

## GlobeCoRe Inc.

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### **INFORMATION, AUTHORIZATION, & CONSENT TO CONSULTATION**

Welcome to GlobeCoRe Inc. We are very pleased that you selected us for your consultation needs, and we are sincerely looking forward to assisting you. This document provides information about (a) what you can expect from us as your consultant, (b) confidentiality and emergency related company policies, (c) payment and cancellation notice, and (d) several other details concerning your consultation. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to make sure that you are fully informed of every part of your consultation experience. Please know that your relationship with us is a collaborative one, and we welcome any questions, comments, or suggestions at any time.

#### **Background & Theoretical Views**

We are passionate about assisting others with their clinical concerns and helping others develop the business side of their practices. We have learned so much along our own journey as clinician and business owners in the mental health field.

We are an Atlanta-based Psychological and Global Consulting Practice providing comprehensive empowerment services to diverse individuals, families, groups, and the institutions that serve them. All of our counselors and consultants are highly trained Ph.D. or Masters level professionals with diverse theoretical and practical orientations.

We are happy to share any or all of the information with you that we have learned over the years. It is our belief that there are plenty of clients to go around, and we want to help you in making the wisest choices, benefit from our experiences and training, and even learn from our mistakes. Ideally, this will help you to serve all the clients that really need your specific knowledge and areas of expertise.

It is our intention to empower you in your practice development and client care. If appropriate and you are comfortable with this, we may ask personal questions about your beliefs regarding self-efficacy and counter-transference. If you do not want to answer a question at any time, please know that we will respect this. Our role is that of consultant, not therapist. However, occasionally these overlap when personal issues are interfering with your ability to grow your practice and handle clients effectively. If you prefer to explore any of these dynamics elsewhere, that will be completely supported. Your professional development is our number one priority. We are very committed to helping you in whatever way seems to produce maximum benefit.

#### **Records & Confidentiality**

Your communications with us will become part of a professional record of consultation, and we protect it the same as Protected Health Information (PHI). Your PHI will be kept in a file stored electronically on Theranest which is encrypted in a HIPPA compliant way. Additionally, just like a therapeutic relationship, we will always keep everything you say to us completely confidential, with the following exceptions: (1) you direct us to tell someone else and you sign a "Release of Information" form; (2) we determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; (4) you tell us that you have had or are currently having sex with one of your clients, because this is considered an immediately reportable offense according to the Georgia ethics code that we abide by, and we are not your therapist; or (5) we are ordered by a judge to disclose information. If for some unusual reason a judge were to order the disclosure of your private

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information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential.

It's important that you are aware that our administrative assistant or our business manager may need to access your chart for business purposes only (e.g., payment information) unless you request otherwise. However, please know this would never include reading any of your notes. Additionally, each of our business associates has signed a HIPAA enforced confidentiality contract which spells out how confidential records must be handled. If you have any questions about confidentiality, please ask.

### **Structure and Cost of Sessions**

We agree to provide consultation for the investment of \$185 per 60-minute session or \$170 per 45-minute session and/or \$85 per 120-minute session, plus a transaction fee of 4% (if you become a member of one of our ongoing consultation groups). Doing consultation by telephone, email, or a HIPAA-compatible video service is available. Time spent on telephone calls with you or on your behalf, reading and/or writing email, preparing materials for you at your request, and any other service that you have contracted us to provide, will be billed at the hourly rate. The fee for each session will be due at the beginning of our meetings. Cash, personal check, Visa, MasterCard, Discover, and American Express are an acceptable form of payment, and we will provide you with a receipt of payment. This fee is a **tax deductible** expense if consultation is being performed in relation to your business or practice. Please note that there is a \$35 fee for any returned check.

### **Cancellation Policy**

In the event that you are unable to keep an appointment, we require at least 24 business hours in advance. If such advance notice is not received, you will be financially responsible for the full session you missed, and your credit card will be charged for the full amount plus a transaction fee of 4%. We require that all clients keep a current and available credit card on file.

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

Our Practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry a beeper nor are we available at all times. If at any time this does not feel like sufficient support, please inform us, and we can discuss additional resources or transfer your case to a consultant with 24-hour availability. Generally, we will return phone calls within 24-48 hours, with the exception of weekends and holidays. If you have an emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589.
- Call 911.
- Go to your nearest emergency room.

### **Professional Relationship**

As mentioned above, we treat the consultative relationship in a way that is similar to a therapeutic relationship regarding confidentiality. We may also occasionally explore personal issues if appropriate, and only with your consent. Therefore, it is important that we maintain a professional relationship. If we were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to you in the long run. As we are sure you know, this is unethical in the mental health profession. Dual relationships can set up conflicts between the consultant's interests and the consultee's interests, and then the consultee's (your) interests might not be put first. In order to offer all of our consultees the best care, our judgment needs to be unselfish and purely focused on your needs. This is why our relationship must remain professional in nature.

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Additionally, there are important differences between consultation and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. We will do our best to offer you choices and help you choose what is best for you.

In sum, generally speaking, once we are a consultant for you, we want to maintain a professional role. This way, if you ever need our services again, we can easily be available to you without complications. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

### **TeleMental Health**

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with us remains professional. Therefore, we have developed the following policies regarding TeleMental Health:

**Cell phones:** It is important for you to know that cell phones may not be completely secure or confidential. However, we realize that most people have and utilize a cell phone. And, at this time, there is very little that we can do to make this technology safer. We may use a cell phone to contact you. If this is a problem, please discuss this with us. Please note that phone conversations (other than just setting up appointments) are billed at our hourly rate.

**Text Messaging:** We utilize a special text messaging software for your protection called Theranest. This application allowed us to send out appointment reminders and is not for back and forth communication. We have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and the company has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize texting as part of your treatment, we encourage you to also utilize this software if you do not wish for others to have access to your communications. We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., password protected). You also need to know that we are required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

**Email:** We utilize a secure email platform that is hosted by Theranest. We have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. If we choose to utilize emailing as part of your treatment, we encourage you to also utilize this software for protection on your end. Otherwise, when you reply to one of our emails, everything you write in addition to what We have written to you (unless you remove it) will no longer be secure. Our encrypted email service only works to send information and does not govern what happens on your end. we also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Email (other than just setting up appointments) is billed at our hourly rate for the time we spend reading and responding to them. If you are in a crisis, please do not communicate this to us via email because we may not see it in a timely matter. Instead, please see below under "Emergency

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Procedures." Finally, you also need to know that we are required to keep a copy or summary of all email as part of your consultation record that address anything related to consultation.

**Social Media:** GlobeCoRe Inc has a business Facebook page, a Twitter account and is on LinkedIn. You are welcome to follow us on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to ours. Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter Direct Message. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

**Search Engines:** It is our policy not to search for our consultees on Google or any other search engine. We respect your privacy and make it a policy to allow you to share information about yourself with us as you feel appropriate. If there is content on the Internet that you would like to share with us for consultation purposed, please print this material out and bring it to consultation or you are welcome to bring in a laptop or tablet and share it electronically.

**Video Conferencing (VC):** Video Conferencing is an option for us to conduct remote consultations over the Internet where we not only can speak to one another, but we may also see each other on a screen. We utilize Theranest. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Theranest is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, we will give you detailed directions regarding how to log-in securely. We also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. Additionally, you are responsible for initiating the connection with us at the time of your appointment. We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

**Website Portal:** We have a website portal that is accessible through our website at <https://globecore.mytheranest.com>, which is powered by Theranest. Theranest ensures this portal is encrypted to the federal standard, HIPAA compatible, and has agreed to sign a HIPAA Business Associate Agreement (BAA). The BAA means that GlobeCoRe Inc is willing to attest to HIPAA compliance and assumes responsibility for keeping our interactions secure and your information confidential. If we choose to utilize this technology, we will give you detailed directions regarding how to log-in securely. We also strongly suggest that you only communicate through a device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

**Electronic Record Storage:** Your communications with us will become part of a consultation record of treatment. Our consultation notes will be stored electronically with Theranest, a secure storage company who has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption

**Electronic Transfer of PHI for Certain Credit Card Transactions:** We utilize Theranest as the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card for our services, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in

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order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill.

### **Liability**

By contracting with us for consultation services you agree to carry full and sole liability for any professional decisions you make, even those informed by the consultation. You are fully aware that this is consultation and not to be construed at supervision. You are agreeing not to hold us or any of our associates legally responsible should any problems or consequences of your professional practice and decision-making occur. You are agreeing that you understand the consultation we give is informed by our training and experience but does not in any way constitute legal advice or take the place of legal counsel and/or accounting advice.

### **Statement Regarding Ethics and Consultee Welfare**

We assure you that our services will be rendered in a professional manner consistent with the ethical standards of APA. If at any time you feel that we are not performing in an ethical/professional manner, we ask that you please let us know immediately. As much as we would like to guarantee specific results regarding your consultative goals, we are unable to do so. However, together, we will work to achieve the best possible results for you.

### **Our Agreement To Enter into Consultation Services**

We are sincerely looking forward to facilitating you on your journey toward helping your practice development and client care. If you have any questions about any part of this document, please ask me.

*Please print, date, and sign your name below indicating that you have read and understand the contents of this "Information, Authorization and Consent to Consultation" form. Your signature also indicates that you agree to the policies of our relationship, and you are authorizing us to begin consultation with you.*

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**Consultee Name (Please Print)**

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**Date**

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**Consultee Signature**

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**Consultant's Signature**

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**Date**

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