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**Olive Branch Counseling & Consulting, LLC**  
[www.olivebranchcounselingandconsulting.com](http://www.olivebranchcounselingandconsulting.com)  
drjonharvey@gmail.com  
485 Huntington Rd., Suite 197, Athens, GA 30606  
(706)363-3352, ext.702

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### **Informed Consent**

Welcome to Olive Branch Counseling & Consulting. Please note the following policies and procedures. If you have questions about any of the following information, please feel free to ask for clarification at your intake appointment.

### **Cancellation Policy**

When we schedule an appointment, we are both committing to clearing our schedule for that time together. We all have emergencies from time to time, but we require **at least 24 hours notice** if you cannot keep your regular appointment. This policy allows us to offer your session time to another client. If you do not show up for your appointment or do not give 24 hours notice you will be charged for your appointment. If you are more than 15 minutes late, we will have to reschedule you so that we can spend our full session together and you will be charged for the full session. Please recognize that sessions take preparation from your therapist and a late or missed session can interrupt the natural therapy process. Note that insurance cannot be billed for appointments that you do not show up for and you will be responsible for the full fee.

### **Confidentiality**

The content of what is discussed within the confines of your session are confidential. As outlined in HIPAA, in most cases I cannot and will not disclose any of your personal information without your written consent. The limitations of confidentiality include situations in which the counselor has reason to believe there has been an instance of abuse or neglect to vulnerable persons such as children or the elderly, situations in which clients are deemed to be a threat to themselves or others, or situations in which records are subpoenaed in a court of law. You will be provided a copy of the HIPAA privacy policy as it pertains to your mental health records. Additionally, there may be times when it is necessary and beneficial for me to staff cases with colleagues for individual or group supervision and consultation with other mental health professionals. However, when that need arises, know that your personal or identifying information is shared only with those to whom your confidentiality extends, including your therapist, other therapists, office personnel in the building, and interns who may work with Olive Branch Counseling & Consulting, LLC, from time to time.

### **Supervision**

In pursuit of licensure in the state of Georgia, I must complete an 11-24 month long postdoctoral supervised work experience under the supervision of a psychologist licensed in the state of Georgia. Therefore, my primary supervisor, Dr. Katherine Avinger at (706)546-8440 or [dr.k.avinger@gmail.com](mailto:dr.k.avinger@gmail.com), and secondary supervisor, Leigh Ellen Watts-Magness at (706)363-3352 or [leighellen@growththerapy.net](mailto:leighellen@growththerapy.net), will need to monitor any psychological services I provide, possibly including our sessions live via a HIPAA-compliant telemental health system or

utilizing audio and/or video recordings of our sessions, at times. By enrolling in psychological services with me, you acknowledge that you are aware of the postdoctoral supervisory arrangement and agree to allow information from our sessions to be used for these supervisory purposes.

### **Court**

In cases that may involve court testimony, please be advised that my role is to help you and/or your child find healing throughout this process. My priority is the therapeutic relationship with you as my client, not to gather evidence or to evaluate for custody. Should you choose to subpoena me for court testimony in a civil or criminal case in order to testify as to my clinical experience with your family, the fee is \$800 per day. Additional services, such as time spent speaking with attorneys/writing letters may require an additional fee, based on the request.

### **Telemental Health Services**

Telemental health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. The internet, cell phones, and video conferencing have made therapy more accessible to more people than in the past, but Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of telemental health services in order to provide you with the highest level of care. Therefore, I have developed several policies and protective measures to assure your PHI remains confidential.

I am required to inform you of the risks of using telemental health as it pertains to therapy. If we speak on the phone (whether via cell phone or land line), there is a risk that someone may overhear or intercept our conversation. Additionally, if anyone has access to your cell phone bill they may be able to verify communication between you and Olive Branch Counseling & Consulting, LLC, the dates of that communication, and the length of that communication.

Telephone calls are billed at my hourly rate and most insurance companies will not cover phone sessions. Text messaging is not a secure means of communication and may compromise your confidentiality; therefore, I do not utilize texting in my therapy practice. It is the client's responsibility to use devices that are secure, as noted above. If you wish to use email to communicate with me outside of session, my professional email account is

[drjonharvey@gmail.com](mailto:drjonharvey@gmail.com)). Please be aware that email is not a secure means of communication and may compromise your confidentiality. I realize that many clients 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 only for appointment confirmations unless you request/choose to communicate therapeutic information using some form of telemental health.** If you are not using a Gmail or other encrypted account, there is the risk, as with emailing any sensitive data, that that information may be intercepted by a third party. By signing this consent form, you assume all risks associated with using telemental health services to send information. Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with Simple Practice, a secure, HIPAA compliant, cloud-based platform for Electronic Health Records (EHR). Additionally, I do my own billing using Simple Practice. Your PHI and billing information will be securely transferred to and stored electronically by Simple Practice as a clearinghouse for your insurance company (if applicable) and a method by which I can keep up with session scheduling, casenotes, and payments. Please inform me if you are interested in

being provided sessions via video chat sessions. Skype is not a HIPAA-compliant format for video chat sessions, but we have the capacity to provide video conferencing, if you choose. If you're interested in a telemental health video-conferencing session, please inform me.

### **Contact**

I am in the office on weekdays and some weekend times. If you have scheduling needs, call the office at (706)363-3352 or email me at [drjonharveyuga@gmail.com](mailto:drjonharveyuga@gmail.com). If you have additional concerns that need to be addressed, we can schedule an in-person or phone session during normal hours of operation to discuss them. Payment is expected for all scheduled sessions. It is my personal policy not to accept friend requests from clients or former clients via any social media networks. However, please feel free to 'Like' Athens Center for Counseling and Play Therapy on Facebook!

#### Therapist Contact Information:

Dr. Jon Harvey

485 Huntington Road, Suite 197

Athens, GA 30606

Phone: (706)363-3352

Fax: (706)363-3352

Website: [www.athenscenterforcounselingandplaytherapy.com](http://www.athenscenterforcounselingandplaytherapy.com)

Facebook: Athens Center for Counseling and Play Therapy

I am located in the Southeast and I abide by Eastern Standard Time (EST). My practice is considered to be an outpatient facility and I am set up to accommodate individuals who are reasonably safe and resourceful. Athens Center for Counseling and Play Therapy is NOT equipped to function as an emergency response facility. I do not carry a pager nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

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

If you have a mental health emergency, you should present to your local hospital emergency room and you may call 911 or the crisis line at (706)363-3352, ext. 5 and the answering service will contact me to call you. Canceling or rescheduling an appointment is not considered an emergency and will not be handled as such. If you do not hear from me within 15 minutes of leaving a message with the answering service, you can:

- Call Behavioral Health Link/GCAL: (800)715-4225
- Call Summit Ridge (678)442-5800
- Call Laurelwood (770)219-3800
- Call Lifeline at (800)273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice

### Consent

By signing this form, I acknowledge that I have received and read the Informed Consent document provided by Olive Branch Counseling & Consulting, LLC. I understand that my PHI may be shared with necessary and appropriate parties for my therapeutic care. I agree to the terms of this document and agree to abide by these policies for the duration of our professional relationship. A copy of the HIPAA Notice of Privacy Practices has also been provided to me. An electronic copy of this document acknowledging my receipt of both items will be kept on file and will suffice in place of the original if needed.

Furthermore, if I am bringing a minor child seeking therapeutic services, I consent to services on behalf of the child **AND** I acknowledge that I am the legal guardian of this child and I have the right to make medical decisions on this child's behalf.

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Signature of Client/Client Representative

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Date

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Printed Name of Client

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Printed Name of Client Representative, if applicable