**KAY ATCHISON, LCSW, ACSW**

2301 Stonehenge Drive, Suite 202

Raleigh, NC 27615

P: 919.846.3455 F: 919.846.7748

Statement of Understanding

Thank you for considering my services to assist you. If you elect to enter counseling I will be committed to assisting you reach your goals. My approach to counseling is focused and directive. It is intended for those who can approach problems in a practical way and in an active, reflective, and intensive manner.

Your initial sessions will consist of a careful, comprehensive evaluation of the problem and your ability to benefit from my services. If you would be better served by other professionals, appropriate resources will be identified for you. If desired, assistance with the referral will be provided.

Confidentiality

Information will not be shared with any other person or organization without your prior knowledge and written consent except in the following situations:

* As required by law, for example, child abuse/neglect, elder abuse/neglect
* In situations that represent danger to yourself or others, for example, threats to harm self or others
* Where records are subpoenaed by a judge
* As required by your mental health insurance provider, payor or managed care company.

Additionally,

* You have the right to request restrictions as to how your health information may be used or disclosed to carry out treatment, payment, or health care operations.
* You have the right to revoke this consent in writing to the office Privacy Officer.
* If you decline the terms of this consent and the terms of the Notice of Privacy Practice, it will not be possible for treatment to start or continue.

I, \_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_(please print), accept the above consent and understand them as terms of my participation in treatment with Kay Atchison, LCSW.

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Patient/Responsible Party

If treatment is for someone other than you, their

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

Emergency /Coverage Information

In general, phone calls will be responded to between 9:00am – 6:00pm, Monday-Friday. Vacation coverage will be discussed in advance and contact information regarding the professional who is covering will be indicated on the voice mail system. Please note, that there may be circumstances under which it will not be possible to rapidly respond to your needs. If such an occasion arises and it involves urgency, you will need to contact the physician involved in your care, Wake County Mobile Crisis Unit 1-866-626-1772, go to a hospital emergency room, or contact Holly Hill Hospital Rspond Line. The number to be used for possible emergencies is:

HOLLY HILL HOSPITAL RESPOND LINE: 919-250-7000

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Kay Atchison, LCSW, in an emergency, to contact:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_