number is *843-696-1614*. I know that that starting counseling is a big decision and you may have many questions. I will do my best to answer any questions or concerns. This form explains information about me, my policies, State and Federal Laws and your rights about counseling. My formal education includes a Bachelor of Psychology Degree from East Carolina University, and a Masters' Degree in Counseling from The College of Graduate and Professional Studies at the Citadel, in Charleston, SC. I am licensed by the State of Georgia as a Licensed Professional Counselor and have been helping people in the context of a counseling relationship for over 15 years.

My early experience includes forensic interviewing and trauma work. I have been qualified as an expert witness in the court setting multiple times. I have been active in the scope of private practice for the last 12 years. Recently, I completed a Fellowship Program with the CS Lewis Institute of Atlanta, and currently serve as a mentor within the organization.

Counseling Services Offered

You can get the most out of our time together if you understand how counseling works and are informed about how I practice. This is an introduction only, and you may feel free to ask questions at any time during the time we work together.

In counseling I approach clients from an integrative perspective, meaning I apply my Christian Faith with compatible psychological perspectives. I believe we are whole persons, with physical, psychological, social and spiritual aspects. Whether we include the discussion of the spiritual dimension of life in our time together will be up to you, but

I want you to understand that this does inform who I am and how I understand others. I also utilize both Cognitive Behavioral Therapy and Emotionally Focused Therapy as appropriate. Other counseling approaches can be used depending on the person or condition.

Counseling includes both the development of a trusting relationship between us and the development of goals for your situation and plans to accomplish them. Thus, counseling will involve your active involvement and efforts to understand and change your thoughts, feelings and behaviors. You will have to work both in and out of the counseling sessions. Some steps may include homework assignments, exercises, writing in a journal or observing yourself as well as practicing new behaviors.

I will enter the relationship with hope and expectation for positive change. It is important however that you understand that there are possible risks as well as benefits to counseling. Risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger or frustration. You may even notice difficulties in relationships with other people. Sometimes relationships with others can take unaccustomed directions that feel awkward at first. That initial awkwardness likely is because as you change, the dynamics will inevitably be shifting.

If we choose to work together, I will develop a plan with you specifying the goals and methods we will use to improve your situation.

I work with individuals, couples and families. Clients with whom I work are those that I believe I can help. If in my professional opinion, I cannot help using the resources and skills I have available, I will offer a referral to another therapist whom I believe to be better equipped to help.

Confidentiality

I regard the information you share with me with the greatest respect, and so I want us to be clear as possible about how it will be handled. All information that we share as well as my records of our conversations are confidential. There are four circumstances in which I cannot guarantee confidentiality.

- 1) If child abuse is suspected, the law requires I report it to the appropriate
- 2) If elder abuse or dependent/impaired adult abuse is suspected, the law requires I
- 3) If the therapist believes a client is in a clear and imminent danger to self or others, other people will be contacted to prevent harm.
- 4) In rare circumstances, a therapist can be ordered by a Judge to release information.

When consulting with parents regarding minor children, specific content of therapy sessions with children or adolescents will be held in confidence, unless their welfare requires that the parent (s) have access to such information. In most cases, joint meetings between children and/or adolescents, their parents and the therapist will be arranged as part of the therapy process. KALOS adheres to the Code of Ethics prescribed by the Georgia Code of Ethics for Mental Health Professionals.

In order to provide you with the best possible help, there may be times I consult with other therapists who may have insights that may be of assistance, but only in a way that your confidentiality be preserved. Otherwise, I will not tell anyone anything about your treatment, diagnosis, history, or even that you are a client, without your full knowledge and a signed Release of Information Form.

Explanation of Dual Relationships

Although our sessions may bring about intimate psychological conversation at times, it is important to realize that we have a professional relationship rather than a social one. Our contact will be limited to the sessions you arrange with me. You will be best served while I am seeing you for counseling if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You may learn more about me as we work together, but it is important for you to realize you are experiencing me as a professional therapist.

Contacting your Counselor

For appointments please contact Kalos Counseling by calling the number provided. 843.696.1614. Due to your therapists schedule, they will do their best to return you call within 24 hours, however it if happens to fall on a weekend or vacation, please allow further time.

FEE STRUCTURE:

New Intake	(90)	minutes	\$150.00
Individual Session	(50-60)	minutes	\$115.00
	(75-90)	minutes	\$140.00
Couples Therapy	(60-75)	minutes	\$130.00

Phone calls past 15 minutes will be pro-rated at hourly individual rate. If I speak to you twice in one day and it goes over a 20 minute window combined, I will charge for services.

Preparation for documents provided for legal or other purposes will be charged at the hourly rate.

We do not file insurance. However, please ask your counselor for a copy of a superbill after your first few sessions. Monthly copies will be provided for clients per their request for them to submit for reimbursement with their insurance company.

CONTACT:

If you need to contact me between counseling sessions please call my office or contact me via E-mail or text messages. Please note that social networking sites, email and text message are not guaranteed confidential. If an emergency situation were to happen outside of normal business hours, please call 911 or go to your nearest emergency room.

If these guidelines are acceptable to you, please sign below.

Signature _____ **Date:** _____

You may have a copy of this form if requested.