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Welcome to my psychotherapy practice. Beginning therapy is an important decision, and I am glad I can be a part of that experience for you. If after our first meeting we decide to enter into a therapeutic relationship, it is important that you be aware of the benefits, protections and limitations of that relationship. We will review the following information together and address any questions regarding the information. If you are not comfortable with both your rights as a client and my strengths and limitations as your therapist we can discuss other options for treatment.

Benefits and Risks of Treatment

There are many benefits to psychotherapy. These benefits have been established by scientific research but are sometimes difficult to quantify or pinpoint exactly. I am responsible for ensuring that the overall benefits of your therapy outweigh the risks. I will always keep you informed of possible risks as we make treatment decisions together. I will also assist you in getting to another treatment resource if at any time you decide you would like to make a treatment change. My belief is that any person who has a desire to change and heal can do so with appropriate help and support. While the decision to make changes is yours, I am here to guide and assist you on this journey.

I cannot guarantee that any or all of your problems will be immediately or completely remedied by pursuing treatment with me. It is possible that you may experience stress, strained relationships, and other difficulties as a result of working in therapy, especially as you share painful feelings and thoughts that can cause unpleasant internal experiences. Growth is difficult, and often things feel worse before they feel better. As you may experience some anxiety as you are challenged to make major life decisions or changes it will be useful to talk about these issues as they surface. For couples working in couple's therapy, there is no guarantee that therapy will ensure the continuation of the relationship. Research does show, however, that couples therapy improves the odds of relationship success. Finally, parents whose children participate in individual or family therapy may experience anxiety about the issues their children present to me in therapy. I am very respectful of parental roles and know how difficult parenting can be. My agenda will always be to assist families and couples in repairing damaged relationships whenever possible. Please know that change is slow, and often patience is required by both the client/s and therapist as this process continues.

Boundaries of the Therapeutic Relationship

The therapeutic relationship is unique to any other kind of relationship. For your protection and to preserve the integrity of our work, there are certain boundaries which are held consistently in therapy. You are expected to come to therapy on time, meet your financial obligations, and be as honest as possible in our work together. You will never be asked to engage in any kind of outside personal relationship with me and I will never be able to do so with you. Although therapy work can be extremely personal, intimate and deep, our relationship will always remain professional. We will only meet in my office or for structured groups and only at scheduled times. Even after therapy is terminated, we will be unable to have a relationship other than a therapist/client relationship. Maintaining this boundary ensures the preservation of our therapeutic relationship if you should ever choose to return to therapy. We can discuss any particular feelings you may have in response to these therapeutic boundaries as this is an important part of the therapy process if it becomes an issue.

OFFICE POLICIES

Scheduling and Cancellations

All scheduling is done by me; therefore, any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through my voicemail or text at (404) 276-0034. You can also email me at paul.olander@comcast.net. For more timely communication *voice mail and text is preferred over email.*



Weekday cancellations must be made at least 24 hours in advance in order to avoid being charged for the appointment time and Saturday appointments require 48 hours notice. Therapists schedule blocks of time in advance and if someone does not show up for their scheduled time without advance notice, I cannot schedule another client and that block of time is lost to me. I understand that missed appointment fees can seem like an emotional and even controversial event and want to be clear that you are not being blamed or punished. It is rather a reflection of the nature of a business where blocks of time with a professional are being reserved in advance. My policy is that ***no appointment should be considered cancelled unless it is confirmed by me in a written response via text or e-mail.*** I would also appreciate a written confirmation that you have heard from me about any schedule changes.

Payment Policies

You are financially responsible for all services rendered. I am not on any insurance panels. If you are planning to use insurance for reimbursement, you may be given a special receipt called a superbill with all necessary procedure codes for all sessions and payments made, and you will be responsible for filing that with your insurance company. There is no guarantee that your insurance will reimburse you. I will be happy to assist you with this process by giving your insurance company any needed clinical information, but only at your request and with your written permission. Please note, deductibles must be met before insurance pays any part of the bill. **Payments to me must be made at the time of session in the office unless other arrangements are made in advance. Payment can be made in cash, by check made out to Paul Olander or with most major credit cards using Square (go to Square.com for details). Please note: credit card payments are charged an additional 3% processing fee (3.5% if you are not present for me to swipe the card).** Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns. A service charge of \$50 is required for all returned checks. If you are delinquent with payment, there will be a \$25 monthly late fee after 30 days, assessed once a month thereafter until the bill is paid in full (unless special payment plans have been made in advance). You will be contacted by letter and/or phone to discuss a payment plan before your bill is turned over to a collection agency. After 3 months and 3 notices to you without a response, your bill will be turned over to a collection agency.

Emergency Needs

I try to make myself available for emergencies. If for some reason, you call and do not get a response, and are experiencing a genuine emergency, you are advised to call 911 or go to your nearest mental health facility or emergency room. If you require hospitalization, I will stay in touch with your treating mental health professionals with your permission. We can resume outpatient treatment after an assessment of your status and needs. There is no charge for a brief (10 minute) phone check-in if there is an emergent need. However, you will be charged accordingly for a longer session or phone consultation.

Return Calls

Unless my voice mail states otherwise, I check messages regularly both weekdays and weekends. On weekends however, I only return calls of an urgent nature. I will always try to return calls within 48-hours on the weekdays.

The Appointment Hour

A therapy "hour" typically consists of 45-50 minutes of therapy time and may extend up to 60 minutes. If more time than that is needed arrangements can be made for longer therapy sessions, and the fee will be adjusted accordingly. If I am late for an appointment, I will either complete with you the full time of your appointment (assuming your schedule permits this) or "owe you" the extra time. If you are late, the appointment will end at its scheduled time and you are responsible for full payment.

Confidentiality

As a client, your privacy and rights to confidentiality are protected. Confidential information may be disclosed when you,



the client, give written valid consent or when a person legally authorized gives consent on your behalf. Information you share with me may be entered into records in written form. All written documentation regarding your treatment will be secured in a private location. Information about you and your treatment will not be shared casually or in public places. There are some limits to your rights to confidentiality. Information about your treatment may be shared during supervision or consultation with other professionals and or members of your treatment team. When this occurs, this information will be limited to only that which is necessary and relevant for the purpose of supervision or consultation. When possible, your identity will be protected.

Couples/Family

When I am working with individuals, the individual holds the right to confidentiality. When I am working with couples, or a family with two legal guardians, I am obligated to preserve confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without consent of both, including for divorce proceedings. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple.

Children/Adolescents

When working with children or adolescents, I do not reveal to parents everything that a child or an adolescent tells me because this would interfere with the need to establish trust and rapport with kids. If a child or adolescent however, tells me anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the child or adolescent's only choice regarding confidentiality is to participate or not to participate in telling his/her parents.

Privacy

In daily practice, your therapist and/or the office may use facsimile, email correspondence, other written correspondence (for example progress reports to third party payers), and cellular telephone service. In all these instances, confidentiality will be protected as well as possible, but is limited due to the risk of the information being overheard or ending up in the wrong hands. Precautions will be taken whenever possible. With your prior written consent, our sessions may be video and audio recorded for use in supervision, consultation or instruction of other mental health professionals by me. In such circumstances, your identity will be protected as much as possible.

Termination and Follow-up

Termination is an important process in psychotherapy. If you are ready to begin the process of terminating, we will discuss this at length and spend several sessions putting closure on our work together. Terminating treatment is usually up to the client. There may be occasions when I may ask about possible termination. The reasons for this question would be discussed openly with you and would include an explanation. Possible reasons for therapist termination of treatment include a failure on your part to comply with the mutually developed treatment goals and procedures; the realization that you are not benefiting from therapy; failure on your part to pay your bill; any violent, abusive, threatening, or litigious behavior on your part; or if the therapeutic relationship is compromised in any way due to unforeseen circumstances. Any non-voluntary termination will be accompanied by an appropriate referral to other therapists.

It is your responsibility to request an appointment time. If we mutually agree on a standing appointment and you do not show up for 2 weeks in a row, I will call you one time and after that will take you off the schedule and consider you terminated. Unless arrangements are made, if you are a regular client but have not called to schedule an appointment for one month, I will call you one time and then I will consider you terminated.



CLIENT RIGHTS

You have the right to information regarding my training and professional credentials.

You have the right to be treated by me in a consistently competent, ethical and respectful manner.

You have the right to a personal, individual assessment of your treatment needs in which your expertise about yourself is as important as is my professional opinion about you.

You have a right to referrals to other competent professionals and services when this is indicated by your treatment needs.

You have a right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques.

You have the right to confidential treatment except in circumstances already described.

You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are dangerous to yourself or someone else.

You have the right to resume services following termination after assessment.

You have the right to discuss your treatment, concerns, questions, complaints with me.



PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND THAT YOU UNDERSTAND THE INFORMATION DESCRIBED HEREIN AND THAT YOU HAVE DISCUSSED WITH ME ANY PART OF THE INFORMATION YOU DO NOT UNDERSTAND. ALL FAMILY MEMBERS SHOULD SIGN BELOW. IF MINOR CHILDREN ARE INVOLVED, PLEASE PRINT THEIR NAMES AND IDENTIFY WHO IS THE PARENT/GUARDIAN SIGNING FOR THEM. THE ORIGINAL COPY WILL REMAIN IN MY FILE AND I WILL GIVE YOU A COPY FOR YOUR PERSONAL FILES.

I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE 24/48 (for weekends) HOUR CANCELLATION REQUIREMENT TO AVOID FULL CHARGE FOR CANCELLED APPOINTMENTS AND THE FACT THAT THIS PROVIDER IS NOT ON INSURANCE PANELS AND DOES NOT FILE INSURANCE CLAIMS.

Signature and printed name/s of client/s: _____ Date: _____

Name: _____ Signature: _____

Signature of therapist: _____