INFORMED CONSENT FOR KAREN DAVIS, LISW

**PLEASE READ AND SIGN THE FOLLOWING PRIOR TO SEEING Karen Davis, LISW**

**CONFIDENTIALITY**

Confidentiality means that Karen Davis has a responsibility to safeguard information obtained during counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated bylaw. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your consent. In such situations, Karen Davis is not required to inform you of her actions. Please note the following exceptions to confidentiality:

* Confidentiality does not apply to cases of suspected abuse/neglect of children or the elderly.
* Confidentiality does not apply to cases of potential harm to self or others.
* A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
* Confidentiality does not apply to cases involving criminal proceedings, except communications by aperson voluntarily involved in a substance abuse program.
* Confidentiality may not apply in cases involving legal proceedings affecting the parent-childrelationship.
* Confidentiality may not apply to cases involving a minor child. In such cases, the mental healthprofessional may advise a parent, managing conservator or guardian of a minor, with or withoutminor’s consent, of the treatment needed by or given to the minor.

Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

Karen Davis, LISW, is required by law to protect the privacy of your health information. Although your counseling record is the physical property of Karen Davis, the information contained in your health record belongs to you.

You have the right to:

* + request a restriction on certain uses and disclosures of your information
  + inspect and obtain a copy of your health record
  + amend your health record as provided by regulation
  + obtain an accounting of disclosures of your health information as provided by law
  + request communications of your health care information by alternative means or locations
  + revoke your authorization to use or disclose health information except to the extent that action has already been taken

**COST OF SERVICE**

Karen Davis is a provider with Wellmark Blue Cross/Blue Shield. Please know if you have a co-pay and expect to make the co-pay at each session. The cost of services per session for clients paying by cash is $150 per session and pro-rated for longer sessions.

**PAYMENT OF FEES**

All co-payments should be paid at the time the service is rendered. Cash, personal checks, or credit/debit cards are welcome. Most insurance plans have an annual deductible, which must be met prior to reimbursement. If you have such a deductible, this is your responsibility to pay. Some insurance plans require the insured to call prior to the first visit and obtain authorization for a specified number of visits. If you fail to obtain this authorization prior to your initial psychotherapy session, you are responsible for payment.

**INSURANCE CLAIMS**

Please remember that you are responsible for payment of all fees whether or not your health insurance provides reimbursement.

**CANCELLATIONS**

Cancellations must be made twenty-four hours in advance to avoid charge. Missed appointments will be charged at 50 percent of the regular fee.

**WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING**

I have read and accept this agreement and herewith consent to counseling/psychotherapy treatment with Karen Davis, LISW.

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Client Signature or Legal Representative Date