Aspire Counseling Services Consent for Services

This consent form represents an agreement between yourself (the client) and your practitioner (therapist) regarding psychotherapy services. Aspire Counseling Services is a group of independent therapists and your independent therapist will have additional forms and information for you prior to your initial session. This form contains important information about our professional and business policies. You may revoke this agreement in writing at any time. Actions taken prior to the revocation of the consent are *not* subject to revocation.

**Fees**

Telehealth sessions via Zoom or by Phone: $70 Per Session

In Person Sessions; Home Session, Community Session, Active Therapy, Walk-Talk Therapy: $90-$125 Per Session. Prices vary based on activity, milage/location.  Please speak with your therapist for more information.

Group Therapy: $40 Per Session

Payment options:  Cash via your preferred cash app, PayPal, Health Savings Account, Visa, Mastercard, American Express, and Discover cards. We do not process payments through insurance providers.

Sliding Scale Fee: Rates based on income level are available and subject to verification of annual gross income. Please speak with your therapist for more information.

**Appointments, Cancellations, and Fees**

Sessions will normally occur once per week; they may become less frequent as treatment nears the end. The length of treatment varies depending on each client's needs. The client and therapist will discuss treatment recommendations once the therapist has had adequate time to assess each client’s specific needs.

Unless otherwise arranged, sessions will be approximately 45 to 60 minutes in length and will begin and end promptly. Please note that session length starts at scheduled time and therefore late arrivals will affect your total session time.

Please provide 24-hours’ notice if you must cancel or reschedule an appointment. If notification has not been given prior to 24 hrs. before the appointment, the client will be responsible for full payment of the session.  The client is responsible for all charges incurred during treatment; we do not bill through insurance.

Professional time spent outside of psychotherapy sessions are billed at $22.50 per quarter hour (15 minutes). This includes fees for services such as requests for letters or reports and telephone calls, emails, or texts not related to scheduling. The client is responsible for payment of these services at time rendered.

If your therapist is subpoenaed or otherwise required to appear at a deposition, trial, or other legal proceedings, you will be charged a minimum hourly rate of $125 plus any additional costs incurred (including any legal fees) for all professional time spent by your therapist preparing for testimony, writing reports, travel time and expenses and attending the proceeding. This rate is based on the level of complexity of the legal involvement required by your therapist.

**Psychotherapy Services**

Psychotherapy is not easily described in general statements. Treatment varies depending on the needs of the client and the challenges they may be experiencing. There are many different therapy methods and clinical interventions that the therapist may employ to help with the challenges at hand. Psychotherapy calls for a very active effort on the part of the client. For therapy to be most successful, clients will be encouraged to work on challenges outside of the therapy session and may be given additional directives, steps and or assignments to increase the effectiveness of the treatment. A client will get out of Psychotherapy what they are willing to put into it.

Psychotherapy can have benefits and risks. Since therapy generally involves discussing difficult aspects of clients’ lives, they may experience uncomfortable feelings during the course of treatment. Psychotherapy has also been shown to have many benefits: Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. If you have additional questions about your treatment, therapy methods or clinical interventions, please discuss them with your therapist.

**Confidentiality**

The relationship between a therapist and a client is a confidential one. Information can only be released to others with your explicit written permission through a signed release of information.  In the event of a client indicating they are a danger to self and/or others, the therapist is required by law to disclose information to emergency medical personnel or other appropriate authorities and does not require written consent or a release of information. Additionally, if a client discloses the abuse or neglect of a child or vulnerable adult the therapist is required by law to report the information to the appropriate authorities. (See “Notice of Privacy Practices” for more specific information about confidentiality, your rights, and access to your records.)

In addition, the following summarizes the information you need to understand when/if you communicate with us electronically (email or text, for example) or through telehealth services:

• Standard email, text and video services are not secure and do not meet the security requirements of HIPAA for protected health information. Email and text messages are not encrypted and run the risk of being intercepted by unauthorized individuals.

• Electronic communication should not be used for emergencies or time-sensitive situations. In the event of an emergency, immediately call 911.

**Professional Records**

The laws and standards of the behavioral health profession require that therapists keep Protected Health Information about clients in a clinical record. Except in unusual circumstances in which disclosure is reasonably likely to endanger the life or physical safety of a client or another person, a client may examine and/or receive a copy of the clinical record, if it is requested in writing. Clients also have the right to request in writing that their clinical record (or a summary) be sent to another mental health provider when appropriate. Because clinical records are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, Aspire recommends that clients initially review their records with their practitioner or have them forwarded to another behavioral health professional so the content can be discussed. Please refer to the Notice of Privacy Practice for further details.

**Contacting Your Therapist**

Due to being in session with other clients and various work schedules, your therapist may often not be immediately available by telephone or email. Your therapist will make every effort to return your call or email within 24 hours, with the exceptions of weekends and holidays. You are always welcome to request an impromptu session if the need arises. If you are unable to reach your therapist and feel you cannot wait for him/her to return your call, please call 911 in the event of an emergency, contact your family physician or the Greenville Mental health Crisis Help Line (864) 487-4357.

**Termination of Services**

If the Therapist determines that the client's specific challenges are beyond the therapist's scope of competence or scope of licensure it is in keeping with best practices and ethical codes that the therapist make referrals to other service providers more equipped or licensed to provide needed services. The client or Therapist have the right to terminate services at any time and proper referrals for other services will be provided. Please note that if a client is not keeping appointments and has had more than three (3) late reschedules or cancellation (with less than 24 hours’ notice), they may be discharged from treatment.

**Commitment to Quality Treatment/Client Rights**

Each of the independent practitioners at Aspire Counseling Services works from a variety of treatment perspectives and modalities but are committed to providing quality professional services. Your personal history, circumstances, beliefs, and values will be incorporated into and respected in treatment. You have the right to ask questions at any time about your services or request a change in services.

Your signature indicates that you have read and agreed to the conditions stated above and that you voluntarily consent to receive psychotherapy services from the independent practitioners at Aspire Counseling Services.

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