

## INFORMED CONSENT FOR TREATMENT

**Please read all information below carefully. Your signature acknowledges that once you have signed this document, you are responsible for the information this document contains.**

*This document contains important information about our professional services. Please ask questions about anything that needs clarification, at any time during treatment. We encourage you to keep a copy of this informed consent on file for your records.*

**Client Name:** \_\_\_\_\_ **Client Initials:** \_\_\_\_\_

### THERAPY 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 therapy, 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. Your therapist also has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy 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. However, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on the things that we discuss outside of your sessions.

The first few sessions will involve an assessment of your needs. By the end of the assessment, your therapist will be able to offer you some initial impressions of what might be included in the therapeutic work. At that point, your therapist will collaboratively discuss your treatment goals and focus for sessions with you. You should evaluate this information and make your own assessment about whether you feel comfortable working with your therapist. If you have questions about your therapist's practices, you should discuss them with your therapist whenever they arise. If your doubts persist, your therapist will be happy to help you set up a meeting with another mental health professional for a second opinion.

### APPOINTMENTS

Appointments will ordinarily be 50 minutes in duration, once per week at an agreed upon time, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, it is asked that you provide 24-hours notice. **If you miss a session without canceling, or cancel with less than 24-hour notice, you will be charged the full session fee for that session.** For individual session rates, please contact our office manager. If it is possible, your therapist will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. Lastly, if you cancel three times in a row, you will be discharged for non-compliance.

### **TERMINATION OF TREATMENT**

The discharge process can be unsettling to some; therefore your therapist works with you to provide the safest discharge plan possible. This usually involves a titration schedule, where less frequent appointments will be scheduled until you feel ready to terminate. However, your therapist reserves the right to discharge clients according to the following American Counseling Association ethical code:

**“A.11.c: Appropriate termination: Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may also terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pre-termination counseling and recommend other providers when necessary.”**

### **PROFESSIONAL FEES**

The standard fee per session is \$120.00. Please contact our office manager for individual insurance plan rates. Payment/Co-payment is due at the time of your session. Payment must be made by check, cash, or credit card. Any checks returned to the practice are subject to an additional fee of up to **\$25.00** to cover the bank fee that the practice will incur. Regardless of how you prefer to pay your fees, you must leave a signed and completed credit card on file with the practice, in the event of late cancellations, no shows, or insurance non-payment. If you refuse to pay your debt, the practice reserves the right to pursue payment through small claims court or through a collection agency. Unpaid balances will incur a monthly fee of 3% of the total balance owed.

In emergent circumstances, your therapist may be able to schedule a brief phone check-in. Please be advised that these calls are **not** reimbursable by insurance. The rate is **\$15.00 for 15 minutes**. Phone sessions are available on an as-needed basis.

### **INSURANCE**

It is important that you have knowledge of your specific insurance plan. You are responsible for knowing and understanding your mental health benefit package through your insurance provider. If you are unsure of your benefit package, please call the mental health number, located on the back of your insurance card, and inquire about your “outpatient mental health benefits”. Be sure to verify your co-payments and the possibility of a deductible.

If your therapist is not credentialed with your insurance provider at this time, they will provide you with a receipt at the time of the session, which can be turned into an insurance company for possible reimbursement. As all of our clinicians are licensed therapists, services should be reimbursable by most insurance companies through your out-of-network benefits.

In order to use an out-of-network benefit:

- 1) Call your insurance provider and ask if you have this benefit. If you do, ask how much they reimburse for “outpatient mental health services”.
- 2) Pay for your session in full.
- 3) The practice will provide you with a reimbursement receipt, sent via email.
- 4) Submit this receipt to your insurance provider.
- 5) Your insurance provider will reimburse you directly.

**Your therapist does not participate in third party payments, or file paper claims to your insurance company on your behalf.**

In the event of non-payment by your insurance provider, you are responsible for payment in full.

**TELEMENTAL HEALTH SESSIONS**

Telemental health is the delivery of therapeutic services using interactive technologies (use of audio, video or other electronic communications) between your therapist and you as the client, while in different physical locations. Our telemental health sessions are provided through our electronic medical records system. This system incorporates network and software security protocols to protect the confidentiality of client/patient information. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. This service relies on technology, which allows for greater convenience in service delivery. However, there are risks in transmitting information over technology that include, but are not limited to: breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

I, the client, understand that misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner. In addition, I understand that telemental health services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my clinician believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a clinician in my area who can provide such service.

Should service be disrupted, your therapist will attempt to contact you via phone or email. If you are experiencing a crisis and are unable to contact your therapist, you agree to call 911 or go to your local crisis center or hospital. **Should telemental health services be utilized at any time during your treatment with your therapist, you agree to unconditionally release and discharge The Sunrise Center for Wellness LLC, its affiliates, agents, contracts, and employees, and your therapist from any liability in connection with your participation in the remote consultation.**

Your insurance company may provide reimbursement for telemental health sessions. However, if your insurance coverage does not provide reimbursement, it is your responsibility to provide private payment for each telemental health session. Each session fee will be equal to the reimbursement rate of an in-office session. Your clinician will regularly reassess the appropriateness of continuing to deliver services through the use of the technologies that are agreed upon, and modify the plan as needed. You may decline any telemental health services at any time without jeopardizing your access to future care, services and benefits.

**Our 24-hour cancellation policy includes telemental health sessions.**

**PROFESSIONAL RECORDS**

Your therapist is required to keep appropriate records of the therapy services they provide. Your therapist keeps brief records noting that you were here, your reasons for seeking therapy, the goals and progress set for treatment, and topics discussed. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, it is recommended that you initially review them with your therapist. Please allow one full-week for records requests. There is a clerical fee of \$20 per records request.

Professional report requests incur a fee of \$70 per report.

**CONTACTING YOUR THERAPIST**

Your therapist can be contacted by email or use of text message. Therapeutic advice will not be given through either of these domains. Email and text are for contacting your therapist to schedule or cancel a session. Your therapist is often not immediately available by phone. Your therapist does not answer their phone when they are with clients or otherwise unavailable. At these times, you may leave a message on our confidential voicemail system and your call will be returned in a timely manner.

The voicemail system is **NOT** a crisis line. If, for any number of unseen reasons, you do not hear from your therapist or your therapist is unable to reach you, and you feel you cannot wait for a return call or you feel unable to keep yourself safe, you agree to: 1) call 911 or 2) contact your local crisis center or nearest hospital emergency room. Your therapist will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering their caseload.

**OTHER RIGHTS**

If you are unhappy with what is happening in therapy, it is encouraged that you talk with your therapist so they can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that your therapist 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 your therapist’s specific training and experience.

**Consultation**

Occasionally, your therapist may need to consult with other professionals in their areas of expertise to provide the best treatment for you. Information about you may be shared in this context without using your name.

**Community**

If you see your therapist accidentally outside of the therapy office, your therapist will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance, and your therapist does not wish to jeopardize your privacy. However, if you acknowledge your therapist first, they will be more than happy to speak briefly with you. However, your therapist will not engage in lengthy discussions in public or outside of the therapy office.

<p><b>I have read and understand the information that has been presented to me. In addition, I agree to participate in the therapy process in accordance with the terms that have been listed within this document.</b></p> <p>Name of Client (printed): _____</p> <p>Signature of Client (aged 14 or older): _____</p> <p>Signature of Legal Guardian: _____</p> <p>Date: _____</p>
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