

## **Consent and Services Agreement**

This form provides information about counseling and therapy services with Professional Licensed Counselor Jennifer L. Hillier. Please review it carefully, before signing the agreement. Should you have any questions or concerns please submit your email to [Jhillier@rbtherapy4u.com](mailto:Jhillier@rbtherapy4u.com)

### **About Counseling**

Counseling is a collaborative process between you and a counselor. For counseling to be most effective, it is important that you take an active role in the process. The potential benefits of counseling are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals.

Counseling can provide a fresh perspective on a difficult problem. However, in some cases persons have reported feeling worse after counseling. Clients should understand that healing and growth is difficult, and some discomfort will likely be a part of the counseling process.

### **Therapeutic Alliance**

The client & therapist relationship is a purely professional one in which appropriate boundaries are maintained. Despite the fact that close emotional bonds may develop over the course of treatment; maintaining professional relationship is a necessary requirement for preservation of the therapeutic alliance. Your counselor cannot be expected to be involved in a social relationship or friendship of any kind that exists outside of the counseling office. In order to honor confidentiality counselor will not acknowledge client outside the office or in public.

### **Appointment Time Parameters**

Please arrive to your face to face appointment at least 15 minutes before your appointment. For Online Counseling please log in 5 minutes prior to your appointment. Appointments are scheduled in 45 to 60 minute segments. Being late for an appointment will count against this allotted duration and the session will conclude at its normal stopping time.

### **Scheduling and Cancellations**

Scheduling an appointment is a commitment that both counselors and clients honor. Appointments can be canceled or rescheduled if 48-hour notice is provided. If sessions are canceled or rescheduled with less than the required notice, or if a client misses a session, the client agrees to pay 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.

Please email to cancel your appointment, as soon as possible, please email the following address [Jhillier@rbtherapy4u.com](mailto:Jhillier@rbtherapy4u.com).

### **Termination of Services**

Counseling is voluntary. Both you and your counselor reserve the right to transfer or terminate services at any time, for any reason. A referral will be given at client request.

### **Client Follow Up**

Your counselor may "follow up" with you after counseling has ended. 1 month, 3 months, or 6 months follow up calls may be made to check in with clients 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. If you would prefer not to be contacted you, simply inform your counselor and your preferences will be respected.

### **Confidentiality & Personal Health Information**

All communications and records with your counselor 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 clients, 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. Counselors sometimes communicate with clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor and we will honor this request.

### **Financial Responsibility**

Payment is due on the date of service and should be submitted prior to your counseling session. All co-payments and private pay payments are due upon scheduling your appointment.

In the event that, you are utilizing insurance, or a third-party billing, your counselor can assist in the verification of your benefits, and prior authorizations. However, you are still responsible financially if any misinformed information provided by the network provider regarding the exact details of your policy causes your claims to be denied.

You are responsible to understand the terms of your own coverage and any related limitations. By signing below, you agree to accept financial responsibility for all services received from Licensed Professional Counselor Jennifer L. Hillier, whether or not it is paid by insurance.

### **Counseling Base Fees**

Counseling services is provided by Licensed professionals counselors (LPC) fully Licensed by Texas Board of Examiners.

### **Fees for our counselors are as followed:**

Licensed Professional Counselor : \$85 - 125 per 45 - 60-minute session; insurance, EAP, or cash

### **Sliding Scale: YES**

Sliding scale is available for those who do not have health insurance. In cases of financial hardship, your counselor may offer a partially reduced fee for no more than 6 counseling sessions. This matter should be discussed between you and the counselor before your initial appointment is made. Sliding scale for partially reduced fee for interns or graduate student is available for private pay only. Sliding scale for insurance or EAP is not available. Counseling fees between your health insurance provider and counselor is already set and cannot be altered or changed.

**Emergency/After-Hours**

If you have a life-threatening crisis, please call 9-1-1. Most hospital emergency rooms can give life-saving services. Help is also available 24hrs at the Crisis Hot-line (472-HELP) or for Psychiatric Emergency Services please call 9-1-1. Jennifer Hillier’s Counseling Services is not equipped to be of service after normal business hours.

**STATEMENT OF INFORMED CONSENT**

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature \_\_\_\_\_ DOB \_\_\_\_\_

Print Name \_\_\_\_\_ DATE \_\_\_\_\_

(\*\*For Minors Only)

I hereby grant permission to Jennifer L. Hillier M.A. LPC to counsel and assess my child,

\_\_\_\_\_

(Child’s First/Last Name )

Signature of Guardian \_\_\_\_\_

Guardian’s Printed Name \_\_\_\_\_ Date \_\_\_\_\_