

Professional Disclosure Statement Atlanta Specialized Care

Current as of 12/2023

Reinette Arnold, MSW, LCSW, MAC, CFVIP

- University of Georgia, Master of Social Work received in 2009
- Licensed Clinical Social Worker (License # CSW005414 Georgia/ SW15206 Florida)
- Qualified Clinical Supervisor CSW
- Master Addiction Counselor (Licensed #507912)
- Additional training in cognitive behavioral therapy, motivational interviewing, Eye Movement Desensitization and Reprocessing (EMDR), intimate partner violence, and trauma.

Counseling Background

- Population served: Adults
- Description of services offered: Individual, family and group therapy that is cognitive behavioral in nature.
- Description of areas of competence: Holistic and person-centered focused therapy addressing such issues as trauma, anxiety, depression, relationships, family of origin issues, addictive behaviors, critical incidents, race-based trauma, crisis and life's transitions.
- Interventions are cognitive behavior in nature and frequently include Motivational Interviewing, Dialectical Behavioral Therapy, Eye Movement Desensitization and Reprocessing and mindfulness.

“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.

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Cash, check, HSA, credit, and debit cards accepted. *Courtesy discount for cash/check payments.

Fees, Codes, Descriptions:

- 90791 (75-minute initial intake)----- \$200.00
- 90834 (45-minute individual session) -----\$165.00/185.00 for EMDR
- 90853 (Per-60 minutes-group therapy) -----\$80.00
- 9942/3 (Telephone calls >10 min) -----\$4.60 per min (*4.44 per min)
- 90889 (Report writing/letters/insur. forms) -----\$4.60 per min (*4.44 per min)

Cancellation (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 NASW Code of Ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>).

Acceptance of Terms:

Georgia Secretary of State

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

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

Client Name: _____ Client D.O.B. _____

Client/Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____