



## Informed Consent for Psychotherapy

### New Client

Welcome! Thank you for choosing Better Morning. This is an opportunity to acquaint you with information relevant to psychotherapy, confidentiality and office policies. We will be glad to answer any questions you have regarding any of these policies.

#### **About Therapy**

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with internal conflicts in order to achieve more satisfying personal and interpersonal relationships. This purpose is accomplished by:

1. Increasing personal awareness of obstacles and strengths.
2. Taking personal responsibility to make the changes necessary to attain your goals.
3. Identifying specific psychotherapy goals.
4. Utilizing all available community, medical and self-help resources.

#### **Appointments**

Appointments are usually scheduled for 45-50 minutes. The practice's hours are by appointment only. Clients are generally seen weekly or more/less frequently as acuity dictates and you and therapist agree. You may leave a voicemail 24 hours a day but we only return calls during regular business hours, Monday through Saturday. In the event of an emergency you may call your primary care physician, your psychiatrist, the local emergency room, the suicide crisis hotline

#### **Confidentiality**

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include:

1. Suspected abuse or neglect of a child, elderly person or a disabled person.
2. When therapist believes, you are in danger of harming yourself or another person or you are unable to care for yourself.
3. If you report that you intend to physically injure someone, the law requires therapist to inform that person as well as the legal authorities.
4. If therapist ordered by a court to release information as part of a legal involvement.
5. When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.
6. In natural disasters whereby protected records may become exposed.
7. As required by the Patriot Act.
8. When otherwise required by law.

You may be asked to sign a Release of Information so that therapist may speak with other healthcare professionals or to family members.

#### **Record Keeping**

A clinical chart is maintained describing your counseling goals and progress, dates of and fees for sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

#### **Fees**

Patients with insurance are responsible to pay their co-pay at the beginning of each session. Legal services that include talking with an attorney, writing reports and/or court time will be billed at the session rate of \$100.00 per hour.

**Initials** \_\_\_\_\_

## Payments

Payment is due at the time of the session unless other arrangements have been made. Better Morning will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments.

### Telephonic Consultations

Sometimes, having a face-to-face meeting is not always possible. As such, with enough advance notice, we can and will facilitate a counseling session with you over the phone. The charge for this is the same as it would be if you came into the office. A full hour with me on the phone may not be necessary. You can also have a phone consultation with me that is prorated for the time we do spend on the phone based on your regular hourly rate.

### Cancellations and Missed Appointments

You will be billed for any sessions that you cancel with less than 24 hours' notice. You may leave messages 24 hours per day. You will be billed \$100.00 – not just a co-payment. Insurance companies do not reimburse for failed appointments. We will only wait 15 minutes past our start time if you are late.

Initials \_\_\_\_\_

### Complaints

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and the Board of Behavioral Sciences to file a complaint if you so choose.

### Treatment Agreement

It's important that we develop a treatment plan so that both parties know what we are working on and with whom we are working. Usually our first three sessions are understood as assessment sessions during which time we mutually decide on how we are going to work together. We need to decide what is the issue or diagnosis we are working with and what kind of interventions or treatment modalities will be best for you. A referral to an outside support group or treatment program may be suggested or required. For example, a referral to a substance abuse recovery group, a grieving support group or a parenting group may be a necessary part of your treatment plan. At times you will be asked to complete assignments outside of the therapy hour. These might include journaling, thought and behavior tracking logs, practicing stress reduction techniques, practicing assertive communication skills or attending various support groups. The outside assignments are essential aspects of your treatment and failure to follow through may seriously impair my ability to be helpful to you. We will then have to reassess our treatment plan and decide if I can still be helpful to you. You are expected to take an active role in therapy, which includes regular feedback to your therapist as to your progress. Treatment surveys will be provided for feedback.

### Consent for Counseling

By signing below, you are stating that you have read and understood this policy statement and you have had your questions answered to your satisfaction.

*I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or counseling. I understand that I may withdraw from counseling at any time. I have also received a copy of the **Office Notice of Privacy Practices** which describes how medical information about me may be used and disclosed and how I can get access to this information.*

Name (please print) \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_