LCMHC Professional Disclosure Statement

Amy Datla, LCMHC, NCC, BC-TMH

Mantra Counseling, PLLC

3 Mount Olive Terrace Asheville, NC 28804
Phone: 813-808-1956 * Fax: 888-977-1272
Email: therapy@amydatla.com * Website: www.amydatla.com

Qualifications:

- Master's degree in Professional Counseling from Georgia State University in 2003.
- Licensed in the state of Florida as a Licensed Mental Health Counselor since 2006 (MH 8831).
- Licensed in the state of Florida as a Licensed Marriage and Family Therapist since 2013 (MT 2809).
- Earned Florida Certified Addiction Professional certification in 2008 (#4385).
- Licensed in the state of North Carolina as a Licensed Clinical Mental Health Counselor since 2021 (16962).
- National Certified Counselor since 2003 (#83286).
- Board Certified- TeleMental Health Provider since 2018 (#298)- initially credentialed as a DCC in 2014.

I have over 19 years of counseling experience and provide therapy to adults, adolescents, couples and families.

My specialties include, marital/ relationship conflict, parent- child/ family conflict, acculturation issues, trauma, addictions, depressive and anxiety disorders, adjustment problems to major life changes and parenting skills and mindfulness training.

I am an Emotionally Focused Therapist. Emotionally Focused therapy (EFT) approaches include elements of Experiential Therapy (such as, Person- Centered Therapy and Gestalt Therapy), Systemic Therapy and Attachment Theory. EFT is usually a short-term treatment (8–20 sessions). EFT approaches are based on the premise that human emotions are connected to human needs, and therefore emotions have an innately adaptive potential that, if activated and worked through, can help people change problematic emotional states and interpersonal relationships.

The integrative treatment strategies I utilize have received research support for their effectiveness. Additional therapeutic approaches I utilize, include, Acceptance & Commitment Therapy, Gottman Method, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Rational Emotive Behavioral Therapy, Mindfulness Based Cognitive Therapy, and Brief Therapies, including, Narrative Therapy & Solution- Focused Therapy. I have advanced training in Emotionally Focused Therapy and the Gottman Method. I am an EMDR trained clinician. Therapy is individualized to meet your specific treatment needs and goals and is an effective and efficient form of intervention. Ongoing assessment occurs during the therapy process to assist in identifying problems accurately as well as to monitor your progress in treatment. I am culturally sensitive and respectful to the struggles you are experiencing. I will encourage and support you in making changes.

PART I: THERAPEUTIC PROCESS

BENEFITS/OUTCOMES: Participating in therapy can result in numerous benefits, including improving intrapersonal and interpersonal relationships, resolving the concerns that led you to therapy. Therapy will seek to meet goals established by all persons involved, usually revolving around a specific complaint(s). A major benefit that may be gained from participating in therapy includes a reduction in distress and a better ability to handle or cope with personal, relational, family, work, and other problems as well as stress. Another possible benefit may be a greater understanding of personal and relational goals and values; this may lead to greater maturity and happiness as an individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from resolving specific concerns brought to therapy. I will do my best to assess progress on a regular basis and solicit your feedback regarding the therapeutic process to help provide you with the most effective therapeutic services. I can make no guarantees as to the ultimate outcome of therapy.

EXPECTATIONS: Work outside of the counseling sessions is an essential aspect of change. I may assign tasks between sessions related to your goals. My commitment is to work as efficiently as possible, but at the same time, therapy may move more slowly than you anticipated. We will collaborate to identify your therapeutic goals and will periodically review your progress toward them.

RISKS: In working to achieve these potential benefits, the therapeutic process requires that actions be made to change and may involve experiencing discomfort. Therapeutically resolving unpleasant events and relationship patterns may arouse intense, unexpected feelings. Seeking to resolve problems can similarly lead to discomfort as well as relational changes that may not be originally intended. We will work together for a desirable outcome; however, there is a possibility that the goals of therapy will not be met. We will review your progress at regular intervals and modify our treatment plan as needed.

STRUCTURE OF THERAPY:

- **Intake Phase** – During this phase we will discuss the process, structure, policies and procedures of therapy. This occurs during the 1st session. We will need to spend some time (usually brief) exploring your experiences both surrounding the presenting complaint(s) and outside the realm of your complaint(s).
- **Assessment Phase** – An initial evaluation may last from 2-4 sessions. During the assessment phase I am getting to know and understand you, your worldview, strengths, concerns, needs, family and relationship dynamics, etc. During this phase I am gathering a lot of information. During this phase it may not feel like we are moving forward quickly, but it is imperative for me to gather this information to assist you the best I can. During this time, we both decide if I am the best person to provide therapeutic services for your specific needs. If you or I determine that I am not the best person to address your needs and treatment plan, then referrals will be made for a more appropriate treatment provider.
- **Goal Development/Treatment Planning** – After we have explored and developed sufficient background to proceed, we will collaboratively identify specific goals for therapy. Therapy is best concluded through mutual agreement among the participants, including myself as therapist, and will be directly tied to sufficient progress toward and/or the achievement of the goals we set together. If you are court ordered, we encompass both what is important to you and what the court is requiring of you into the goal. If you are court ordered, it is important to provide copies of documents from the court that states what needs to be addressed during our counseling sessions. After the goal is completed, we will both sign the goal, and you will receive a copy.
- **Intervention Phase** – This occurs anywhere from session 2 until graduation/discharge/termination. This phase requires effort both in session and completing any agreed upon assignments outside of session. You will maximize therapy by implementing solutions discussed during session. During this phase we will review your progress and make any adjustments to your goals as needed. If at any time you have questions about what I am attempting to do or where we are headed, please do not hesitate to ask.
- **Graduation/Discharge/Termination** – As you progress and get close to completing your goals, we will collectively discuss your progress, make a transition plan and decide on the date of graduation/discharge/termination.

LENGTH OF THERAPY: Therapy sessions are typically weekly or biweekly for 50 minutes depending upon the nature of the presenting challenges. Couple/ family therapy sessions are often 80 minutes. It is difficult to initially predict how many sessions will be needed, but we will collaboratively determine from session to session the frequency and periodically the length of time therapy is recommended.

APPOINTMENTS AND CANCELLATIONS: You are responsible for attending each appointment you agreed upon. You agree to adhere to the following policy: ***If you are prevented from keeping a scheduled appointment, you MUST notify me 24 hours in advance. If I do not receive a 24-hour advance notice, you will be responsible for paying the full fee for the session you missed, and that such fee cannot be billed to your insurance company. Therefore, I require a credit card authorization form to be completed prior to the beginning of treatment and kept on file and updated annually or as needed.*** Psychotherapy is a uniquely personal service; therefore, consultations may be briefly interrupted. I will, from time to time, take time off for vacation, to attend seminars, and/or become ill. I will attempt to give you adequate notice in advance and will arrange coverage for any emergencies by a colleague. If I am unable to contact you directly due to circumstances out of my control, I will have a colleague contact you to cancel or reschedule an appointment.

FEES: **My private pay rate is $210 for the initial 90- minute assessment and $125 per hour (55- minute) session. Couples/ Family therapy sessions range from 1 to 1.5 hours at a rate of $125 (55- minute) to $185 (85-minute) per session. The group therapy rate is $45 per hour session when available**. My practice is "fee for service" and that means that fees are due at the time of your appointment. Additional time will be charged in 15-minute increments. Payments are to be made immediately following each session or before the session if virtual/ online counseling is being provided. **I require a credit card authorization form to be kept on file and updated annually or as needed. I accept cash, checks, debit cards and credit cards. If there is a returned check, the charge will be $35. If you indicate that a third party will be paying for any portion of your bill, an Authorization for Release of Confidential Information would need to be signed**. This would allow me to contact that individual and share information regarding your billing/ payment arrangements. **Please be aware that if your outstanding balance exceeds $95, I will not be able to schedule further appointments until the balance is paid. In the event that you miss your scheduled appointment time or cancel less than 24 hours, your credit card or debit card on file will be automatically charged the cost of the session.** By signing this document, you agree to such cancellation and returned check fees. *I provide counseling services at a reduced rate if you qualify by applying to be a member of Open Path Psychotherapy Collective.*

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services. Please view my Good Faith Estimate notice at my website under Fees.

I reserve the right to terminate our counseling relationship if more than 2 sessions are missed without proper notification. I charge my hourly rate in quarter hours ($31.25 per 15 minutes) for phone calls or email correspondence over 10 minutes in length, reading assessments or evaluations, writing assessments or letters, and intensive (more than brief consults/ periodic correspondence) collaboration with necessary professionals (with your permission) for continuity of care. All costs for services outside of session will be billed to your credit/debit card on file.

TRIAL, COURT ORDERED APPEARANCES, LITIGATION: Rarely, but on occasion a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. Please know if I get called into court by you or your attorney, which I strongly suggest not being involved in court to protect your confidentiality, you will be charged $350/hour which will include travel to and from the courthouse, time in court, waiting for the court hearing, preparation for documents, etc. A proposed invoice will be drawn up and you will be required to pay prior to the appearance. Any amount that is due to Mantra Counseling, LLC or needs to be returned to you after the appearance will be due/returned within 2 calendar weeks.

COPIES OF MEDICAL RECORDS: Should you request a copy of your medical records they will be dispensed at $1.00 per page. Payment for your medical records will be due prior or upon receipt of them and can be picked up at our office please allow at least 2 weeks to prepare your records. You will also need to sign a release for medical records to be dispensed to either you or designated party, and I reserve the right to provide a summary of process notes, in lieu of the actual notes, as described below.

Client's Name: _____ Client/ Guardian Initials: _____

PHONE CONTACTS AND EMERGENCIES: Office hours are typically from 9am to 6:30pm, Tuesday through Thursday **by appointment only.** If you need to contact me for any reason, please call **813-808-1956**, leave a voicemail, and I will get back to you within 48 business hours. In emergency situations, you can access emergency assistance by calling the **National Suicide Prevention Lifeline** at **1-800-273-8255** or simply dial **911** if either you or someone else is in danger of being harmed.

PART II: CONFIDENTIALITY*:*

Anything said in therapy is confidential and may not be revealed to a third party without written authorization, ***except*** for the following limitations:

- **Child Abuse** - Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. (Florida statute 39.201). If you reveal information relative to child abuse or child neglect, I am required by law to report this to the appropriate authority.
- **Vulnerable Adult Abuse** - Vulnerable adult abuse or neglect (Florida statute 415.1034). If you reveal information vulnerable adult or elder abuse, I am required by law to report this to the appropriate authority.
- **Self-Harm**: Threats, plans or attempts to harm oneself – I am permitted under such instances to take steps to protect your safety which may include the disclosure of confidential information. (Florida statute 491.0147 and Chapter 394).
- **Harm to Others**: Threats regarding harm to another person (Florida statute 491.0147). If you threaten bodily harm or death to another person, I am permitted by law to report this to the appropriate authority.
- **Court Orders & Legal Issued Subpoenas**: If I receive a subpoena for you records, I will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. I will contact you twice by phone and send you an email or letter (if I cannot get in touch with you by phone). If a court of law issues a legitimate court order, I am required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, I am required to comply with a court order.
- **Court Ordered Therapy**: If you are in therapy ordered by the court and the court requests records or documentation of your participation in services, the information/documentation that will be discussed/sent on your behalf will be discussed with you prior to information being sent to the court.
- **Written Request**: Your specific request, in writing, to disclose information regarding your psychotherapy to you or to a third party. In the case of notes documenting or analyzing the contents of conversation during a private counseling session ("process notes"), I reserve the right to provide to you or the authorized third party a report of examination or treatment in lieu of copies of the actual records, unless the third party is a treating psychotherapist (Florida Statute 456.057 and HIPAA Privacy Rule). If therapy sessions involve more than 1 party, ALL parties over the age of 18 MUST consent to release of requested information prior to information being released.
- **Fee Disputes**: In the case of a credit card dispute, I reserve the right to provide the needed and adequate documentation i.e., your signature on the "Therapy Agreements and Consent" that covers the cancellation policy to your bank or Credit Card Company should you dispute a charge that you are financially responsible for. If you have a financial balance, you will be sent a bill to the home and/ or email address on the intake form unless you advise me otherwise.
- **Couples Counseling & "No Secret" Policy:** When working with couples/ families, all laws of confidentiality exist. I request that no separate party of the couple/ family attempt to triangulate me into keeping a "secret" that is detrimental to the goal of therapy for the couple/ family. If one party of the couple/ family requests that I keep a "secret" in confidence, I may choose to end the therapy and give you referrals for other therapists as our work and your goals then become counter-productive.
- **Dual Relationships & Public**: My relationship with you is strictly professional. In order to preserve this relationship, it is imperative that we do not have any relationship outside the counseling relationship such as a friendship, business, or social relationship. If we have contact in a public setting, I will not acknowledge you in any way that would jeopardize your confidentiality. Should you choose to acknowledge me, I may not be able to protect your confidentiality.

- **Social Media**: If you choose to connect with me on any of my professional (not personal) social media outlets such as Facebook, LinkedIn, Pinterest, Instagram, or Twitter, you do so at your own risk. I will do my best to protect your identity. However, if you choose to comment on my pages or posts, you do so at your own risk, and I cannot be held liable if someone identifies you as a client.
- **Electronic Communication:** Email offers an easy and convenient way for therapist and client to communicate, but can also introduce unique challenges into the therapist–client relationship. Below are some guidelines for contacting me using e-mail. **Do not use e-mail for emergencies**. If it's an emergency, consult with an emergency room/ crisis-line. E-mail is not a substitute for seeing me. If you think that you might need to be seen, please call and book an appointment. E-mails should not be used to communicate sensitive medical or mental health information. **E-mail is not confidential**. Be aware that if you send e-mails from your work, your employer has the legal right to read your e-mail. E-mail is a part of your record. Further, texting also introduces some of the same challenges. Like e-mail, it is not a substitute for seeing me or making an appointment. **Texting is not confidential**. Because phones can be lost or stolen, it is imperative that you do not communicate information of a sensitive nature over a text. Further, I cannot know the person who is texting is actually you, rather than another person who has possession of your phone.

Confidentiality of Online, Cell Phone and Fax Communication

Therapeutic e- mail is delivered via Hushmail. You agree to work with me online using Hushmail.com or another encrypted email determined to be suitable by Amy Datla. Additionally,

- Text messaging via mobile phone is acceptable for appointments and housekeeping issues only.
- If you call me or I call you, please be aware that the conversation may not be secure over a phone line.
- If you send a fax to me, my online fax provider uses encrypted measures to keep correspondence secure.
- **Any electronic files referencing our communication are protected using encrypted measures and your electronic medical record is encrypted. I am required by law to maintain the privacy and security of your protected health information, but a security breach is always possible despite taking the precaution of best practices regarding security. If a breach occurs that may have compromised the privacy or security of your information, I will notify you promptly.**
- I will not respond to personal and clinical concerns via regular e- mail.
- If you wish to use e-mail to "journal" information between sessions, you understand that I may not have the opportunity to review your journal e-mails until our next scheduled session.
- You understand that e-mails between sessions that contain confidential information will be sent via encryption.
- I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co- workers, supervisors and friends and whether confidentiality from your work or personal computer may be compromised due to such programs as a **key logger.** I encourage you to only communicate through a computer that you know is safe i.e., wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails.
- If you used **location- based services** on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check- in location on various sites such as Foursquare. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check- ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in", from my office or if you have a passive LBS app enabled on your phone.

- It is not a regular part of my practice to **search for client information online** through search engines such as Google or social media sites such as Facebook. **Extremely rare exceptions may be made during times of crisis.** If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone or e- mail) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

- **Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be a legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.**

- I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never disclosed. The client's identity remains completely anonymous, and confidentiality is fully maintained.

- **Considering all the above exclusions,** if it is still appropriate, upon your request, I will release information to any agency/ person you specify unless I conclude that releasing such information might be harmful in any way.

- If you need to speak with me between sessions to alert me of an emergency, please call **813-808-1956**. Your call will be returned as soon as possible. Messages are checked daily (but never during the nighttime). Messages are checked less frequently on weekends and holidays. If an emergency arises that requires immediate attention, you may call the emergency **National Suicide Hotline** at **1-800-784-2433**, contact Befrienders.org, dial **911**, or go to the local emergency room.

- You may find my psychotherapy practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my client. Asking for a testimonial from you would be an unethical practice on my part. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. Please be aware that if you have a complaint that you want me to know about, I may not see your post on a review site. I hope you will discuss your concerns with me personally.

If you do have a complaint or concern about my services and you are not comfortable discussing the matter with me, you may make inquiry to my license/ certification boards: North Carolina Board of Licensed Clinical Mental Health Counselors and National Board of Certified Counselors.

- **All Disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre- condition of the initiation of arbitration.** The mediator shall be a neutral third party chosen by agreement of Amy Datla and the client(s). The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that a mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

- **You as the client understand that telemental health is a different experience as compared to in- person sessions, among those being the lack of "personal" face-to-face interactions and the lack of visual and audio**

Client's Name: _____ Client/ Guardian Initials: _____

cues in the therapy process to which you may have previously come to expect. You understand that face-to-face or telephone/ online psychotherapy with me is not a substitute for medication under the care of a psychiatrist or physician. You understand that on- line and telephone therapy may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts.

- **As stated previously, if a life- threatening crisis should occur, you agree to contact Befrienders.org, a crisis hotline, dial 9-1-1 or go to a hospital or emergency room.**

- **You also understand that I follow the laws and professional regulations of the State of Florida (USA) and the State of North Carolina (USA), and the psychotherapy treatment will be considered to take place in the state of Florida (USA) or North Carolina (USA). Typically, I do not conduct online therapy with clients whose permanent domicile is located outside of my license jurisdiction.** By accepting this informed consent required for services electronically you agree to this informed consent. Your request to schedule or confirm an initial therapy appointment after receiving this informed consent suffices as an electronic signature. In addition, you will be required to sign this agreement in person at the beginning of your first appointment.

PART III: HEALTH INSURANCE

YOUR INSURANCE COMPANY – By using insurance I am required to give you a mental health disorder diagnosis that goes on your medical record. I am not required to tell you what I am diagnosing you with but as best practice it is my policy that we collaborate on this information. You may have had a previous diagnosis from another treatment provider. After my assessment, if I clinically determine that you have the same diagnosis, I will use that diagnosis. If I assess you and clinically determine otherwise, I will discuss that information with you before providing you with either a new diagnosis or secondary diagnosis. It is also important to note that some psychiatric diagnoses are not even eligible for reimbursement. This is often true for marriage/couples and family therapy as well. In the event of non-coverage or denial of payment, you will be responsible to pay for such services. In the event of non-payment by you, **Mantra Counseling, PLLC (Amy Datla)** reserves the right to seek payment of unpaid balances by collection agency or legal recourse after reasonable notice to you. Your insurance company will also know the times and dates of services provided. At times insurance companies may request further information to authorize further services regarding your treatment.

PRE-AUTHORIZATION AND REDUCED CONFIDENTIALITY– When visits are authorized, usually only a few sessions are granted at a time. When these sessions are finished, your therapist may need to justify the need for continued service potentially causing a delay in treatment. Sometimes additional sessions are not authorized, leading to an end of the therapeutic relationship even if you do not feel you have achieved your therapeutic goals. Your insurance company may request or require additional clinical information that is confidential to approve or justify a continuation of services. The information they may request may include treatment plans, progress notes, and at times the entire medical record is requested. I cannot assure or guarantee your confidentiality when an insurance company requires this information. Even if the therapist justifies the need for ongoing services your insurance company may decline services regardless if you think you need continued therapy or not. You are at the mercy of your insurance company to decide your care. You should be aware that some of your personal information might be added to national medical information data banks. For these and other reasons, many therapists openly talk about "the myth of confidentiality" whenever insurance companies become part of the therapeutic process.

POTENTIAL NEGATIVE IMPACTS OF A DIAGNOSIS– Insurance companies require the therapist to give you a mental health diagnosis (i.e., "major depression" or "obsessive-compulsive disorder") to get reimbursed. Psychiatric diagnoses may come back to negatively impact you in the following ways:

1. Denial of insurance when applying for disability or life insurance.
2. Company (mis)control of information when claims are processed.
3. Loss of confidentiality due to the increased number of persons handling claims.

4. Loss of employment and/or repercussions of a diagnosis in situations that require revealing that you have a mental health disorder diagnosis. This includes but is not limited to applying for job applications, applying for financial aid, and concealed weapons permits.
5. A psychiatric diagnosis can be brought in a court case such as a family law, criminal, etc.

It is important for you to know some of the ways having a diagnosis can impact you, so you can empower yourself regarding your health and medical records. At times having a diagnosis can be helpful such as in the case of a child needing extra services in the school system or a person being able to receive disability.

EMERGENCY CONTACT:

It is necessary that **Mantra Counseling, PLLC (Amy Datla)** has someone to contact on your behalf. In case of an emergency who should we contact?

_____

Full Name Relationship Phone Number(s)

Please check here that you agree and sign below. Thank-you.

☐ I agree to allow **Mantra Counseling, PLLC (Amy Datla)** to contact my emergency contact on my behalf in the case of emergency

_____

Signature Date

PART IV: 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 code of ethics. I abide by the ACA Code of Ethics: (http://www.counseling.org/Resources/aca-code-of-ethics.pdf).

North Carolina Board of Licensed Clinical Mental Health Counselors
P.O. Box 77819
Greensboro, NC 27417
Phone: 844-622-3572 or 336-217-6007
Fax: 336-217-9450
Email: Complaints@ncblcmhc.org

PART V: ACCEPTANCE OF TERMS

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

Client:_____ Date:_____

Amy Datla, LCMHC:_____ Date:_____

Amy L. Datla, LCMHC, NCC, BC-TMH
Mantra Counseling, PLLC
3 Mount Olive Terrace Asheville, NC 28804
Phone: 813-808-1956 * Fax: 888-977-1272
Email: therapy@amydatla.com * Website: www.amydatla.com

1. I have read and understand the information contained in the Professional Disclosure Statement. I have discussed any questions that I have regarding this information with **Amy Datla, LCMHC (Mantra Counseling, PLLC)**. My signature below indicates that I am voluntarily giving my informed consent to receive counseling services and agree to abide by the agreement and policies listed in this consent. I authorize **Amy Datla, LCMHC (Mantra Counseling, PLLC)** to provide counseling services that are considered necessary and advisable.

2. I authorize the **release of information, including, treatment and diagnosis information** (as described in Part III, above) if necessary, to process bills for services **to my Insurance Company/ EAP/ Foundation**, _____ _____, and request payment of benefits to **Amy Datla, LCMHC (Mantra Counseling, PLLC)**. I acknowledge that I am financially responsible for payment whether covered by insurance. Additionally, I acknowledge that I, and not my insurance company, will be responsible for fees associated with appointments cancelled within less than 24 hours. I understand, in the event of nonpayment of fees not covered by insurance, **Amy Datla, LCMHC (Mantra Counseling, PLLC)** may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.

3. **In the event of Amy Datla's death or incapacitation**, I understand that she has a professional will that allows a licensed colleague to act on her behalf in making decisions about storing, releasing and/or disposing of my professional records, consistent with relevant laws, regulations and other professional requirements.

4. **I consent to receiving appointment reminders via email (Standard TLS Encryption)**. _____*(initials)* and **corresponding via Hushmail (HIPAA compliant email with enhanced encryption) _____(***initials)***.**

5. **Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Amy Datla, LCMHC (Mantra Counseling, PLLC) to provide treatment to my minor child(ren).** If I have unilateral decision-making capacity to obtain counseling services for my minor, I will provide the appropriate court documentation to **Mantra Counseling, PLLC** prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session.

Printed Name of Minor Child	DOB	Date

** Your signature also signifies that you have received a copy of the "Therapy Agreement and Consent" for your records. If you initially received this paperwork through email, it will be considered that you have an electronic copy. If you did not receive this through email you can be provided a copy per your request.*

Printed Name	Signature	Date

_____ _____

*Witness – **Amy Datla, LCMHC, NCC, BC-TMH*** *Date*

Client's Name: _____ Client/ Guardian Initials: _____

Amy L. Datla, LCMHC, NCC, BC-TMH
Mantra Counseling, PLLC
3 Mount Olive Terrace Asheville, NC 28804

Phone: 813-808-1956 * Fax: 888-977-1272
Email: therapy@amydatla.com * Website: www.amydatla.com

CLIENT COPY

1. I have read and understand the information contained in the consent and therapy agreement. I have discussed any questions that I have regarding this information with **Amy Datla, LCMHC**. My signature below indicates that I am voluntarily giving my informed consent to receive counseling services and agree to abide by the agreement and policies listed in this consent. I authorize **Amy Datla, LCMHC (Mantra Counseling, PLLC)** to provide counseling services that are considered necessary and advisable.

2. I authorize the release of any treatment information necessary to process bills for services to my insurance company, and request payment of benefits to **Amy Datla, LCMHC (Mantra Counseling, PLLC)**. I acknowledge that I am financially responsible for payment whether covered by insurance. Additionally, I acknowledge that I, and not my insurance company, will be responsible for appointments cancelled within less than 24 hours.

3. **Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Amy Datla, LCMHC (Mantra Counseling, PLLC) to provide treatment to my minor child(ren).** If I have unilateral decision-making capacity to obtain counseling services for my minor, I will provide the appropriate court documentation to **Amy Datla, LCMHC (Mantra Counseling, PLLC)** prior to or at the initial session. Otherwise, I will have the other legal parent/guardian sign this consent for treatment prior to the initial session. If you are enrolling a minor in therapy (under age 18), please review my "minor therapy agreement" for more specific information and to address best practice standards when working with a minor.

Printed Name of Minor Child	**DOB**	**Date**

** Your signature also signifies that you have received a copy of the "Professional Disclosure Statement" for your records. If you initially received this paperwork through email, it will be considered that you have an electronic copy. If you did not receive this through email you can be provided a copy per your request.*

Printed Name	**Signature**	**Date**

*Witness – **Amy Datla, LCMHC, NCC, BC-TMH*** *Date*

Client's Name: _____ Client/ Guardian Initials: _____