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INFORMED CONSENT FOR THERAPEUTIC SERVICES AND OFFICE POLICIES

It is important for you, as the client to be fully informed about the therapy services you will be receiving. Please read the following carefully and write down any questions you might have so that we can discuss them when we meet. ***Your signature below indicates that you have received, read, and understand your rights and responsibilities under this agreement and agree to enter a therapy relationship with Sherry Haslam.***

Welcome to Freedom Path Counseling. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future. Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in psychotherapy, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. As your therapist, I have responsibilities to you, as well. These rights and responsibilities are described in the following sections.

I. PROCESS OF THERAPY:

The results of treatment in therapy are most of the time positive and beneficial. The process of working to achieve the potential benefits of therapy may require that you make firm efforts to change. This may involve experiencing significant discomfort. Remembering and therapeutically resolving unpleasant events can arouse intense feelings of fear, anger, depression, frustration, and the like. Seeking to resolve issues between family members, marital partners, and other persons can similarly lead to discomfort, as well relationship changes that may not be originally intended. While the process is effective for many people there are no guarantees of success. I provide individual, couples, family and group therapy. Some possible forms of therapeutic treatment I may provide include:

EMDR (Eye Movement Desensitization and Reprocessing): EMDR is a comprehensive approach to therapy that integrates elements of psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies to maximize treatment effects.

Attachment Theory and Framework: Attachment theory is an understanding of the

emotional and neurobiological origins of attachment styles. This understanding, and the revelations of modern brain science on brain plasticity, give us the exciting opportunity to change destructive relationship patterns into healthy and constructive behaviors that lead to richer, deeper and longer lasting adult relationships.

Christian Perspective: This perspective strives to integrate the truth of theology, or the knowledge of God, and psychology. A Judeo-Christian worldview provides an understanding of who we are and were created to be, God's love and grace for humanity, and his redemptive work throughout history. This perspective offers hope through a theory of change based on God's grace and power as the foundation of healing.

The above represents some of my theoretical frameworks and trainings. I believe this disclosure is an important part of this informed consent. In regard to my Christian perspective, there is no expectation that a client agrees or aligns with my perspective. In the Clinical Intake Form a client can express preferences regarding spiritual concerns and /or integration of a spiritual component is in the therapeutic process. You have the responsibility to provide me with accurate information as to how I might best help you and to keep me advised of your needs throughout the therapeutic process.

It is important that you feel comfortable with me. If you do not, please discuss with me. Therapy involves a large commitment of time, money, and energy. Please be mindful and informed about the therapist you select. If you have questions about my procedures, please discuss them whenever they arise. If your doubts persist, I will be happy to make appropriate referrals.

II. TREATMENT PLANS

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

III. TERMINATION

After several sessions, I will assess if I can be of benefit to you. If at any point during psychotherapy I assess that I am not effective in helping you reach the therapeutic goals or you are non-responsive, I will discuss with you the possibility of termination of treatment. If I determine that termination is the best course, I will conduct pre-termination counseling prior to terminating. If termination is appropriate and/or necessary, I will give you one or more referrals that I determine would be helpful.

At your written request, I will talk to the psychotherapist of your choice to help with a transition to a new therapist. If at any time you want another professional's opinion or wish to consult with another therapist, I will give you appropriate referrals. With your written consent, I will supply that therapist with the essential information needed. You have the right to terminate therapy

and to communication at any time. If you choose to do so, you may request a different qualified professional therapist whose services you might prefer. At your request, if appropriate and possible, I will provide you with referrals to other qualified professionals.

IV. APPOINTMENTS

Appointments will ordinarily be 55 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time.

If you need to cancel or reschedule a session, I ask that you provide 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hours notice, my policy is to collect a \$75 late fee (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the portion of the fee as described above. If it is possible, I will try to find another time to reschedule the appointment.

V. PROFESSIONAL FEES

You are responsible for paying at the time of your session unless prior arrangements were made. Any checks returned to my office are subject to an additional fee to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request. This will be charged at an hourly prorated fee. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

You are responsible to make payment arrangements for the report prior to it being released. A retainer fee will be assessed for when I am required to go to court and testify. I will assess fees for preparation time, travel expenses, and actual time spent at court. I will bill for preparation time, travel time, and on-site time. A prorated fee will apply if I am requested to complete extra forms. You will be responsible for paying the fees in advance.

VI. INSURANCE

To set realistic treatment goals and priorities, it is important to evaluate your resources available to pay for your treatment. If you have a health insurance policy, it may provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are

responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of healthcare, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require your authorization to provide a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-IV. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable). Sometimes I must provide additional clinical information such as treatment plans or summaries or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

If you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee.

Many policies leave a percentage of the fee (co-insurance) or a flat dollar amount (co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit by debit, credit, cash or HRA card. Some insurance companies may also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year.

Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract. If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

VII. PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

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, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the contents. If I refuse your request for access to your records, you have the right to have my decision reviewed by another mental health professional. We can discuss upon your request. You also have the right to request that a copy of your file be made available to other health care providers.

VIII. CONFIDENTIALITY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except in the following:

- **A client is a danger to self or to others**
- **When there is a reason to suspect abuse or neglect of a child, an elderly person, or an adult with a disability;**
- **When the judicial system orders client records to be made available**
- **You sign a release form for this therapist to do so**

I do not promise or guarantee confidentiality among clients in marital, family, partner and group counseling. Specifically, in these types of counseling, I will explain the problems and limits of keeping confidences and will avoid the role of keeping secrets. I consult with experts in my field of specialization as well as clinical colleagues. However, each client's identity remains completely anonymous and confidentiality is fully maintained.

My policies about confidentiality regarding health records and information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices that is provided to you. Please remember that you may reopen the conversation at any time during our work together.

IX. PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent.

For children 14 and older, I request an agreement between the child and parents to share general information about treatment progress and attendance, as well as a treatment summary upon

completion of therapy. All other communication requires the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions). In this case, I will make every effort to notify the child of my intention to disclose information and handle any objections raised.

X. CONTACTING ME

The best way to contact me is via text, phone call, or email through the Therapy Appointment portal. I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters.

XI. EMERGENCIES

If, for unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency Room or call 911 or Comcare Crisis at 316-660-7500 and ask to speak to the mental health worker on call. I 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 my practice.

XII. MEDICAL or BIOLOGICAL ORIGIN

Certain mental disorders can have a medical or biological origin, and you should consult with a physician. I am a Licensed Clinical Professional Counselor and am NOT a medical doctor. I am unable to diagnose medical disorders or prescribe medication. I encourage my clients to visit their family practice doctor regularly and share any medical concerns with him or her.

XIII. LICENSING AND ETHICS:

The State of Kansas, through the Behavioral Sciences Regulatory Board (BSRB), licenses mental health professionals. As a Licensed Clinical Professional Counselor, I am committed to practice according to the ethics of my profession. I also uphold the American Association of Christian Counselor Code of Ethics. A copy of either of these ethical codes are available if requested.

XIV. ELECTRONIC COMMUNICATIONS: EMAILS, CELL PHONES, COMPUTERS, AND FAXES

It is very important to be aware that computers and unencrypted email, texts, and e-faxes communication (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails, texts, and e-faxes, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails, texts and e-faxes that go through them. It is always a possibility that e-faxes, texts, and email can be sent erroneously to the wrong address and computers.

My computer is equipped with a firewall, a virus protection and a password. Also, be aware that phone messages are transcribed through Google Voice and sent to this therapist via unencrypted emails. Please notify me if you decide to avoid or limit, in any way, the use of email, texts, cell phones calls, phone messages, or e-faxes. If you communicate confidential or private information via unencrypted email, texts or e-fax or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters. Please do not use texts, email, voice mail, or faxes for emergencies.

XV. SOCIAL NETWORKING AND INTERNET SEARCHES

At times, I may conduct a web search on my clients before the beginning of therapy or during therapy. If you have concerns or questions regarding this practice, please discuss them with me. I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

XVI. CLINICAL WILL

You should have the understanding that in case of my death or incapacity to personally contact you, I have identified Jennifer Logan Armstrong, LCSW to ensure continuity of care. Jennifer is located in the same office building and can be reached at (316)302-5645 or jenniferarmstronglscsw@gmail.com. She will have confidential access to your information to properly contact you. This will allow her to either close and store your case file and/or to offer referral services to ensure continuity of care.

XVII. OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I 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 my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

XVIII. CONSENT TO PSYCHOTHERAPY AND COORDINATION OF CARE

In Kansas, licensed mental health professionals are required to offer to consult with a client's primary care physician or psychiatrist whenever symptoms of a mental health diagnosis are present. The purpose of such consultation is for the coordination of care among providers. The client/parent/legal guardian may also choose to waive such consultation. The clinician may provide treatment or evaluation until such time that the medical consultation is obtained or waived. If you choose to accept the consultation, a separate form called the Consent for Release

of Information will need to be filled out allowing information to be shared.

Please initial one of the following:

I accept the consultation _____

I waive the consultation _____

Name and address of Physician:

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices, have been given an opportunity to ask questions, and agree to their terms during our professional relationship.

Client's Name (print) _____

Signature _____ Date _____

Client's Name (print) _____

Signature _____ Date _____

Therapist's Name (print) _____

Signature _____ Date _____