Phone: (954) 507-0137 **www.InwardBoundJourneys.com** **Wilton Manors, FL**

IMPORTANT INFORMATION AND CLIENT CONSENT: Please read and sign at the end stating you have fully read and understand the information below.

Therapist/Professionals Include: Katharine Campbell, L.C.S.W., Ph.D.

CLIENT/THERAPIST RELATIONSHIP: You and your Therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your Therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts are not appropriate, nor is any sort of trade of service for service.

AVAILABLE SERVICES: Katharine Campbell Counseling & Consulting D/B/A Inward Bound, offers counseling services, including individual and group services. Services are provided by a skilled and experienced licensed clinical social worker. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. It is the intent to convey the policies and procedures used in this practice, and will be pleased to discuss any questions or concerns you may have.

RISKS AND BENEFITS: Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. We cannot guarantee these benefits, of course. It is our desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

COUNSELING: Katharine Campbell Counseling & Consulting, D/B/A Inward Bound, provides short-term counseling designed to address many of the issues our clients are dealing with. Your first visit will be an assessment session in which you and your Therapist will determine your concerns, and if both agree that your therapeutic needs can be met, develop a plan of treatment. Should you choose not to follow the plan of treatment provided to you by your Therapist, services to you may be terminated.

The goal of is to provide the most effective therapeutic experience available to you. If at any time you feel that you and your current Therapist are not a good fit, please discuss this matter with your Therapist to determine if transferring to a more suitable Therapist is right for you. If you and your Therapist decide that other services would be more appropriate, your Therapist will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Services are designed to provide clients an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

APPOINTMENTS: Appointments are typically scheduled on a bi-weekly basis and are approximately 50 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by your Therapist. If you must cancel or reschedule your appointment, please call the office at 954-507-0137 at least 24 hours in advance. This will free your appointment time for another client. Appointments cancelled within 24 hours will be subject to a $150 cancellation fee. Appointment arrangements can be done via phone or text messages at 954-507-0137. No other needs can be addressed via text messages.

By initialing here client is aware and consents to utilizing texting services and restricting such electronic communication to appointment related matters only. **Client Initials: _____**

By initialing here client is aware and consents to any electronic/technological communication that is not appointment related will not receive responses and should a response be required, client is agreeing to contact this therapist via telephone and voice message. **Client Initials: _____**

FEE SCHEDULE:	Diagnostic & Evaluation Session	$ 175
	Regular Office Visits (50 minutes) (Individuals)	$ 150
	Outside Office Work (inpatient visits, court, collaborative law services)	$ 150 per hr.
	Written Reports (insurance companies, supervisors, etc…)	$ 45
	Returned check fee per check	$ 50
	Missed appointment or cancellation within 24 hours of appointment	$ 150

A reasonable fee will be charged for copies of any records requested by the Client.

PAYMENT/INSURANCE FILING: Payment of fees, including any required co-pays, is expected at the time of each appointment. It is requested that payment be made before your session begins. Katharine Campbell Counseling & Consulting, D/B/A Inward Bound, may bill a Managed Care/PPO/HMO insurance plan whereas copayments are due at time of service, or if you wish to file your own claim, full payment is expected at the time of service, and a statement for services rendered will be provided. For clients who are provided services through Lauren's Light or SunServe Inc., payment for services will be negotiated through the agency. Any denial of payment from Insurance providers will be the responsibility of the client.

EMERGENCIES: You may encounter a personal emergency which will require prompt attention. In this event, please contact the office regarding the nature and urgency of the circumstances. Every attempt to schedule you as soon as possible or to offer other options will be made. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, every effort to respond to your emergency in a timely manner will be made. If your emergency arises after hours or on a weekend, please utilize the voice mail in the event of a serious crisis, and your Therapist will call you back as soon as possible. If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help. When your Therapist is out of town, you will be advised and given the name of an on-call Therapist.

CONFIDENTIALITY: Katharine Campbell Counseling & Consulting, D/B/A Inward Bound, follows all ethical standards prescribed by state and federal law and is required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you. Therapists do use an Electronic Medical Records system as well as a third party biller for insurance claims. All third party entities including biller and EMR system are held to HIPAA required standards. Additionally, therapists do participate in clinical consultation with a closed clinical group, whereas clinical details may be provided. Every effort to maintain confidentiality is upheld. Additionally, your therapist participates in a clinical consultation process where clinical case information is shared.

Discussions between a Therapist and a client are confidential (please note limitations noted above) and no information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where the Therapist has a duty to disclose, or where, in the Therapist's judgment, it is necessary to warn or disclose; fee disputes between the Therapist and the client; a negligence suit brought

by the client against the Therapist; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of the Therapist when you and the Therapist discuss this matter further. By signing this Information and Consent Form, you are giving consent to the undersigned Therapist to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier/ agency responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless the undersigned Therapist from any departure from your right of confidentiality that may result.

DUTY TO WARN/DUTY O PROTECT: If my Therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my Therapist to contact the any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my Therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name	Telephone Number
_____	_____
_____	_____

INCAPACITY OR DEATH: I understand that, in the event of the death or incapacitation of the undersigned Therapist, it will be necessary to assign my case to another Therapist and for that Therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, selected by the undersigned Therapist, to take possession of my records and provide me copies at my request, and/or to deliver those records to another therapist of my choosing.

CONSENT TO TREATMENT: By signing this Client Information and Consent Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child's mental health care and treatment, Katharine Campbell Counseling & Consulting, D/B/A Inward Bound, will not render services to your child until the Therapist has received and reviewed a copy of the most recent applicable court order.

_____	_____
Signature – Client/Parent	Date
_____	_____
Signature – Spouse/Partner/Parent	Date
_____	_____
Therapist	Date

I hereby authorize the release of necessary medical information for insurance/ agency reimbursement purposes.

_____	_____
Client/Parent	Date

I authorize the payment of medical benefits to the provider of services.

_____	_____
Client/Parent	Date