

Judy Hu Counseling

INFORMATION and CONSENT TO TREATMENT

Nature of Counseling:

Success in therapy is dependent upon many factors, some that reside within the client (i.e. motivation for change), and some that reside within the therapist (i.e. particular skills and techniques) and some that result from the interaction and match between the therapist and client. A strong therapeutic relationship is indicated by such things as: feeling understood and respected by your therapist, agreeing on the goals and tasks of treatment, and seeing your therapist's approach as a "good fit" for you. **I hope that you will let me know if any of these factors need to be addressed.**

Confidentiality:

All professional contacts with me are safeguarded by confidentiality regulations. However, there are exceptions to confidentiality which include, but are not limited to, the following:

1. Instances involving the abuse to a child, elderly or disabled person.
2. Situations in which a client is judged to be threatening serious harm to him/herself or another person.
3. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.
4. Judicial proceedings involving a court order to testify.
5. When collection agencies or other processes are required to collect unpaid fees.

In these circumstances, I am required to inform appropriate authorities to insure the safety of the client or others, or to comply with a court order.

Fees & Payment*:

You are responsible for payment of all session fees. Payment is due at time of service. Cash or check accepted. Please write checks out to: "Judy Hu".

- **One 50-minute (Individual) psychotherapy session:** \$125.
- **One 60-minute (Couples/Family) psychotherapy session:** \$150.
- **Parenting Consultation (In Person or On Phone):** \$150/60 minutes, may be billed in 15 min increments. (Payment must be out of pocket since insurance does not reimburse for consultations.)
- **Clinical Supervision:** \$75/hr.

*A sliding scale is available for clients with a demonstrable need (eg. students, unemployed, etc.). I am happy to discuss this with you further.

I am in network at United Behavioral Health (UBH), Harvard Pilgrim, and Blue Cross Blue Shield (BCBS) insurances. If you have a PPO plan with another insurance company, or choose to utilize your company's Flexible Spending Account, you may submit my receipts for reimbursement. If you are not sure if your insurance will reimburse, please call them and ask about your mental health benefits and inform them that I am a Licensed Mental Health Counselor (LMHC) with the National Provider Number (NPI) 1265578470.

****You are responsible for all session fees if insurance declines coverage, regardless of the reason.****

Cancellations & Missed Appointments:

Appointments canceled with short notice are not easily filled; therefore, please expect to pay **\$75** for appointments that are not canceled with at least 24 hours' notice. Keep in mind that insurance will not pay for a session you do not attend.

YOUR RIGHTS AS A CLIENT:

Massachusetts requires that all Licensed Mental Health Counselors (LMHC) make the following written information available to all clients. If you have any questions or concerns after reading the following, you may discuss them with me at any time.

The Massachusetts Board of Allied Mental Health regulates the practice of Licensed Mental Health Counselors. Any questions, concerns, or complaints regarding the practice of mental health may be directed to the State Board.

Board of Allied Mental Health
239 Causeway Street, 5th Floor
Boston, MA 02114
617-727-3080

As a consumer of mental health services, you have the right to:

1. Have full and complete knowledge of your therapist’s qualifications, training, and licenses.
2. Be fully informed regarding proposed evaluation, treatment, methods of therapy, the techniques used, the duration of therapy, if known, and the fee structures.
3. Discuss your therapy with anyone you choose, including another therapist or mental health provider.
4. Refuse treatment entirely, or any component of any proposed treatment arrangement.
5. You may terminate therapy at any time.
6. Request that information from your treatment be shared with another therapist or organization, provided that appropriate consent forms have been signed.
7. Question your therapist’s competence. Should you become displeased with services, you are encouraged to talk to me to see if the matter can be resolved. If you feel unable to address these concerns with me, you may address these concerns with another therapist or pertinent professional or legal bodies.
8. Request copies of ethical principles or other guidelines that govern my practice.

Acceptance of Information and Consent to Treatment

By completing the following you agree to the policies and procedures detailed above.

Client (please print): _____ Date: _____

Signature _____