Christy Pulsford MSW, LISW-S, LICDC GrowthINsight Counseling LLC
8050 Beckett Center Drive, Suite 314 | West Chester, OH 45069
Phone: (513) 847-3891 Fax: (513) 449-6214
Website: www.christypulsford.com

Consent for Treatment

Thank you for your interest in services. This document provides important information about services and policies, so that you and your provider can work together effectively.

Emergencies

In the event of a mental health crisis, please call 911 or visit the closest emergency room. Christy Pulsford, GrowthINsight Counseling LLC does not provide crisis care or work outside of office hours.

Confidentiality

Patient information is held confidential in accordance with both legal and ethical standards. There are certain circumstances in which your provider may be required by law to breach patient confidentiality. These circumstances include

- If your provider believes that a patient/client is a danger to themselves or others
- If your provider believes that an individual is the victim of child/elder/disabled adult abuse or neglect
- Court mandated subpoenas

When working with a minor, the confidentiality of the minor is important in order to have an effective therapeutic relationship. Your provider will speak with parents/guardians to try and ensure that they experience the same degree of confidentiality as an adult patient/client. However, in some circumstances parents/guardians may have the legal right to examine a minor's treatment and billing records.

Appointments

Please be respectful of others by being mindful of your scheduled time. Understand that your provider wants to avoid being late for any client. Consequently, if you arrive late for your appointment, it will still end at the scheduled time. Accordingly, if you would like to schedule extended sessions, please discuss this with your provider. Please remember to cancel or reschedule 24 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are not going to be able to use that time, please cancel so another client can be offered that time. An appointment missed without canceling at least 24 business hours in advance will incur a $50 charge. An appointment missed with less than 2 hours' notice will incur an additional $50 charge for a total of a $100. Services may be terminated for frequent cancellations, missed appointments, or late arrivals.

Telebehavioral Health

Telebehavioral health refers to services or communications provided via electronic means such as phone, fax, video, email, internet and text. This also includes voice mail, voice messaging, and portal messaging. Electronic communications are used at this practice. By consenting to this form, you are consenting to all use of telehealth. Telehealth communication is utilized between provider and clients, patients, parents, and guardians. In addition, telehealth may be used with a referring physician, agency, or any other person or entity to whom you signed a release of information or verbally request that we communicate with. Appointment reminders and billing statements are routinely sent to you as an email, text message, voice message, or through the client portal. Please know that our phone, fax, email and portal are HIPAA compliant and under a BAA. Email is encrypted with TLS. Nonetheless, security breaches are possible with any system. Therefore, you need to be aware that there is always some degree of risk associated with any form of electronic communication and privacy cannot be guaranteed. If there is any form of electronic communication that you wish to prohibit, please discuss it with your provider.

Billing

You have the right to use insurance benefits to cover services with your provider if you have an insurance carrier that your provider accepts, and your policy provides benefits that cover your provider's services. In signing this consent for treatment, you are stating that you are aware of your insurance benefits, choosing not to use them, and waive any right to reimbursement from your insurance company. If at any point during treatment you decide to start using insurance benefits, please let your provider know by signing a Consent for Treatment that grants permission for your clinician to provide all clinical information to your insurance company. You also have the right to receive a Good Faith Estimate of expected costs. Good Faith Estimates will be uploaded to the client portal.

Fees

Psychotherapy & Counseling Services		Other Services	
Individual:	$120 (45 minutes)	Behavioral Health Coaching	$100
Individual:	$140 (55 minutes)	Consultation:	$100
Family:	$140 (50 minutes)	Assessments and Updates:	$140
Marital/Couples:	$140 (50 minutes)	Psychiatric Diagnostic Evaluation:	$160
		Written Reports:	$150

If you would like appointments longer than 60 minutes, please schedule two appointments back-to-back to ensure you that will have ample time. If scheduling two appointments, you will be responsible for the fee of both sessions even if you do not use the full time.

All fees are due at time of service. You will receive 60 days' notice prior to any change in fees. Fees will be charged to your credit card on file without prior notice. By signing this form, you authorize charges to your credit card through Stripe via SimplePractice for services rendered and for fees charged due to an appointment missed without 24 hours advance notice as detailed in the appointment section of this document. In addition, you certify that you are an authorized user of the credit card and will not dispute these scheduled transactions with the bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. Please be aware that credit card transactions could be linked to Protected Health Information.

Legal Proceedings Services: If an event arises in which Christy Pulsford GrowthINsight Counseling LLC is subpoenaed or becomes involved in legal proceedings that result from her treatment of the identified patient/client, the person agreeing and consenting to this form agrees to pay a rate of $150 per hour of time spent on the case including but is not limited to: travel time, case preparation, documentation and other legal fees and travel expenses. Payment of fees is required prior to Christy Pulsford testifying or appearing in legal proceedings.

Fees are subject to periodic review and change. You will be notified a minimum of 60 days in advance of any changes in fees.

"This information is required by the Counselor, Social Worker, and Marriage and Family Therapist Board, which regulates the practices of professional counseling, social work, and marriage and family therapy in this state."

Counselor, Social Worker and Marriage & Family Therapist Board
77South High Street, 24th Floor, Room 2468
Columbus, OH 43215-6171 Tel: (614) 466-0912

Agreement

Your signature below indicates the following:

- You have read the information in this Consent to Treatment and agree to abide by its terms during your professional relationship with your provider.
- You consent to treatment by authorizing Christy Pulsford to provide psychotherapy and counseling services, diagnostic evaluation and assessment services, and all other listed services to the identified patient/client (i.e., you or your dependent child/adult).
- If you are seeking services for a dependent, you have full legal rights to make healthcare decisions for the dependent listed below.
- You elect to self-pay for service and authorize Christy Pulsford, GrowthINsight Counseling LLC to charge the card on file through Stripe.

_____ _____/_____/_____
Name of Patient/Client (please print) Date of Birth

_____ _____/_____/_____
Signature of Patient/Client Date Signed

_____ _____/_____/_____
Signature of Parent or Legal Guardian Date Signed

_____ _____/_____/_____
Signature of Clinician Date Signed