



Serenity First Counseling

Informed Consent for Treatment and Limits of Liability

Welcome to Serenity First Counseling. Our goal is to provide you with quality mental health care. Before you begin counseling, there are some things that you ought to know. Legally, this information is called **"Informed Consent."** It will help you understand what you can expect from SFC, and some limitations.

The nature of Counseling

Psychotherapy/Counseling is a collaboration between you and your counselor for the purpose of addressing personal, relational, or mental health problems. Psychotherapy/counseling carries both benefits and risks. Therapy sessions can significantly benefit your life, improve relationships, and/or resolve other specific issues. There are many different methods your therapist may use to deal with the issues that you bring to therapy. Therapy calls for a very active effort on your part. You will mostly define the purpose of treatment with assistance from your therapist as needed. In order for therapy to be most successful, you will have to work on things that are discussed both during session and at home, including homework given by your therapist.

However, these improvements and any "cures" cannot be guaranteed. Experiencing uncomfortable feelings, when discussing challenging aspects of your life, may lead to feelings of sadness, guilt, anger, frustration, loneliness or anxiety. You also might experience increased conflict with friends, coworkers, or family members. However, we will do my best to help you reach your goals.

If we believe your case requires knowledge we do not have, we may refer you for consultation with someone with specialized training. We will discuss any such referral with you before we act.

Emergencies

SFC is not a 24-hour emergency facility. If a crisis situation should arise, please dial 911, go to the nearest hospital Emergency Room.

Confidentiality

All of our work together (our conversations, your records, and any information that you give SFC) is protected by something called **"privilege."** That means the law protects you from having information about

you given to anyone without your permission. At times, you may choose to allow SFC to disclose privileged information. This permission will be given in writing and you will specify what can be shared with whom. We will honor your privilege except in cases where breaking confidentiality is a professional or legal mandate, including the following:

1. *If we believe there is a risk that you might harm yourself or someone else.* If you are threatening to hurt yourself or someone else, we are obligated to do what we can to keep that from happening. This may include contacting a family member, civil authorities, or the intended victim to give them the opportunity to protect you or themselves.
2. *If we have cause to believe that you are abusing children, elderly, or disabled people.* It is our duty to report actual or suspected child abuse or neglect. We are also obligated to notify the authorities in cases of abuse or neglect of vulnerable adults, including the elderly, infirm, or mentally or physically disabled.
3. *In cases of a court order.* If you become involved in any lawsuit in which your mental health is an issue, the court or lawyers may subpoena your information from us. Similarly, you would lose the protection of privilege if you file a lawsuit against me or SFC, or if you file a complaint with the State or Arizona Board of Behavioral Health. In such cases, your information would be subject to review by the court or the board.
4. *When you want your insurance company to reimburse me for counseling services.* As in medical care, your insurance company may require us to provide clinical information, including, but not limited to, your diagnosis, symptoms, progress, and the time of your visits. In this event, we will inform you of the diagnosis we plan to use on the insurance form. Any diagnosis made will become part of your permanent insurance record. Please note that your insurance company is *not* under the same confidentiality obligations that we are under.

Our Office Policies

Counseling sessions are scheduled for 50-60 minutes, and we must end each session promptly. Future appointments are generally scheduled at the end of each counseling session.

Payment is expected at the time of your appointment. I can accept credit/debit/HSA cards, cash or checks (made payable to "Serenity First Counseling").

The fee schedule for our services is as follows: \$100 for each 60-minute session. Sliding scale fees are available on a limited basis, based on financial need. Typically, we do not charge for a phone consultation of 10 minutes or less.

Our telephone is answered 24 hours/day by an electronic answering system. We check messages regularly, and we return phone calls the same day (except weekends) whenever possible.

Please provide us with 24 hours notice if you need to reschedule an appointment. If you miss a scheduled appointment, it keeps other clients from benefitting from that opening, and the following policy will apply:

(1) First no show or less than 24 hours notice = \$35 fee;
(2) Second = \$70 fee; (3) Third = \$100 fee. Please note that insurance will not pay for missed sessions. Our returned check fee is \$25.

If you have missed a scheduled appointment and you have no future scheduled visits and do not call our office within 10 business days, your counselor will accept that as your notice that you have terminated this agreement and wish to discontinue counseling.

SFC is happy to accept your insurance and to file claims on your behalf, if we have a contract ("in network") with your insurance provider. We may also file an "out of network" claim with your insurance provider. Any copay is due at the time of your visit. If there is a problem collecting payment from your insurance company, you remain responsible for the full fee for each session. If we have not received payment from your insurance company within 60 days of any counseling session, we will bill you directly for past and ongoing visits at the customary fee noted above. In such a case, SFC will provide you with the information needed for you to pursue the issue with your insurance carrier.

For billing questions, please contact your counselor.

I have read this Informed Consent Notice and fee agreement. I understand it and agree to the terms described. I also understand that I may request a copy of this agreement if I choose to do so.

Client name (please print)

Client Signature

Date

Parent/ Responsible Party (please print)

Parent/ Responsible Party Signature

Date

Therapist

Date