



Tara Yardley LPC LLC

Informed Consent for Counseling Services

Thank you for choosing Tara Yardley LPC LLC for your counseling needs. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, state and federal laws, and your rights. Please ask if you have additional questions or concerns. We will try our best to provide the information you need. We offer individual, couple's, and family counseling for children (beginning at age 3), adolescents, adults, and seniors.

Confidentiality: At Tara Yardley LPC LLC, we are dedicated to preserving the confidentiality and privacy of all our clients. However, there are certain circumstances when we may have to breach this confidentiality. These include, but may not be limited to

- A. Information such as diagnosis and dates of services that must be shared with a third party claims processor (who has been hired for this purpose and has signed an appropriate statement of confidentiality) and/or your insurance company to process your claims
- B. Information required by the EAP for employers
- C. Information you or your child/children report about physical or sexual abuse or neglect of a child, or elder/vulnerable adult abuse or neglect, which we are obligated by Missouri state law to report to the Department of Social Services
- D. Admitted prenatal exposure to controlled substances that are potentially harmful, then by law, we are obligated to report this to the appropriate local or state authorities
- E. Information that you provide which we believe indicates there is a clear and present danger of you harming yourself or someone else
- F. Circumstances when you sign a Release of Information form requesting specific information be shared with another party
- G. Information used for case consultation with other Counselors within the agency
- H. Information released as outlined in the "Notice of Privacy Practices for Protected Health Information"
- I. Court subpoena, and/or disclosures when required by state or federal law.
- G. In the event of my death, in which the transfer plan will take into effect.

Questions regarding any of these points should be discussed with your counselor.



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Understanding the Counseling Process: Counseling can be a time-consuming endeavor, and the success depends on many factors including the nature of the problems, your efforts and participation in the process, your therapeutic connection to the counselor, and the counselor's skills. Most clients can expect positive results; however, at times the process may involve discussing painful or uncomfortable thoughts and feelings before positive benefits can be achieved. Occasionally you may leave a session feeling worse than when you arrived, but if you remain committed, open, and honest, positive outcomes are likely over time. Sometimes, however, you may not feel progress is being made. You should discuss this with your counselor to try to determine the barriers to progress. If you continue to feel the counseling is unsuccessful, you should request a counselor change or referral as indicated below in the Client Rights section.

Location, Hours of Operation, and Emergencies: Our offices are located in Blue Springs, MO and Lee's Summit, MO. We are open by appointment only. Our telephone number is 816-679-1524 and has voicemail attached. We will attempt to return voicemail messages within 24 hours except over weekends or on holidays. If, however, it is an emergency or you need immediate assistance, please do not wait for a returned call. We recommend you call 911, the Suicide Prevention Hot Line at 1-888-279-8188, or Research Psychiatric Center Crisis Line at 816-235-8162. Your counselor will follow those emergency services with standard counseling and support for you and/or your family.

Missed Appointments: Your appointment has been reserved especially for you. Although we understand that unavoidable situations come up, we do require notification a minimum of 12 hours prior to your appointed time in order to change or cancel your session. If we do not receive this notification, our policy is to charge \$40 for each missed or late cancelled appointment. Please be aware that insurance companies will not reimburse for missed appointments; this fee will be your responsibility to remit, and must be presented prior to the next scheduled session.

Client Rights: As a client of Tara Yardley LPC LLC, we want you to be aware of your rights. These include, but may not be limited to: **(a)** the right to specify how we can contact you which should be discussed with your counselor from the very first contact and any changes should be made in writing to your counselor; **(b)** the right to request the release of your client records to another party by consenting in writing on a Release of Information form provided by your counselor upon request; **(c)** the right to inspect your client and billing records by making the request in writing to your counselor, while acknowledging there may be limited circumstances in which such a request is denied; **(d)** the right to request a different counselor to the extent possible depending on availability, or to request a referral if you are dissatisfied with the services; **(e)** the right to complain or question the focus of sessions or treatment; and **(f)** the right to communicate any formal complaints to the Missouri Committee for Professional Counselors.

Client Responsibilities: The counselors of Tara Yardley LPC LLC have certain expectations of their clients. These include, but may not be limited to: (a) keeping your scheduled appointments and notifying us as soon as possible if you cannot keep one; (b) being as open and honest as possible with your counselor; (c) participating in your treatment which may include "homework" between sessions; and (d) ending your work with your counselor in a termination session rather than not keeping your appointment so we can share and discuss what was useful and what could have been improved.

Dual Relationships: State law and the ethical standards of the counseling profession prohibit any type of dual relationships between the counselor and the client. Dual relationships include, but are not limited to trading counseling services for goods or services provided by the client or any type of romantic/sexual relationship between the counselor and client



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Client Records: The records of client services will be maintained for a period of five years following the last date of service. Client records are the property of Tara Yardley LPC LLC and are not released to other parties without your permission, except in circumstances identified in the Confidentiality section above.

Financial\Insurance Issues: This information is provided to prevent any misunderstandings so that your time in counseling can be focused on your emotional needs and not financial issues. In the event that your insurance carrier is accepted within our offices, as a courtesy, we will bill your primary insurance company or provide receipts for your own billing. Please be aware that in order to accomplish this we will be supplying your insurance provider(s) with information necessary to complete the billing process. We ask that you pay your co-pay at each session or the entire fee (as indicated on the Fee Schedule below) until insurance coverage has been established. In the event you have not met your deductible for the year, the full fee is due at each session until the deductible is satisfied. Past due accounts (over 60 days) will be charged 1.5% interest a month (18% APR). In the event that an account has to be turned over to a collection agency, collection fees charged to our office will be added to the debt owed. We ask that you authorize payment of benefits directly to your specific counselor. Billing of secondary insurance companies will only be billed in order to reimburse client payments.

Payments accepted: Cash, Visa, MasterCard, Discover, American Express and Debit Cards

We currently do not accept personal checks.

All fees will be the client's responsibility unless prior authorization is received from your insurance company or EAP.

Fee Schedule for 50 minute sessions:

Initial Assessment	\$126.00
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Fee Schedule for 45-50 minute sessions:

Individual Therapy	\$100.00
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Fee Schedule for 75 Minute sessions:

Couple's Counseling	\$125.00
Family Therapy	\$125.00

Missed or late cancelled appointments without 12-hour notice will be assessed a \$40 fee that must be paid prior to the next scheduled appointment. This fee will not be billed to insurance.



Informed consent to counseling services continued

I, _____ (print name), certify that I have read the four page document entitled Informed Consent for Counseling Services. I have discussed it with my counselor, I have had all questions addressed, and I understand the contents. By signing this form, I am authorizing the release of the required information (such as diagnosis and dates of service) to my insurance company and/or a third party claims processor. I am also authorizing insurance payment for counseling services be made payable to the counselor providing my services.

Client signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Counselor Signature: _____ Date: _____