

Alicia Porter, LPC Professional Disclosure Statement
Atlanta Specialized Care
Office: 770-815-6853
www.atlantaspecializedcare.com

Locations

6782 Jamestown Dr
Alpharetta, Georgia 30005

1730 Mount Vernon Rd, Suite G
Dunwoody, Georgia 30338

Qualifications

- Mercer University, Master's of Science in Clinical Mental Health Counseling received in 2015
- Georgia Licensed Professional Counselor (012233)
- National Provider Identifier (1679147466)
- Atlanta Specialized Care Tax Identification Number (81-4596053)
- Additional training in trauma, grief counseling, anxiety (ERP), SPACE, play therapy
- BTTI Certification for OCD

Counseling Background

- Population served: Children, Adolescents, and Adults
- Description of services offered: Individual, family, conjoint, couples and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic and client focused therapy addressing such issues as trauma, grief, depression, anxiety, suicidal ideation/self-harming behaviors, parenting skills, life transitions, and stress management. Interventions are cognitive behavioral in nature and frequently include the use of Play Therapy, ERP and SPACE.

"No Surprises" The Consolidated Appropriations Act of 2021/"Good Faith Estimate"

Session Fees/Explanations and Length of Service

For more information regarding your rights regarding the "No Surprises"/The Consolidated Appropriations Act of 2021: <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>

- This Good Faith Estimate lists my rates for each provided therapeutic service. You ultimately determine how many sessions and which services you receive. You have a choice of mental health providers and may choose to terminate our relationship at any time. By signing this agreement, you agree to pay the fees listed below in full for all services rendered. If fees are not processed as discussed, see the above website for direction to file complaints or the licensure agencies listed at the bottom of this form.
- Cash, check, HSA, credit and debit cards accepted. *Courtesy discount for cash/check payments.

Fees, Codes, Descriptions:

| | | |
|--|----------------|-----------------|
| <u>90791</u> (45-minute initial intake) | \$206.80 | (*200.00) |
| <u>90834</u> (45-minute individual session) | \$206.80 | (*200.00) |
| <u>90846</u> (45-minute family/no patient) | \$206.80 | (*200.00) |
| <u>90847</u> (45-minute family/patient) | \$206.80 | (*200.00) |
| <u>90853</u> (Per-120 minutes-group therapy) | \$103.40 | (*200.00) |
| <u>90853</u> (Per-90 minutes group therapy) | \$103.40 | (*100.00) |
| <u>9942/3</u> (Telephone calls >10 min) | \$4.60 per min | (*4.44 per min) |
| <u>90889</u> (Report writing/letters/insur. forms) | \$4.60 per min | (*4.44 per min) |
| <u>Cancellation</u> (Full fees apply according to signed agreements) | | |

Use of Diagnosis

Some health insurance companies will reimburse clients for counseling services and some will not. In addition, most will require that a diagnosis of a mental-health condition and indicate that you must have an "illness" before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, I will inform you of the diagnosis before we submit the diagnosis to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. I will keep confidential anything you say as part of our counseling relationship, with the following exceptions: (a) you direct me in writing to disclose information to someone else, (b) it is determined you are a danger to yourself or others (including child or elder abuse), or (c) I am ordered by a court to disclose information.

Complaints

Although clients are encouraged to discuss any concerns with me, you may file a complaint against me with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>).

Georgia Secretary of State
<http://www.sos.ga.gov/plb/>
237 Coliseum Drive
Macon, GA 31217-3858
(478) 207-2440

Acceptance of Terms

We agree to these terms and will abide by these guidelines.

Client: _____ Date: _____

Counselor: _____ Date: _____