

## Crisis Statement

**Georgia Mountains Health is an outpatient healthcare center and does NOT provide crisis care or intervention. If you or someone you know needs crisis services or are having thoughts of hurting yourself or others, please use the resources listed below.**

**Call 988 for the Suicide and Crisis Lifeline or go online to [988lifeline.org](http://988lifeline.org)**

**Crisis Text Line: text HELLO to 741741**

**Call 911 or go to the Emergency Room**

**UN CRISIS NO TIENE HORARIO**



Georgia Crisis & Access Line  
1-800-715-4225

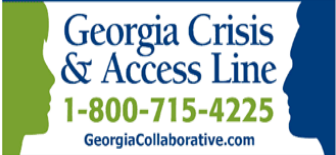
Ayuda está disponible 24/7 para problemas con la salud mental, drogas, o alcohol.



The Georgia Collaborative ASO

[www.GeorgiaCollaborative.com](http://www.GeorgiaCollaborative.com)

**A CRISIS HAS NO SCHEDULE**



Georgia Crisis & Access Line  
1-800-715-4225  
GeorgiaCollaborative.com

Help is available 24/7 for problems with developmental disabilities, mental health, drugs, or alcohol.

Provided through the Georgia Collaborative ASO

**Si usted o alguien que usted conoce:**

- Amenaza con o habla de hacerse daño o suicidarse
- Se siente sin esperanza
- Siente rabia o ira incontrolada
- Se siente atrapado, como si no hubiera manera "de salir"
- Se involucra en conductas imprudentes
- Aumenta el consumo de alcohol o drogas
- Se aísla de amigos y familia
- Se siente ansioso, agitado, o no puede dormir
- Se encuentra con cambios dramáticos de humor
- No ve ninguna razón para vivir

**Llame a 1-800-715-4225**

A través de internet: [www.GeorgiaCollaborative.com](http://www.GeorgiaCollaborative.com)



**Narcotics Anonymous:** [www.narcotics.com/na-meetings/georgia/](http://www.narcotics.com/na-meetings/georgia/)

**Alcoholics Anonymous:** [www.aageorgia.org/meetings/](http://www.aageorgia.org/meetings/)

**Self-Harm/Hurting Behavior/Anxiety Apps:** Calm Harm, Self Heal, Moods, Clear Fear, distrACT, Stress & Anxiety Companion, MeeToo, Feeling Good, My Possible Self, I Am Sober, COVE. (this list for information only, no recommendations implied)

**\*\*\*\*Please sign the following:** *I acknowledge my understanding that Georgia Mountains Health is **not** intended for crisis management and that the above resources are available to me if I need crisis services including suicide prevention.*

**Signature of Patient:** \_\_\_\_\_ **Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Georgia Mountains Health System**  
**Appointment Rescheduling & No-Show Policy**

Our goal is to provide the highest quality care to our patients. We understand that there are times when you will not be able to make a scheduled appointment, therefore we ask when those situations occur that you call to cancel or reschedule your appointment. This gives us the opportunity to provide care to others.

For patients who miss 3 appointments total or 2 appointments consecutively without calling to reschedule, GMHS will not schedule future appointments. Future appointments that were previously scheduled will be cancelled. You must contact the Case Manager for your location to discuss before other appointments will be scheduled. See below.

Thank you for choosing GMHS and for your understanding!

Blue Ridge Office (Amy Miles):	706-635-6898 (ext. 5616, 5617, 5618)
Dahlonega Office (AnnMarie Sheppard):	706-864-2155 (ext. 4101)
Ellijay Office (Judy Cantrell):	706-635-6898 (ext. 2101 or 2121)
Chatsworth (Brittany Walraven/Melissa Dill)	706-517-2273 (ext. 6124)

**\*\*\*Please sign the following:** *I acknowledge my understanding of Georgia Mountains Health's Rescheduling and No-Show policy and agree to adhere to the above protocol when rescheduling/ cancelling appointments. I understand that 3 instances of not showing up to an appointment without calling to cancel or reschedule will result in suspension of services and that I can call the appropriate Case Manager (listed above) to discuss resuming care.*

**Patient Signature:** \_\_\_\_\_ **Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Counseling Confidentiality and Exceptions

Counseling is a confidential process designed to help an individual address concerns, come to a greater understanding of themselves and learn effective personal and interpersonal coping strategies. It involves a relationship between the client/patient and the counselor who has the desire and willingness to help the client accomplish their individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing to the client/patient.

Ethical Standards and laws govern the state of Georgia regarding confidentiality. The information shared during the counseling process is kept strictly confidential. The *exceptions* to confidentiality include the following:

- The counselor believes there is a clear and imminent threat to client/patient health and safety or a clear and imminent danger to the health and safety of other people. Information may then be shared with a person or agency/organization who is capable of preventing or reducing the threat or danger (including warning others who could be harmed).
- When there's suspected abuse or neglect of a child, elderly person, resident of an institution or the disabled. ("mandated reporting" to DFCS and/or Adult Protective Services)
- As a result of a lawsuit against the counselor and/or legal court proceedings.
- If required by a law enforcement official or courts. (Counselor will notify his/her supervisors of such a request).
- When the client/patient requests in writing that information be shared with a third party. If the counselor or the client/patient (or the parent/guardian) wants to use or disclose confidential information for any other purpose, a Consent for Release of Information must be completed, signed, and scanned into the client/patient electronic file.

### For Minor Clients (under the age of 18)

Confidential information cannot be given without the permission of the minor client/patient's parents/legal guardians. Often in a counseling environment, a child/adolescent will not share sensitive information with a counselor if the information were to be disclosed to a parent/legal guardian. Due to this issue, it is requested that the parents/legal guardian permit the child have a confidential relationship with the counselor assigned to them. Note that the above listed ethical and legal exceptions to confidentiality also applies to minor clients/patients.

**\*\*\*Please sign the following:** *I acknowledge my understanding of Georgia Mountains Health's confidentiality agreement including the exceptions to the agreement.*

**Patient Signature:** \_\_\_\_\_ **Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\* Parents and Guardians:** *I give permission to my child's counselor at Georgia Mountains Health to keep my child's counseling information confidential from me unless my child demonstrates behaviors which present an imminent threat to themselves or others or overtly expresses intent to harm themselves or someone else.*

**Child Signature:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

