**Lynne Harris Counseling and Mediation LLC**  
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Columbia, Mo. 65201  
 [lynneharris284@gmail.com](mailto:lynneharris284@gmail.com)

**INFORMED CONSENT INFORMATION**

This information describes the policies and procedures under which I can work with you effectively, ethically and legally. There will be a signature required from you which indicates there is an agreement between us to accept these guidelines as the basis of our working relationship.

This form aims to confirm that the services listed are those you agreed should be provided for you and your child/children, and that you understand some of the issues that may accompany the offering of these services.

**QUALIFICATIONS**

I earned a Bachelor’s of Social Work from the University of Missouri in 1984, and my Master’s in Counseling Psychology from the University of Missouri in 1985. I am a licensed Professional Counselor and a Licensed Clinical Social Worker. I have thirty years of experience in providing individual, marital/couple, and family therapy, and have worked extensively with children, teens and adults .I am also a court approved mediator.

I have expertise in forensic interviewing of young children and have interviewed more than 2500 children for law enforcement and the Children’s Division. I also have expertise in divorce/custody cases in which a variety of services may be needed such as; co-parenting counseling, creating developmentally sensitive parenting plans, grand-parent and guardianship cases, divorce mediation, parental alienation, child custody evaluations and high conflict divorce. I have been called on as an expert witness in numerous cases and understand the inner workings of the judicial system, both in the criminal arena, as well as family law and divorce proceedings.

**NATURE OF COUNSELING**

There may be both risks and benefits associated with participation in the counseling process. Counseling may improve your ability to relate to others, provide a clearer understanding of yourself, your values, your goals, and your ability to deal with everyday stress. You may leave a session feeling worse than when you arrived but if you remain committed, open, and honest, positive outcomes are likely over time. Sometimes you may feel progress is not being made. Please feel free to address this concern openly to try to determine the barriers to progress. If you continue to feel the counseling is unsuccessful, you should request a referral to someone else.

**CONFIDENTIALITY**

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your permission. However, there are a number of exceptions including;

* Client is a danger to self/others,
* Court orders a release of information
* Court orders reports to be provided regarding progress
* A child is abused or neglected,
* An elderly person is abused or neglected,
* I am subpoenaed to testify in court

**COURT ORDERED COUNSELING**

Many cases are referred to me by the court or by agreement between counsel and that counseling may be court ordered. In court ordered cases, there is an understanding that the client’s progress in individual counseling, co-parenting counseling or family counseling is something the court is interested in hearing about. To that end, these cases often require collaboration between other therapists involved in the case, attorneys, the Guardian ad Litem, custody evaluators, etc. Clients will be asked to sign releases of information so that this collaborative effort can provide the best opportunity possible for coordination of services to the family.

**RELEASE OF INFORMATION**

You will find attached Release of Information forms. If you would like me to be able to confer with specific professionals/individuals about your case, please identify on the Release of Information Form who you would like me to be able to receive or release information to. If you were referred by your attorney I would request that you sign a release for your attorney. Additionally, if you have a Guardian ad Litem or other therapists on your case, I would also request a Release of Information be signed for them as well.

**MEDIATION CONFIDENTIALITY**In Mediation Cases, all information is strictly confidential, and I cannot be called to testify for any reason nor be asked to provide information to the court. With your consent, I can confer with your attorney if you would like me to do so regarding progress in the Mediation. Additionally, if agreements between the parties are reached, I will provide a written Memorandum of Understanding to your attorney/s so that a legal agreement can be written for you to review, sign, and subsequently sent to the Judge to be ordered.

**AUDIO/VIDEO RECORDING POLICY**

Lynne Harris, LPC, LCSW prohibits the unauthorized or secret recording of any communications in regard to any but not limited to, mediation, counseling/therapy (individual, couples, co-parenting, family), to include any client/clients, family members, collateral contacts, etc. Any communications shall be deemed protected under this policy whether in person, by telephone, or by any other means.

Lynne Harris, LPC, LCSW recognizes the need to protect confidential, personal or proprietary information from unauthorized disclosure while avoiding deceptive practices that do not promote honest or ethical behaviors and to protect all parties present or not.

“Unauthorized” means any purpose not approved by Lynne Harris, LPC, LCSW

“Recording” means the use of any device to capture images or voices, regardless of whether in person or any other means.

**RECORDS REQUEST**

Please be advised that while I write progress notes to assist me in remembering important content of sessions, these are considered my “working notes” and will not be released to the client. If you request your records, you will be provided with a summary report of the treatment provided. However, if you are participating in Co-Parent Counseling, you must also have the written consent by way of a release of information from the other parent for a report summary to be given to both parties.

It should be noted that if a report is written you will also be charged at the hourly rate for the time it takes to write the report. You will need to pay in advance or at the time of receiving the report.

**FEES**

Sessions are 45 to 60 minutes for a billable hour. Part of that fee includes documentation in the record of what occurred in the sessions. It should be noted that mediation sessions or co-parenting sessions are often scheduled for two hours. Fees are currently at the rate of $150.00 per hour for intakes, individual therapy, couple’s therapy, and family therapy. Mediation and Co-parenting Counseling will be at the rate of $200.00 per hour.  
  
Court time will be billed at the rate of $300.00 per hour (with a two-hour minimum fee), including phone calls to attorneys, preparation time, case note review, reviews of emails, court appearances, wait time, etc. Clients will be responsible for the full bill if their attorney is the one to subpoena Lynne Harris to court, except for conferences or meetings with a Guardian ad Litem which will be split equally between the parties. Additionally, if a Guardian ad Litem issues the subpoena to Lynne Harris on a case, then both parties will split all court fees and expenses equally, and both will be required to provide a retainer prior to court.

It is very important that you pay the fee for services prior to leaving the office after each session in the form of cash, check, or credit/debit card. I will process your payment in my office. Fees that are unpaid, or that appear likely to be unpaid, will be discussed with you individually. Accounts are considered delinquent after two sessions are unpaid. If you are having financial troubles that may affect your ability to pay for therapy, please let me know and we will try to negotiate a payment plan.

**INSURANCE**

I currently do not accept insurance. However, I will assist you in providing any information needed so that you may receive reimbursement from your insurance company for counseling/Mediation services. The insurance company will typically want to know the dates of service, what service was provided, and a diagnosis for the client receiving services.

**CANCELLATIONS**

If for some reason you need to cancel the appointment, please notify me no later than the end of the previous business day. There will be a charge for a full office visit if you fail to notify me of the need to cancel.

**Additional fees…**Due to the complex nature of cases involving custody issues and or court involvement, the client/parent will also be billed for phone calls to attorneys, correspondence to attorneys, and meetings regarding the case at my hourly rate.

**CONSENT TO TREATMENT:**

By signing this Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given an appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving counseling assessment, therapy, and or Mediation services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. If there is a special circumstance in which I am court ordered to attend treatment, I will discuss the options of terminating services with the therapist and possible consequences to me if I do so.

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Signature - Client/Parent Date