

Linda S. McCall, MSW, LCSW
(770) 241-9596

2785 Lawrenceville Highway, Suite 200
Atlanta, GA 30033

I. Intake Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Best way to reach you: _____

Employer/School: _____

Referred by: _____

II. Therapies Offered:

The therapy offered to each client is individualized according to the needs, life experiences and requests of each person along with clinical observation based on the first couple of sessions. It is important that you express your concerns, issues and desires so that we may formulate a plan that best fits your situation and desires for treatment.

Due to 23 years of clinical expertise, I am able to offer various therapeutic modalities as needed

Counseling is provided to:

Adults	Individuals (all ages)	Families	Students/Interns.
Couples	Groups	Businesses	Professionals

III. Confidentiality:

All sessions are confidential. The only exceptions to this statement are if you present a danger to yourself or another/others. Due to being a Mandated Reporter by the state of Georgia, I am legally bound to seek help or law enforcement/DFACS intervention in cases of abuse and neglect or threat of harm to self or others.

IV. Consent for Release of Information:

If you wish to give your consent to share your confidential information with anyone else, including family if you are 18 or over, you may sign below giving me permission to do so. If not, please leave this area blank:

I, _____, give permission to Linda McCall, LCSW, to
Name
Share my confidential health information with _____.
Person to share information with

For the purpose of _____.
Purpose to share the information

This permission is valid for 1 year from today's date: _____ unless
notified otherwise. Current date

Name Date

V Fees and Cancellations of Appointments:

Payment is required at the time of service: Cash, personal checks and Pay Pal payments are accepted for Credit Card Transactions. Checks returned for insufficient funds are charged a fee of \$35.00. **If sessions are not cancelled a minimum of 24 hours in advance, you will be charged the 50 minimum fee.**

Charges:

Hourly (50 minutes) rate will be discussed at first point of contact.

Stress Reduction and Smoking Cessation Classes are charged fees depending on the number of participants in the four (4) week classes. Psychodrama and other experiential group therapies are also charged on a separate basis depending on the number in the group and the number of sessions offered in the groups. If you are interested in any of these, I'll be glad to discuss them with you further.

I understand the scope of therapies offered confidentiality limitations and the fees and cancellations policies and agree to abide by the requirements.

Name

Date

Counselor's Name

Date