**Informed Consent for Counseling**

Welcome to my practice. My name is Ekaterina Henning, MS, LMHC, MCAP, PhD. I will be working with you in my office in Gulf breeze, 913 Gulf Breeze parkway, unit 26 or online. This document contains important information about our counseling services and business policies, as well as summary information about the Health Insurance Portability and Accountability Act (HIPAA). You will also receive this form in its entirety and sign stating that you have read it and understand it.

Counseling Services.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you.

Counseling has both benefits and risks. Risks may include, but are not limited to, experiencing

uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, changes in sleep patterns, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. The process of psychotherapy may bring about changes that were not originally intended.

The issues we examine together may bring about a desire to change certain aspects of your life such as education, housing, employment and relationships. Change may sometimes be quick and tolerable, but it may sometimes be gradual and frustrating.

Psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems.

There are no guarantees about what will happen. Counseling requires a very active effort on your part, honesty, being open to change and being present at sessions. To be most successful, you must work on things we discuss during our sessions and outside of our sessions.

The first few sessions will involve a comprehensive evaluation of your needs. We will decide if working together feels like a good fit for each of us. Therapy involves a commitment of time, energy and money, so it is important to select a therapist you feel can address your specific needs. It is equally important that I, as the therapist, am able to address your needs through my professional training, skills and knowledge. I do not diagnose, treat or advise on problems outside of the scope of my competencies or the scope of my practice. If you could benefit from treatments that I cannot provide, I have an ethical obligation to assist you in obtaining those treatments and will make every reasonable effort to do so.

By the end of the initial evaluation period, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan together. If you have questions about my procedures, we should discuss them whenever they arise.

CONFIDENTIALITY

Issues discussed in therapy are legally protected as both confidential and “privileged.” This means that your

relationship with me as my client, all information disclosed in sessions, and the written records of those sessions are confidential and may not be revealed to anyone without your written consent. However, there are limits to the privilege of confidentiality:

1. Suspected abuse or neglect of a child, elderly person or a disabled person. In these situations, the law requires me to make a report to the proper authorities. If this situation should come up during our sessions, I will make every effort to inform you of my need to file a report and we will discuss the clinical implications.

2. When I believe 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 me to inform that person as well as the legal authorities. If I believe that a patient is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization for the patient. If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

4. If I am ordered by a court to release information as part of a legal proceeding. In the case of a legal proceeding, you still have the right to assert “privilege” and prevent me from providing any information about your treatment. I will make every effort to ensure your records are not released to the courts without discussing the matter with you. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. It is also important to note that in any case a judge may order the release of your records even if we assert privilege. In that case I will seek legal counsel and only provide the information that must be provided as required by law.

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 of 2001 Section 215.

8. An investigative order from a state board, commission or administrative agency that oversees my work as a therapist.

9. If requested by a coroner for investigation purposes.

10. In instances of a lawsuit instigated by you against me, the therapist.

You acknowledge that a copy of the Notice of Privacy Practices (separate document) as required by the Health Insurance Privacy and Accountability Act (HIPPA) has been provided to you. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

By signing below, I am acknowledging that I have read and fully understand the confidentiality

policy and limitations described above.

Name (please print):

Signature: Date:

APPOINTMENTS, SCHEDULING AND CANCELLATION POLICY

Appointments will ordinarily be 55 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed and there may be times when you need a session that is longer than 50 minutes as is often the case with EMDR. The time scheduled for your appointment is assigned to you and you alone.

Missed and cancelled appointments pose issues for both of us. The work of psychotherapy can be challenging and there may be times, when the process feels challenging, that you may want to avoid coming. Should you feel this way, I encourage you to come to your session, even with your reservations, so we can discuss this and process this together. It is important to remember that this is sometimes a part of the process.

**Because your session time is reserved for you and you alone, you will be billed for any sessions that you cancel with less than a 24-hour notice** unless we both agree that the situation was emergent and unavoidable and we can fit you into another appointment time in that same week. Cancelling or rescheduling appointments must be done by telephone 1 850 270 2737

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*You will be billed a full session fee of $150.00 – not just a co-payment. Insurance companies do not reimburse for failed appointments. It is my policy that I will collect the full fee at the start of our next session*.

If you are late for your session, I will wait 15 minutes. I understand that things happen that can sometimes interfere with our schedules despite our best intentions. We can still have a session if you show up late, but the session must end at the previously agreed upon time to respect other clients scheduled after you. You will still be billed for the entire 50-minute session.

Initials \_\_\_\_\_\_\_\_

*PROFESSIONAL FEES*

My fee schedule is as follows:

The standard fee for the initial individual intake is $160.00 and each subsequent 55-minute session is

$150.00.

Family sessions are billed at $170.00 for the initial intake session and $160.00 for each subsequent 55-minute session.

Group sessions are billed at $60.00 per group.

90-minute EMDR sessions are billed at $200.00

Full payments or co-payment will be expected at the start of each session unless we have agreed upon a different payment arrangement.

I accept cash, check and credit card. There will be a $25.00 processing fee for any returned check and I reserve the right to not accept future checks should this happen.

If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. I encourage you to discuss any financial issues as they arise. I will allow a grace period of 2 business days. After that time, I will charge a $20 fee for late payments.

The code of ethics of my profession requires me to ensure you do not end up with a large bill that would create any undue hardship, therefore, I cannot allow clients to carry a balance of more than two unpaid sessions. If you are unable to pay your balance, I will discuss this with you and we will decide if it makes sense to pause your care or to refer you to other low-cost services.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me.

By signing below, I am acknowledging that I have read and fully understand the court policy

and stipulation, including but not limited to the fee structure for all related court matters.

Name (please print):

Signature: Date:

INSURANCE

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis.

All diagnoses come from a book entitled the DSM-VI.

If you choose to utilize your insurance to pay your bill for services I provide, it may be in your best interest to review with your insurance company what information they will need to have and how they store that information. Some people choose not to utilize their health insurance for payment for the reasons listed above. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. *If you did not obtain authorization and it is required, you may be responsible for full payment of the fee.* Many policies leave a percentage of the fee (which is called coinsurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the beginning of each session.

In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions.

If I am not a participating provider for your insurance plan, you may be able to utilize my services as an out of network provider. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, you will need to contact your insurance company to get a list of in network providers.

While I will make every effort to work with your insurance company for reimbursement, ultimately, you are responsible for the full payment of the services provided and you are responsible for understanding how your insurance company will cover and reimburse services.

DUAL RELATIONSHIPS

It is clearly stated in the Counseling Code of Ethics that as clinicians we are to avoid all types of dual relationships. Psychotherapy never involves sex, exploitation, friendship outside of the therapeutic relationship or business engagements as these are illegal, unethical and could threaten the objectivity of the therapeutic relationship. It is possible that during the course of treatment I may become aware of other preexisting relationships or conflicts of interest. If I do become aware of any type of situation that could compromise our relationship, I will do my best to resolve these situations ethically. This may involve me bringing the conflict up with you so that we can make a decision about how to proceed with treatment in a way that keeps your best interest at the center. In some instances, termination may be necessary, but that would be discussed with you and every effort for a seamless transition of care would be made.

If you live locally, there is a likely possibility that we may encounter each other in public. This is unavoidable in

small communities. To protect your privacy, I will not initiate contact or acknowledge that I know you. If you choose to say hello, I will respond with a simple hello, but you should know that this may open the door for questions from any people you are with and could breach your rights. I will only respond with a cordial hello and simple acknowledgement as I do not discuss any part of my work outside of my office. You may also choose not to acknowledge me at all and that is perfectly acceptable. It is entirely your choice and whatever choice you make, there will be no judgement made.

TERMINATION OF THERAPY

When we will reach a place in our relationship where you will no longer need my counseling services, we will begin discussing termination of the therapeutic relationship.

At the very beginning of therapy. You will be asked to determine what will constitute you no longer needing my supportive services and we will discuss this often. This is a fluid process and there are many factors that can change it. It would be impossible and lengthy to list all of those here. The therapeutic process is different for each client. Some situations may be resolved in a short period of time and some may require more extensive therapy. Either way, termination is a mutual process. If at any time during your treatment, you are unable to proceed with therapy for any reason, I would ask that you come for at least two more sessions so we can plan for this together.

If during our work, I assess that I am not effective in helping you to achieve your goals, I will discuss this with you and termination of treatment may be initiated at that time. If you require transfer to another professional who may be better suited to meet your needs, I will assist with that process. Your responsibility is to make a good faith effort to fulfill the treatment recommendations to which you have agreed. If you have any concerns or reservations at any time during treatment, I encourage you to express those immediately so that we may resolve those issues or plan to address them in other ways. You always reserve the right to terminate treatment at any time.

*Additionally, I reserve the right to terminate a client who becomes verbally or physically abusive, threatening or harassing to me or any members of my family immediately. Repeatedly coming to sessions under the influence of drugs or alcohol, bringing weapons to sessions or the use of the therapeutic relationship to commit illegal crimes are conditions for termination of services. Failure or refusal to pay for services after a reasonable amount of time is another condition for termination of services.*

PROFESSIONAL RECORDS

I am required by law to keep appropriate records of the psychological services that I provide. I choose to utilize a practice management system that keeps client records in the form of electronic health records. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, your billing records and all forms you have signed.

OFFICE POLICIES

Please turn your cell phone to silent mode upon entering the building and do not talk on cell phones in any part of the office building. If you need to make a call, please step outside of the building.

TREATMENT CONCERNS

I am committed to providing you with the highest quality care. If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or with former clients

ACKNOWLEDGEMENT

By signing this Informed Consent for Psychotherapy, you acknowledge that you have read and understood this policy statement and you have had your questions answered to your satisfaction. This form represents an agreement between us that we will both honor the provisions put forth. You agree to abide by these provisions and hold me free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from treatment.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or therapy. I understand that I may withdraw from therapy at any time.

If I am signing this form electronically, I acknowledge that I have read and fully understand the limits to

confidentiality, the cancellation policy and the court policy and fee structure and my single signature here represents this fact.

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

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

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