

## Client Policies and Informed Consent to Psychotherapy

Welcome to Aloha Counselors. I appreciate you giving me the opportunity to be of service to you. This document contains important information about my professional services and business policies, and it answers questions that clients often ask about therapy. Our work together will be most helpful to you when you have a clear idea of what we are trying to do. Please read this document carefully and jot down any questions you have so we can discuss them at our next session.

### SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client and what concerns the client is working on. There are many different methods I may use to help you deal with the difficulties you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about, both during our sessions and at home, as I often assign "homework."

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspect of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and reductions in feeling of distress; however, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, if you decide to continue therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. In some cases, I may refer you to another professional, if I determine that I am not the best therapist to help you. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional.

### SESSIONS

I normally conduct a general evaluation that will last from 2 to 4 sessions. We will discuss treatment plan/goal options along the way. After the first diagnostic sessions, I will discuss my formal recommendations with you. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 55-minute session per week, at a mutually agreeable time. For more urgent or acute issues, some sessions may be scheduled more frequently. Once an appointment is scheduled, you will be expected to pay for it, unless you give 24 hours (one day) notice of cancellation. If possible, I will try to find a time to reschedule your appointment during the same week. A session is 55 minutes long.

### Cancellations/Missed-session policy:

Cancellations must be made 24 hours in advance to avoid paying for an appointment. I reserve the right to terminate treatment if there are one to three late cancellations or no shows. My office policy is to collect \$100.00 per missed appointment. Insurance does not cover missed sessions, so you will be responsible for this payment. Quest clients may lose their established timeslot or be referred to another therapist.

### PROFESSIONAL FEES:

My fee for individual therapy is \$190 for a 55-minute session, billed to insurance and client is responsible for the balance. There is an additional \$25 fee for each art therapy session. Cash payments are \$190 per visit, without fees. Payment is made prior to the session so that after handling the business portion, we can then concentrate fully on therapy. In addition to weekly appointments, I charge \$190 an hour for other professional services you may need, prorated for periods of work less than one hour. Other services include report writing, telephone conversations with you that last more than 10 minutes, attendance at meetings with other professionals you have authorized,

consultation with collateral resources with your consent, preparation of records and treatment summaries, and time performing any other service you may request of me. These services are not covered by insurance, so you will have to pay out-of-pocket.

I will NOT participate in any legal matters on your behalf unless subpoenaed or ordered to appear. However, if you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the intensity of legal involvement, I charge \$500.00 per hour, billed in 6 minute increments, for preparation (includes but is not limited to writing letters to attorneys/judges/etc; reviewing files; talking to attorneys; reviewing attorney notes), driving to and from courthouse and waiting time whether it be in person or on Zoom, and appearances in court for any legal proceeding. **These fees are non-negotiable. If it appears there will be a court proceeding, you will be billed a \$2,000 retainer which must be paid before I start any preparation or talk to any attorneys.**

### **BILLING AND PAYMENTS**

I will collect payment at the time of service for each session scheduled unless we agree otherwise or unless you have insurance coverage that requires another arrangement. If your account has not been paid for more than 60 days, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, the costs will be included in the claim. In most collections situations, the only information I release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

### **ACCEPTABLE PAYMENT OPTIONS**

In order for us to set realistic treatment goals and priorities, it is important to evaluate the 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. You are responsible for full payment of my fees even though you may have health care insurance. It is very important that you find out exactly what mental health services your insurance policy covers. If you have questions about your plan, call your plan administrator.

At this time, I accept insurance as partial payment along with client paying the balance (plus taxes and fees if paid by cc, paid before each session) through the following insurance companies:

- HMSA
- HMSA Quest (no additional fee)
- HMAA/HWVG
- UHA
- Blue Cross
- Blue Shield
- Private Pay = Cash/Credit Card

Most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries or, in rare cases, copies of the entire record. This information will become part of the insurance company's files and will probably be stored on computer. Though all insurance companies claim to keep the information confidential, I have no control over the information once it is in their hands. In some cases, they may store the information in a national data bank.

### **CONTACTING ME / EMERGENCY CARE**

I am frequently not immediately available by phone. When I am unavailable, you have the option of leaving VM or text for me during business hours at 860-306-6118. I will make every effort to return contact within 24 hours, except for weekends and holidays. If you are difficult to reach, it would help if you inform me of some times that you will be available. In an emergency, contact your family doctor or the nearest emergency room and ask for the psychologist or psychiatrist on call. If you need immediate medical attention or feel that you cannot control suicidal, self-harm, or violent thoughts or impulses, please call the Access Helpline at 800-753-6879 or 911 or go to your nearest emergency department before contacting your doctor.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. However, if I feel the information contained in your record might be emotionally damaging to you, I have the right to offer a summary instead, or I would happily send them to a mental health professional of your choice. These professional records can be misinterpreted and/or upsetting to untrained readers. If you desire a copy of records or a summary to be sent to another party, you may be charged a fee for professional time spent in responding to these requests.

## **MINORS**

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you might have with what I am prepared to discuss.

If, in my professional opinion, I come to believe you have been abused, I am mandated to make a report to Child Welfare Services.

Children ages 14 and over have the right to see counseling and medical attention without the knowledge of their parents. Please contact me at 860-306-6118 for more information.

## **CONFIDENTIALITY**

In general, the privacy of all communication between a client and a mental health professional is protected by law, and I can only release information about our work to together with your written consent. But there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. However, in some cases involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if the judge determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I come to believe, in my professional capacity, that a child is being abused, I must make a report to Child Welfare Services.

If I believe that a client is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm him/her/themselves, I may be obligated to seek hospitalization for him/her/them, or to contact family members or others who can help provide protection, even against the client's wishes.

These situation rarely occur, but if this type of situation occurs in our treatment, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important in our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting, or as they arise. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

## **THERAPEUTIC TOUCH**

In the course of therapy, especially in Brainspotting, there may be an instance where I offer my hand for support and to help the client remain grounded. This is entirely of a non-sexual nature and is at the full consent of the client. Additionally, clients often want to hug me at the end of the session. This is entirely of a non-sexual nature and is at the full request and consent of the client. If you have any questions about therapeutic touch, please ask me.

Your signature below indicates that you have read the information in this document (Client Policies and Informed Consent to Psychotherapy), you understand that you can print of copy of this from my website [www.alohacounselors.com](http://www.alohacounselors.com) (form 2), and you agree to abide by its terms during our professional relationship.

x \_\_\_\_\_  
print name of client

x \_\_\_\_\_  
signature of client

x \_\_\_\_\_  
date

x \_\_\_\_\_  
print name of parent/guardian if client is a minor

x \_\_\_\_\_  
signature of parent/guardian if client is a minor

x \_\_\_\_\_  
date

Therapist keeps page 4 of this document in the client's file.