



3702 2nd Avenue
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706.507.9209

Regarding My Participation:

As I begin the therapy process, I agree to collaborate with my mental health provider and other appropriate professional staff members of MercyMed for the purpose of assessment and evaluation of my current situation and to work together to identify appropriate goals and methods of achieving them. I understand that over the course of therapy, whatever assessments, tests, or other clinical care that is recommended will be fully explained to me and that I have the option to accept or reject such care, as well as to ask questions about the care I am receiving.

I understand that MercyMed has a number of mental health providers with different credentials. I have a right to know who I will be seeing and know and understand my mental health provider's credentials. I have a right to change mental health providers if I feel they do not fit my current needs.

I understand that while working on my mental health it is not uncommon to experience an increase in some of my mental health symptoms for a time being. The risks and benefits of the therapy experience will continue to be discussed with me during my course of treatment.

I understand that it is my responsibility to attend all therapy sessions with my mental health provider. I understand that if I need to cancel or reschedule an appointment, I need to call MercyMed's counseling line [(706)-507-9209 option 6] or contact my provider using the patient portal at least 24 hours before my missed appointment. I understand that after two missed appointments, in which I do not call to cancel or reschedule, my mental health provider has a right to cancel all future mental health appointment until he/she and I have a chance to discuss my missed appointments.

I understand that MercyMed is committed to quality care. I am to contact the Medical Director regarding any questions about my mental health provider or concerns about the quality of my care.

Regarding Confidentiality:

MercyMed adheres to all state and federal laws and regulations regarding protecting and sharing client records. MercyMed may not disclose any information identifying me or my information unless:

1. I report any known or suspected cases of abuse against a child, elder, or disabled person, then MercyMed is required by law to report this to the appropriate state agency.
2. I disclose any intent to harm myself or someone else, MercyMed must notify appropriate authorities to ensure the safety of those involved. If there is a clear and imminent danger to me, or others, the counselor will take whatever reasonable steps are necessary to protect those at risk, including, but not limited to, warning any identified victims and informing the responsible authorities.
3. In the event of an emergency or crisis, MercyMed will release any information necessary to ensure my safety.
4. In the event of a court order signed by a judge, MercyMed will be required by law to release requested records.
5. I give consent in writing to share information with a specific person.

Ex. When a couple or family participates in the therapy process the mental health provider will often identify the “client” during the first session. All notes will be written to identify the “client”. All other family members, even a spouse, will not have access to the client’s notes unless written consent is given.

Occasionally my therapist may need to consult with other professionals in their areas of expertise to provide the best treatment for me. Information about me may be shared in this context without using my name.

By signing this document, I agree to the sharing of information for the above mentioned.

Regarding Seeing My Mental Health Provider in Public:

To protect my confidentiality my mental health provider will not initiate conversation with me if we see each other in a public space. If I choose to acknowledge my mental health provider, they will acknowledge this and engage accordingly. I understand that my mental health provider will not engage in any

lengthy discussions in public or outside of the therapy office about any topics related to my treatment.

Regarding Information Sharing within MercyMed:

I understand that MercyMed has a number of mental health providers with different credentials. I understand that some of our mental health providers are under supervision. These individuals are required to consult with their supervisor on a regular basis. At times mental health provider at MercyMed will consult with other mental health providers and clinicians within MercyMed. I understand that my mental health worker believes the best therapeutic care employs an interdisciplinary approach that allows the mental health provider to discuss my mental health matters with primary care providers, psychiatric care providers, and other mental health providers. Signing this document grants my mental health provider consent to share details of therapy with the caregivers mentioned above when the mental health provider believes it is in my best interests. I also understand that all mental health providers who work for MercyMed will have access to all client records, in the event that my mental health provider is unavailable, and continuation of care is deemed necessary.

Regarding Recording Sessions for the Purpose of Supervision:

I accept the necessity for recording and supervisory discussion of the sessions in which I participate. I give my permission for my mental health provider to video or audio record our sessions to use for review and also to share these recordings with his/her supervisor for the purpose of obtaining assistance in the therapeutic process. All digital and written materials will be treated as other HIPAA information, subject only to the limits of confidentiality described above.

Regarding Communication and Who to Call During a Crisis:

In the event of a crisis or mental health emergency I agree to call 911.

I understand that MercyMed's counseling line is not a number to call during a medical or mental health emergency, and that I should call 911 instead. I understand that I will not be able to reach my mental health provider immediately but will receive a call back. I understand that this number and the patient portal is not for receiving therapy or for help during a crisis, but for administrative purposes only, such as scheduling or canceling appointments. Any matters I wish to discuss

regarding what I have been working on during counseling should be handled during scheduled therapy sessions.

Furthermore, I understand that my mental health provider does not engage in communication via email, or text, as these forms of communication are not always encrypted or HIPAA compliant and can be used in an unethical manner.

I understand that my mental health provider will not engage in any communication or interaction whatsoever with me via social media site, as this form of interaction is unethical for the therapeutic relationship. This includes accepting any manner of ‘friend request.’

I understand that MercyMed does not offer online or telemental health services at this time and will not carry out therapy through these means.

Should my mental health treatment require immediate conversations with a mental health professional or crisis intervention, I understand my mental health provider will not be able to provide such care and I will need to find another therapist who provides these services.

Regarding Legal Matters:

I understand that my mental health provider will not testify on my behalf in court or provide letters or for any legal matters, unless required to do so by a judge.

Regarding Religious Affiliation

I understand that MercyMed is a Christian organization and employs mental health providers who agree to and adhere to Christian principals. I understand that I do not have to be a Christian to receive mental health services from MercyMed. I understand that my mental health provider will integrate Christian principles and techniques into the counseling process. If I have questions or concerns about this my mental health provider is able and willing to talk more about this with me. I have been provided a copy of MercyMed counseling’s “Biblical Principles”.

Our Mental Health Staff

David Baum, MDiv, MS, is MercyMed's Chaplain- Patient Support. David earned a Bachelor of Science from the United States Military Academy, a Master of Divinity from Trinity Evangelical Divinity School, and a Master of Community Counseling from Columbus State University. In David's Army career he served five years as an infantry officer and 17 years as a chaplain providing marriage, family, and individual pastoral counseling. After retiring from the Army he completed Clinical Pastoral Education (Level 1) which trained him to deliver pastoral care in a medical setting. David is a combat veteran with experience providing assistance to those with Post-Traumatic Stress Disorder (PTSD). He leads MercyMed's GreyRock Mental Health Support Group serving patients with various mental health disorders (Anxiety, Depression, Bipolar, Personality Disorders, and Schizophrenia).

Aidan Kao, MA, LAMFT, Director of Mental Health

Aidan grew up in Wisconsin but moved to Minnesota for her undergraduate studies. She attended the University of Minnesota and received a bachelor's degree in psychology. Aidan then worked as a behavioral therapist for children on the autism spectrum before earning a master's degree in Marriage and Family Therapy from Saint Mary's University in the Twin Cities.

Prior to moving to Columbus, Aidan worked for three years as a Licensed Associate Marriage and Family therapist in Mankato, Minnesota. Aidan, her husband Tim, and their three children moved to Columbus at the end of 2018 when they began to feel God challenging them to trust Him in a new chapter of their lives. Aidan has a passion for working with couples, families, and individuals struggling with mental health concerns, marriage difficulties, family stressors, and grief and loss.

LaKaren, Rickman, PH. D, NHSP

Dr. Rickman is a native of LaGrange, Georgia. She and her husband, Mark, along with their daughters, Jade and Kirsten, returned to Georgia to be closer to family after living in Iowa, Maryland, Texas and Virginia for 15 years. Dr. Rickman is a Licensed Clinical Psychologist and has several years of experience providing mental health services. She completed her undergraduate degree in Psychology from Berry College in Rome, Georgia. She received her master's degree in Marriage and Family Therapy from Valdosta State University, and she completed her doctorate in Psychology at the University of Iowa. She completed her predoctoral residency at the Kennedy Krieger Institute of the Johns Hopkins

University School of Medicine and completed her postdoctoral fellowship at Children's Medical Center of Dallas. Dr. Rickman specializes in integrated behavioral health providing health psychology services in medical settings to patients experiencing psychological and psychosocial difficulties comorbid with chronic and acute medical conditions. She is honored to join the MercyMed family in their mission of proclaiming Jesus Christ as Lord and demonstrating His love by providing affordable, quality healthcare for the physical, spiritual, and emotional needs of the underserved.

Jimmy Ward, BA is a Georgia Certified Alcohol and Drug Counselor (Level 2). After graduating from the University of Georgia Jimmy spent many years in a successful business career. Jimmy has a passion for helping people recover from the grip of addiction. Jimmy's many years of experience working with substance use disorders makes him a key component on the MercyMed team. Jimmy's experience entails emphasis on geriatric addiction, crisis intervention, treatment assessment and management, recovery counseling and relapse prevention.

Consent to Engage in Therapeutic Relationship:

I have read the above and agree to adhere to each component of this document. I was given the opportunity to ask questions and seek any clarifications needed regarding these guidelines. I give my consent to engage in the therapy process. I agree to be in a therapy relationship with my mental health provider and understand that I can terminate services at any time.

Printed Name: _____

Signature: _____ Date: _____