

Informed Consent

Counseling is a cooperative venture with responsibility resting on both the counselor and the client. In order to enable you and your counselor to work most effectively together, we ask that you carefully read the information below. If you have any questions, your counselor will be happy to discuss them with you.

CONFIDENTIALITY: The Health Insurance Portability and Accountability Act (HIPAA) has created new patient protections surrounding the use of protected health information. Commonly referred to as the “medical records privacy law,” HIPAA provides patient protections related to the electronic transmission of data, the keeping and use of patient records, and storage and access to health care records. HIPAA applies to all health care providers, including mental health care, and providers and health care agencies throughout the country are now required to provide patients a notification of their privacy rights as it relates to their health care records. An explanation of those rights has been given to you.

Communications between client and counselor are confidential and will not be revealed unless required by law such as in situations of child or elder abuse/neglect or threats of physical harm to self or others or subpoena of a court. If you believe that you may need the testimony of a counselor in a court of law, a licensed mental health professional would be an appropriate choice.

COUNSELING FEES: The normal fee for a 45-55minute session is \$50. We ask that your account be kept current and that payment arrangements be made. Should the fee not be paid for two sessions, no further sessions will be scheduled until the balance is paid. If we do not hear from you or receive payment a letter of payment will be sent to you by mail. All fees for counseling services that are delivered to you are non-refundable.

CANCELLATION OF APPOINTMENTS: If you must cancel your appointment, please leave a message for your counselor at least 24 hours in advance of your scheduled appointment. A charge of \$25.00 will be made for the time reserved when cancellations are received less than 24 hours in advance, except in the case of illness or other emergency. Your cooperation in this regard will be greatly appreciated.

TELEPHONE CALLS: Should you need to contact your counselor, you may leave a message in his/her voicemail box and your call will be returned as soon as possible. If you have an emergency, you will need to contact either a hospital emergency room or the police depending on the situation.

I have read the above information and voluntarily request counseling services, and I agree with these terms and conditions*

Signature _____ Date _____

**The signature of the custodial parent or guardian is required for clients under 18 years of age.*

QUESTIONNAIRES

A growing body of research suggests that routine and frequent use of outcome questionnaires is associated with better treatment outcomes. Information from the questionnaires help the clinician and client monitor improvement and make adjustments in the treatment plan as necessary. For this reason, you may be asked to complete several questionnaires as part of your treatment. Please respond as honestly as possible because this will help your counselor evaluate if the treatment is effective for you.