



INSPIRED.RELEASE

32 Hartford St ~B Boston MA 02125

## **Consent and Services Agreement:**

### **Holistic Mental Health and Wellness Therapy and/or Therapeutic Consultation**

Welcome to your first session at Inspired Release! This form provides information about our holistic mental health and wellness services. Please review it carefully, and feel free to ask me any questions!

#### ***About our Services***

The potential benefits of counseling therapy, be it wellness coaching, adventure based, individual, or family, are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after therapy. It is important that you understand that healing and growth is difficult, and some discomfort will likely be a part of the counseling process. If you experience discomfort, at any time, bring it up in session so we can acknowledge it and hopefully work through it together. If I experience discomfort, I will do the same.

Likewise, our holistic restorative approach to therapeutic consultation requires a commitment to actively engage in the change process. You can count on us to honor and remind you of your power to

- choose and modify your goals,
- utilize the methods shared, and
- change your level of engagement at all times

We expect these choices to be explicitly shared, and mutually agreed to, in writing when possible.

I understand \_\_\_\_

### ***Confidentiality / Personal Health Information***

All communications and records with your therapist are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes, or (5) a subpoena or court order is received directing the disclosure of information. To protect your privacy to the greatest extent of the law, it is our policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with you, if at all possible, before mandated disclosure in the event of #2 or #3.

Electronic Communication Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. I sometimes communicate with clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform me and we will honor this request.

Client Follow Up Your counselor may "follow up" with you after counseling / wellness coaching has ended. 1 month, 3 month, or 6 month follow up calls may be made to check in with you and see if gains made in counseling have been maintained. In addition, someone from our team might call you to ask for your feedback on your experience at Inspired Release. If you would prefer that Inspired Release not contact you, simply tell us and your preferences will be respected.

I understand \_\_\_\_\_

### ***Using Insurance vs. Direct Pay***

Therapy can be in one of two ways: you can pay directly or use your health insurance. There are advantages and disadvantages to each. Using your insurance means that a 3rd party, the insurance company, will be reviewing our therapy. I will be required to diagnose you with a mental disorder (for example Adjustment Disorder, Generalized Anxiety Disorder, or Major Depressive Disorder). Health insurance will pay for most of the cost of the therapy, minus whatever

your health insurance determines your Copayment to be. Depending on your health insurance, and what they determine about the reason you are seeking therapy, your health insurance may agree to pay for fewer sessions than you and/or I feel you need. Direct pay allows for more privacy. For direct pay clients, your files are locked away and no one is able to see them except me unless, at some point, you request that I share them with someone else (for example your doctor etc.) Direct pay can be more expensive, depending on the particular issue you wish to address and how long therapy lasts. We honor both methods of payment and have made payment arrangements with those who had qualifying circumstances. The choice of method is really up to you.

I understand \_\_\_\_\_

### ***Scheduling and Cancellations***

Scheduling an appointment is a commitment that both of us honor. Appointments can be cancelled or rescheduled if 48 hours notice is provided. If sessions are cancelled or rescheduled with less than the required notice, or if a client misses a session, the client agrees to pay directly for that session (insurance will not pay for missed appointments). Please know that exceptions to this policy may be made in the instance of a serious medical emergency, or serious family emergency.

I understand \_\_\_\_\_

### ***Our Agreement***

It is agreed that you shall engage in the counseling process as an important priority in your life. Suspension, termination, or referral shall be discussed between you and I for a pattern of behavior showing disinterest, lack of commitment, or for any unresolved conflict or impasse between us.

*Conflict Resolution* We both commit to work hard to make sure that you have a positive counseling experience. However, if a conflict occurs, it is agreed that any disputes shall be negotiated directly between us. If these negotiations are not satisfactory, then we *agree to mediate any differences with a mutually acceptable third-party mediator*. If these are unsatisfactory, then we shall move to arbitration, and then binding arbitration, choosing an arbitrator mutually agreeable

to both. Litigation shall be considered only if and after all of these methods of resolution are given a good faith effort and are unsatisfactory.

I understand \_\_\_\_

**Emergency Contacts**

I will establish emergency contacts for you, such as the phone number and location of a family member. I will also obtain alternative methods for contacting you, such as a mobile phone, or work phone number. These emergency contacts may be used if I perceive a need to use them. If you are in crisis and cannot reach me, please contact emergency services (911) or go to your nearest emergency room.

I understand \_\_\_\_

**Service Fees**

Payment is due at the time of your scheduled session. Any insurance co-pays or deductibles are due at the time of the session. Payment can be made in cash or check. Unfortunately, we cannot extend credit or provide services until payment is made. *You understand they are fully responsible for all fees if insurance or other vendor does not pay for any reason.*

I understand \_\_\_\_

*I acknowledge that Inspired Release Holistic Mental Health and Wellness Services have been reviewed and explained to my satisfaction, as indicated by my initials throughout the document. With this understanding, I would like to participate in Holistic Mental Health and Wellness Services through Inspired Release.*

Participant: \_\_\_\_\_ Date: mm/dd/yyyy

Inspired Release: \_\_\_\_\_ Date: mm/dd/yyyy