Treatment Contract and Informed Consent

Welcome to Verity Counseling! Thank you for selecting this practice to meet your therapy needs. This document is intended to inform you of policies, applicable laws, and your client's rights. **Initialing each section** indicates that you understand and agree to the information provided.

_____**The Therapy Process**: We use a variety of treatment approaches to best help you reach your goals. Change can occur through working on one's thinking, actions, environment, and if applicable spiritual condition. Changes can produce varying results and it is necessary to recognize that as one struggles with change, sometimes that struggle may lead one to go through a more difficult valley temporarily. It is very important that therapy continue at least until you have passed through that valley, should it occur. With this said, however, you have the right to end therapy at any time.

_____**Confidentiality:** We are dedicated to preserving the confidentiality and privacy of all our clients. However, some state and federal laws require that we disclose information in certain situations. In addition to the Verity Counseling administrative individuals having access to confidential files, **please review the following situations in which we must/will breach confidentiality:**

- **If we suspect child, elderly or disabled person abuse or neglect.** As mandated reporters, we are required to report that information to a state agency.
- **When a client brings charges against the therapist(s).**
- **When a court orders the therapist's testimony of your records.**
- **If your unpaid account goes into collections after (3) attempts to collect.**
- **We may sometimes talk with another counseling professional about your case to get an objective point of view. In those instances, your confidentiality will be maintained as no identifying information will be revealed, only the circumstances of your situation. Any professional with whom we consult will also be required by professional ethics to maintain your confidentiality. The exception will be that when we are out of town, we may release your information to another therapist or a supervisor who will serve on call should an emergency arise. In this case, minimal confidential information will be released as is necessary.**
- **When we believe a client is a danger to themselves or others (suicidal or homicidal).**
- **In cases where a minor is engaging in life-threatening or chronic self-harming and/or dangerous behaviors parent(s) will be notified.**

The laws and ethics of confidentiality are complicated. If you have special or unusual concerns, an attorney is recommended for legal advice.

_____**Treatment of Minors** (or N/A if not applicable): Persons under the age of 18 must have the permission of the parent or legal guardian to receive therapeutic services. Parents will be involved in treatment as we deem necessary while maintaining the confidentiality of the client except in cases of dangerous drug use, suicidal ideation with intent, chronic self-harming behaviors, or running away. In cases of divorce, we prefer to involve both parents unless rights have been severed for one or it is otherwise not feasible to obtain consent. By seeking our services for your minor child, you are attesting to the fact that you are legally able to make medical decisions on behalf of your child; otherwise, both parents' signatures will be needed for treatment to continue. Court documents may be requested to show the custody agreement. In cases where there is a custody agreement, the parent who is bringing the child in for services agrees that they will inform the other parent that the child is receiving services.

Conversations regarding your concerns, goals, and your child's progress will be made during parent sessions held approximately once a month or as needed, determined on a case-by-case basis. You are free to request a parent meeting at any time. The charge for these sessions is the same as your child's session fees. If you want us to know things about your child or your specific concerns in between those sessions, please email us that information.

_____**Court Cases:** We will not serve as a witness in custody disputes. We will provide records within 30 days' notice and the cost of copies ($.50 per page) and time. We ask you to agree to accept this policy. We will provide a treatment summary unless it harms the client's welfare. If circumstances present themselves that there are no other alternatives than to subpoena me

to court, the charge for this service will be $350 per hour of preparation and must be paid in advance by check or credit card. This payment is due **at the time we are being requested to attend court regardless of if we are released prior to the court date. Please take this into consideration when speaking with your legal counsel.** If required to attend court proceedings, the fee will be $350 per hour with one-hour payable in advance and non-refundable plus the cost of my attorney fees and associated travel expenses between my office and the courthouse, round-trip. The charge can be avoided if cancellation is made one week in advance, however, the initial $350 preparation fee **will not be waived nor reimbursed under any circumstance.**

_____**Subpoenas:** If your records are requested through subpoena, you will be notified in writing within 30 days and provided with a copy of the subpoena. Subpoenas received in under 30 days may not be responded to. You must then provide the therapist with a written objection to the subpoena or indicate that an objection will be filed with the court (with a copy to the therapist) within 15 days. It is the client's responsibility to file this with the court within the time frame legally allowed.

_____**Miscellaneous fees:** If you request phone calls to or letters to be written on your behalf (to Doctor, other counselors, teachers, attorneys, etc...) any and all fees to prepare, compile, and/ or fax documents will be billed to you in 15-minute increments at your agreed-upon hourly rate plus $0.50 per page costs incurred.

_____**Sessions:** Counseling sessions are 45-50 minutes and include the time needed to schedule another appointment and make payment. Due to the difficulty of scheduling missed or canceled appointments, 24 hours' notice (prior to your *specific appointment time*) must be given to avoid being charged for the missed session. The most efficient and quick way to cancel your session is to text your therapist. If inclement weather causes an issue in hosting/ attending your session in person, the session can be moved to telehealth per the discretion of your therapist. By strictly enforcing this policy, you are assured of your specific appointment time each week and the continuity of your care.

_____**Fee Policy:** The normal session fee is $100.00. If you are unable to pay the full rate, please advise your therapist who will discuss other alternatives with you. Please pay at the beginning of each session to make the most use of your session time. The following forms of payment are accepted and upon request, you will be provided a receipt at the time payment is made, if requested. ***Cash***. ***Checks***: make checks payable to **Verity Counseling**. Returned checks are subject to an additional $45 charge per transaction. ***Debit/Credit/HSA Card***: Should you decide to pay for services via this method, you will be charged the miscellaneous service fee associated with the card reader services (up to 3.5% plus .30 cents) per transaction. Be aware that counseling services are non-refundable, and you forfeit your right to charge back any services through your credit card company. By signing this agreement, you are also agreeing to pay for any costs; including collection or attorney fees required to collect any debt you owe for counseling services already rendered. This could also include any charge-back fees you create.

The credit card that will be put on file for unreturned books/materials, unpaid session fees, automatic payment of a scheduled session, a missed session, or a session that is cancelled without 24-hour notice is:

_____(Name as it appears on the card)

_____

(Billing address for this card, **including zip code**)

_____(Card number)

_____/_____ (Exp. Date), _____ (Security Code)

_____

Card Holder signature

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_____**Billing/insurance/appointment info**: If there is another adult whom you wish us to be able to discuss billing or insurance information with, please list their name here, _____. By initialing, you are authorizing us to only answer questions about billing, appointment dates, and insurance information. Information disclosed during session will not be discussed.

_____**Insurance:** We do not bill insurance companies directly or take responsibility for collecting from your insurance company. However, if you belong to a plan that pays for out-of-network services, if requested, we can provide you with billable receipts at the time of service so that you may submit them to your insurance company. Many insurance companies will cover a portion of the fee and/or apply the cost of your services to your deductible. It is recommended that you contact your insurance carrier for specific details of your coverage.

_____**Consultation:** If you could benefit from a treatment we cannot provide, we will help you get it. You have the right to ask about such other treatments, the risks, and the benefits. We will fully discuss the reasons for any additional recommendations we have so you can decide what is best for you. Our goal is for you to receive the best mental health care possible.

_____**Communication:** Sending information through cell phones, texting, Online Platforms, and email are not a safe method of communication because there are no proper means for assuring the confidentiality of this information. For the protection of your confidentiality, we will utilize these methods of communication with your acknowledgment of the potential risks to confidentiality and your consent given at this time. Please communicate with us by telephone or in-person if you want to assure that your personal information is kept as confidential as possible. Understand that to protect your privacy, and practice ethically, we do not *personally* participate in social media (Facebook, LinkedIn, etc.) with patients. To provide quality care to our patients and maintain professional boundaries, we will not respond to text unless it pertains to changes to an appointment, a billing question, or in case of an emergency. If you desire to communicate with us outside of your scheduled session time, we suggest you email your therapist directly. You are also encouraged to bring notes on your thoughts to your upcoming sessions if that is helpful to you.

_____**Video/Phone/Text therapy:** If you desire to use video, text, or speak on the phone (outside of a scheduling or billing question) you will be billed (in 15-minute increments) your normal session fee. The client(s) will adhere to the following guidelines when attending sessions through videoconference:

- Client will utilize video/audio equipment that is in good working order and connected to a reliable Wi-Fi or internet connection.
- Client will utilize a confidential and private location during video conferencing to adhere to HIPAA guidelines.
- Client will wear earbuds with a microphone during the session to ensure that all audible information may be kept confidential and to reduce the noise feedback.
- Should the session get disconnected from the video connection; your therapist will then be responsible to reconnect with the client through the video conferencing link or through the telephone.

_____ **HIPAA Notice of Privacy Practices.** I acknowledge that I have been offered a copy of the HIPAA policy.

Your signature below indicates that you have read and accept the terms and conditions of all initialed policies above concerning your care.

X_____

Patient/Guardian Signature Date

X_____

Therapist Signature Date