Serenity Helping Hands Therapy Center, LLC

INFORMED CONSENT FOR TREATMENT

Thank you for choosing Serenity Helping Hands Therapy Center, LLC as your mental health provider. We appreciate you as a client and will do all we can to help you feel comfortable and supported throughout your therapeutic experience.

Serenity Helping Hands Therapy Center, LLC is a therapeutic private practice that offers individual and family services for youth and adults, in addition to various community-based services and resources. We specialize in a variety of treatment issues and therapeutic approaches including, but not limited to: cognitive behavioral, client centered, solution-focused, Structural Family, and clinical observations, etc. Our mission is to ensure that you experience a process tailored to your specific clinical needs.

Additionally, our office will collaborate with a variety of other mental health providers (i.e., psychiatrist, therapeutic mentors, etc.) and service resources that may be beneficial to you during and/or after your therapeutic process. We may suggest a coordination of services, based on our clinical observation.

All therapeutic sessions are confidential. Your information will not be shared with others without your signed permission on the agency's Authorization of Release of Information form. Your insurance company may require us to release parts of your information, (therapy dates, therapy notes, etc.), in order to provide reimbursement for services.

Please review our Limits of Confidentiality document for additional information regarding limits of confidentiality during the therapeutic process. Also view our Patient's Rights and HIPAA Authorizations document regarding privacy, etc.

We are a fee for service organization. It is the responsibility of the client or client's representative to ensure that their insurance remains active and/or that the service fees and co-pays are paid at the time that services are rendered.

For those receiving therapy services, it is encouraged that you choose an appointment day and time that you will engage in consistently according to the frequency that we agree upon. Frequencies include weekly, bi-weekly and monthly. If you are unable to attend an appointment, it is your responsibility to contact your therapist to cancel or reschedule. Appointments must be canceled at least 24 hours in advance. Appointments not canceled within the allotted timeframe will result in the client being charged a $60.00 cancellation fee which is due prior to the start of the next session. If there are three consecutive missed therapy visits, the client will be discharged from the agency. Multiple missed appointments over a period of time may also result in the client being discharged from the agency.

For other therapeutic and community-based services, the number of appointments and frequency will be a collaborative decision between the client and the service provider. It is your responsibility to contact your service provider to cancel or reschedule. Appointments must be canceled at least 24 hours in advance. Appointments not canceled within the allotted timeframe will result in the client being charged a $60.00 cancellation fee which is due prior to the start of the next session. If there are three consecutive missed therapy visits, the client will be discharged from the agency. Multiple missed appointments over a period of time may also result in the client being discharged from the agency. Please feel free to discuss any questions or concerns with your service provider.

Serenity Helping Hands Therapy Center, LLC

If you understand and agree with the information and conditions outlined in this form, please sign and date below.

_____ _____

Printed Name of Client or Client's Representative Date

_____

Signature of Client or Client's Representative

_____ _____

Printed Name of Agency's Representative Date

_____

Signature of Agency's Representative

308 Gatehouse Lane ♦ Odenton, Maryland, 21113 ♦ Phone 443-214-8221 ♦ Email: aboone@serenityhhtc.com