

INFORMED CONSENT FOR INDIVIDUAL AND COUPLE'S THERAPY

Before starting couple's therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is to inform you about the therapy process prior to starting your journey.

What to expect from therapy: Couple's therapy is a process aimed at guiding both individuals in the relationship to increase knowledge about themselves, their partners and the interactions between them. Therapy becomes effective when partners apply new knowledge to break ineffective and patterns of interaction and develop healthier ones.

My approach is based on the relational paradigm which means that the essence of human being is in connection and that the ultimate achievement is not autonomy and independence or self-sufficiency but rather interdependence. In this approach I used the Imago relationship Therapy (IRT) to assist couples getting the Love they want.

Concretely speaking, couples will learn how to speak and listen to each other in ways that will enable them to understand the roots of the conflict and dissolve them. They will also understand that the conflict between them truly means that their relationship is ready to heal and evolve.

Fees: The initial session is \$ 200.00 and follow up session are \$ 150.00 for 90 minutes. *I, the client agrees to pay the stated fee by cash, check, Venmo or credit card at the beginning of each session. If, I the client, am prevented from attending my scheduled session and do not cancel my appointment at least 24 hours in advance, I agree to pay the full session fee.* This practice of being charged for no-show or late cancellations is standard practice in the field and considers that you are not just paying for services rendered but reserving a time slot which I cannot offer to someone else on short notice.

Insurance: I do not accept payment directly through health insurance plans. However, some insurance companies may reimburse part of your therapy expenses if you have out-of-network coverage for behavioral and mental health. Upon request, I am happy to provide you with a receipt that you can include when filing an insurance claim with your insurance company. Out-of-network reimbursement is often contingent on receiving a medical or mental health diagnosis and certain diagnosis may not qualify. I do not accept responsibility for collecting payment from your insurance company and cannot guarantee that you will be reimbursed or that you will qualify for a reimbursable diagnosis. Please contact your insurance provider to find out if you have out-of-network coverage and bring any necessary forms to your first appointment.

Confidentiality: The information you share with me during therapy sessions is confidential information and is protected by state law. As a social worker/family therapist I cannot reveal to third parties whether you are a past or current client of mine and cannot disclose any information you discuss during our sessions without first obtaining your written consent to do so.

In the following instances, however, I may be mandated or allowed to share information without your written consent:

- If during therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening.
- If you talk about events that led me to believe that a child under the age of 18 or an elderly or disabled person is at risk for emotional, physical, or sexual abuse, neglect, or exploitation, I am required by state law to make a report to Cuyahoga County Children and Family Services with or without your consent.
- If you are not yet 18 years of age, your parents or legal guardians may have access to your records and may authorize the release of information to other parties on your behalf.
- If you disclose sexual misconduct by the previous therapist, I am required to make a report to the licensing board governing the license of the therapist.
- If a judge in a court of law orders me to release information or if I need to respond to a lawfully issued subpoena.
- If you submit an out-of-network health insurance claim and the insurance provider needs information to authorize the therapy or the billing.

E-mail notifications: When appointments are scheduled, I will email reminders to the e-mail address you will give me. By signing this consent form, I agree to receive these notifications and understand that e-mail is not a confidential medium for transmitting behavioral health information.

The scope of my services: I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case, I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you. If you are looking for a very specialized treatment for an eating disorder, obsessive compulsive disorder, attention deficit/hyperactivity disorder or substance use disorder, or a very specific treatment method such as exposure and response prevention, or if you do not want to explore how personality dynamics, personal history, and internal conflicts may contribute to the above problems, I may not be the best therapist for you. Also, if you are having current hallucinations/delusions, severe thoughts of suicide or self-harm, or extreme Bipolar mood swings you may need more support than I can offer you through weekly psychotherapy, and I reserve the right to refer you to a different or more intensive treatment.

I, the client consent to the above terms and agree to initiate treatment with Kareen Caputo LISW.

(Print name)

(Date of Birth)

(Signature)

(Date)