Lynn Miller
Counseling

Session Information and Informed Consent for Treatment

Welcome to my practice! This document contains important information about my professional services and business policies. You will also receive a document with summary information about the *Health Insurance Portability and Accountability Act (HIPAA)*, a federal law that provides privacy protections and patient rights about the use and disclosure of your *Protected Health Information* (PHI) for the purposes of treatment, payment, and health care operations.

When you sign this document, it will represent an agreement between us that you understand all this information. We can discuss any questions you have before you sign or at any time in the future.

Clients Rights

You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, or national origin. 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 ask questions about any aspects of therapy and about my specific training and experience.

Appointments

Appointments will ordinarily be 50 minutes in duration at a time we agree on. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, please provide me with 24 hours' notice by phone. If you miss a session without canceling, or cancel with less than 24 hours' notice, you will be responsible to pay the session fee. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time.

Contacting Me

I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible. If you do not hear from me or I am unable to reach you and you feel unable to keep yourself safe, please call 911 or go directly to the nearest hospital or emergency room. As a private practice clinician, clients who see me are assumed to be self-responsible and not in need of day to day supervision or 24-hour crisis care.

Confidentiality

Federal and Ohio law require that issues discussed with a therapist be confidential. The information you reveal in session will not be discussed with anyone without a signed authorization from you. My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled *HIPAA Notice of Privacy Practices*. You will be provided with a copy of that document and I will answer any questions. Please remember that you may reopen the conversation at any time during our work together.

Acknowledgement of Informed Consent to Treatment and Notice of Privacy Practices

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By signing below, I acknowledge the following: ***(please initial each line)***

_____ I voluntarily agree to receive mental health treatment from Lynn Miller Counseling.

_____ I understand and agree that I will participate in the planning of my treatment and that I may stop the treatment at any time. I also understand that there are no guarantees that treatment will be successful.

_____ I have both read and understood all the information in this document and agree to be bound by its provisions.

_____ I have been offered a copy of this document and provided ample opportunity to ask questions and seek clarification of anything unclear to me.

_____ I have received a copy of and an opportunity to review and ask questions about the *HIPAA Notice of Privacy Practices*.

Client Name (please print) *Date of Birth*

Client Signature *Today's Date*