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TRAUMA-INFORMED CLINICAL DISCLOSURE & CONSENT FOR TREATMENT

This document explains the nature of mental health services provided by Precision Trauma Therapy Center LLC, including potential risks, benefits, and client rights. Please read carefully before signing.

I. NATURE OF SERVICES

Precision Trauma Therapy Center LLC provides professional mental health counseling services, which may include, but is not limited to, individual, couples, and/or group therapy, trauma-focused treatment, psychoeducation, and skills-based interventions.

Therapeutic approaches may include trauma-informed care, evidence-based practices, somatic and experiential methods, and faith-integrated counseling when requested by the client. Treatment is individualized based on each client's unique needs, goals, strengths, and clinical presentation.

Therapy is a collaborative process that requires active participation, honesty, and engagement from the client. Clients may be asked to practice skills or reflect on topics discussed between sessions.

The length and outcome of therapy vary depending on individual circumstances. While therapy can be beneficial, no specific results can be guaranteed.

Services provided are not a substitute for medical care, psychiatric treatment, legal advice, or emergency services. Precision Trauma Therapy Center LLC does not provide crisis intervention or emergency response services. In the event of an emergency, clients are encouraged to contact 911 or local emergency services.

I. CONFIDENTIALITY & HIPAA

Precision Trauma Therapy Center LLC is committed to protecting the privacy and confidentiality of all clients in accordance with federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and applicable laws of the State of Ohio.

Electronic records, emails, telehealth platforms, and practice management systems are used in accordance with HIPAA security standards. While reasonable safeguards are in place, electronic communication may carry inherent risks to confidentiality.

All information disclosed during therapy sessions, including written records, electronic communications, and treatment notes, is considered confidential and will not be released without the client's written authorization, except as required or permitted by law.

a. LIMITS TO CONFIDENTIALITY

` Confidentiality may be broken without client authorization in the following circumstances:

i. RISK OF HARM

If a client presents a serious and imminent risk of harm to themselves or others, the therapist may disclose necessary information to appropriate parties, including emergency services, law enforcement, or identified individuals, in order to protect safety.

ii. ABUSE OR NEGLECT

Therapists are mandated reporters under Ohio law and are required to report suspected abuse or neglect of:

a. Children
b. Elderly individuals
c. Dependent or vulnerable adults
to the appropriate authorities.
d.

iii. COURT ORDERS & LEGAL PROCEEDINGS

If records are subpoenaed or ordered by a court of law, the therapist may be legally required to disclose relevant information. Reasonable efforts will be made to notify the client when possible.

iv. PROFESSIONAL CONSULTATION & SUPERVISION

The therapist may consult with other licensed professionals for clinical purposes. All identifying information is minimized, and confidentiality is maintained.

v. PAYMENT & INSURANCE PURPOSES

Limited information may be shared with insurance companies, billing services, or collection agencies as necessary for payment and reimbursement.

vi. COMPLIANCE WITH LAW

Information may be disclosed as otherwise required by federal, state, or local law.

II. RISK & BENEFITS

Psychotherapy can provide significant benefits, including improved emotional well-being, greater self-understanding, healthier relationships, increased coping skills, and progress toward personal goals. Trauma-informed therapy may also help individuals process past experiences, reduce distressing symptoms, and improve overall functioning.

However, therapy can also involve risks. Discussing difficult experiences, emotions, or memories may temporarily increase feelings of distress such as sadness, anxiety, anger, or discomfort. At times, therapy may challenge existing beliefs, patterns, or relationships, which can also feel difficult.

The outcome of therapy varies from person to person and depends on many factors, including the client's active participation, consistency in attending sessions, and willingness to engage in the therapeutic process. While therapy can be highly beneficial, specific outcomes cannot be guaranteed.

III. CLIENT RIGHTS & RESPONSIBILITIES

Clients receiving services from Precision Trauma Therapy Center LLC have the right to:

- Be treated with dignity, respect, and compassion.
- Ask questions about their treatment and receive information about the therapeutic process.
- Participate actively in treatment planning and decisions regarding their care.
- Decline or withdraw from treatment at any time, unless restricted by court order or legal mandate.
- Request referrals for other providers or services if desired.
- Receive services in a manner that respects their cultural, spiritual, and personal values.
- Have their personal health information protected in accordance with confidentiality and HIPAA regulations.

Clients also have certain responsibilities to support the therapeutic process, including:

- Providing accurate and complete information relevant to treatment.
- Attending scheduled appointments or providing appropriate notice when canceling.
- Participating honestly and actively in sessions.
- Communicating concerns or questions about treatment with their provider.
- Following agreed-upon policies regarding appointments, communication, and payments.

Therapy is a collaborative process, and meaningful progress often depends on the client's willingness to participate actively in their care.

IV. SOCIAL MEDIA POLICY

To protect client confidentiality and maintain professional boundaries, therapists do not accept friend or follow requests from clients on social media platforms.

Clients should not use social media messaging to communicate about therapy issues or emergencies.

V. FEES, PAYMENTS, & INSURANCE

Clients are responsible for understanding and meeting the financial obligations associated with their care. Fees for services will be communicated prior to the start of treatment and may vary depending on the type and length of services provided.

Payment is generally due at the time of service unless other arrangements have been made in advance. Accepted forms of payment may include, but not limited to, credit/debit cards, electronic payments, checks, cash, or other methods approved by the practice.

If the client chooses to use insurance benefits, Precision Trauma Therapy Center LLC may submit claims to the insurance provider when applicable. Clients are responsible for understanding their insurance coverage, including deductibles, copayments, coinsurance, and limitations on services. Insurance coverage cannot be guaranteed by the provider.

If services are provided on a **self-pay basis**, the client agrees to pay the full fee for each session. If a **superbill** is provided for out-of-network reimbursement, the client is responsible for submitting the claim to their insurance company.

Precision Trauma Therapy Center, LLC does not barter for therapeutic services.

*** Unpaid balances may be subject to collection procedures in accordance with applicable laws and practice policies ***.

a. APPOINTMENT CANCELATIONS

i. Appointments that are canceled with **less than 24 hours' notice**, as well as **missed appointments (no-shows)**, may result in a **$35 missed appointment fee**. This fee is not billable to insurance and must be **paid in cash.**

ii. This policy is necessary because a reserved appointment time is held specifically for the client, and late cancellations or missed appointments prevent the therapist from offering that time to another individual in need of services.

b. EXCEPTIONS TO CANCELATIONS

i. Precision Trauma Therapy Center LLC understands that unexpected circumstances may occasionally arise. Exceptions to the 24-hour cancellation policy may be considered at the discretion of the provider in situations such as:

- Sudden illness or medical emergency
- Family emergency
- Severe weather conditions or unsafe travel conditions
- Unforeseen emergencies beyond the client's control

If an exception is granted, the cancellation fee may be waived. However, repeated last-minute cancellations, even under extenuating circumstances, may require a discussion regarding scheduling or continuation of services.

*** Clients are encouraged to notify the practice as soon as possible if they need to cancel or reschedule an appointment. Unpaid balances may delay future appointments until the balance has been resolved. ***

VI. EMERGENCY & CRISIS POLICY

Precision Trauma Therapy Center LLC does not provide emergency or crisis services and may not be available outside of scheduled appointment times.

If a client is experiencing a mental health emergency or is in immediate danger, they should:

- Call **911** or local emergency services
- Go to the nearest emergency room
- Contact the **988 Suicide and Crisis Lifeline** by calling or texting **988**

If a crisis arises outside of scheduled sessions, clients are encouraged to seek immediate assistance through these resources rather than waiting for their next appointment.

The provider will make reasonable efforts to respond to non-emergency communications within normal business hours; however, response times may vary.

VII. TERMINATION OF SERVICES

Therapy may be terminated when treatment goals have been met, when the client chooses to discontinue services, or when the provider determines that services are no longer beneficial or appropriate.

Clients have the right to discontinue therapy at any time. It is encouraged that clients discuss their decision with the therapist when possible so that progress can be reviewed and appropriate closure or referrals can be provided.

The provider may also terminate services under certain circumstances, including but not limited to:

- Repeated missed appointments or cancellations
- Nonpayment of fees or balances due
- Lack of participation in the therapeutic process
- Behavior that threatens the safety or well-being of the therapist or others
- When the client's needs fall outside the provider's scope of practice or competence

When appropriate, the provider will make reasonable efforts to provide referrals to other qualified professionals to ensure continuity of care.

CONSENT TO TREATMENT

I have read and understood this informed consent document. I have had the opportunity to ask questions. I voluntarily agree to participate in services provided by Precision Trauma Therapy Center LLC.

Client Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian (if applicable): _____

Provider Signature: _____ Date: _____