

Informed Consent for Psychotherapy treatment at Stacy R. B. Telli Counseling Services, PLLC

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by signing at the end of this document.

THE THERAPEUTIC PARTNERSHIP

You have taken a very positive step by deciding to seek therapy. engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

CONFIDENTIALITY

The session content and all relevant materials to the client's treatment will be held confidential (according to HIPAA guidelines at [HHS.gov](https://www.hhs.gov)) unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.

3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

THERAPUETIC APPROACH

My theoretical approach is based in Cognitive Behavioral Therapy (CBT) along with Motivational Interviewing and Reality Therapy. I provide supportive listening and the space to allow vulnerable experiences to happen organically. At times, I will draw from a variety of different techniques that are sourced in several therapies, to help adjust so that I am best fit your needs at the time of assessment and throughout treatment. I believe that the therapeutic process is a

collaborative effort and will also seek your feedback so that I can ensure this is benefiting your time.

FEES

I require payment in full at the time services are provided, unless alternate arrangements have been made between you and Stacy R. B Telli Counseling Services, PLLC. Payment may also be delayed if it has been agreed that my practice is in-network with your insurance company and claim will be filed. Your deductible must be met before insurance claims will be filed. In addition, I have a legal and contractual obligation to collect your co-payment or co-insurance at the time professional services are rendered. Please check with your insurance company on your own to find out if I am in network and what your specific financial responsibilities are for your treatment.

Unless otherwise specified on the financial agreement, the usual and customary fees range from a 45 min. session at \$135.00 to a 60 min. intake session at \$175.00. Fees and billing codes may vary according to the sessions length of time and type of service rendered (family, crisis, consultation, court, etc.). I do accept all major credit cards except American Express and Diners Club.

In Network: Following our appointment, I will file a claim with your insurance company for portions covered by your insurance. All fees not covered by your insurance are due at the time of service. You are also responsible for any balance not paid by your insurance.

Out of Network: At your request, I will provide you with a Super Bill to file with your insurance company. You are responsible for all fees at the time of service.

If my presence is required in court, a fee of \$250.00 per hour (with a 1-hour minimum charge) and an automatic 1- hour prep session fee is payable prior to the court date (\$500.00 retainer deposit). This includes my physical presence and standby phone testimony.

Refer to your financial agreement for a detailed review of all other fees (court fees, medical records, missed appt., etc.).

There will be a cancellation fee of \$100.00 if an appointment is not cancelled 24 hours in advance (unless discussed with therapist).

USE OF DIAGNOSIS

I utilize the Diagnostic and Statistical Manual of the American Psychiatric Association, Fifth Edition (DSM-V) to make clinical diagnoses. It is generally important for clients to understand, that if a client is using insurance, it is typically necessary for a diagnosis to be given in order for claims to be serviced. In addition to a diagnosis, insurance companies may also request treatment plans or summaries. This information, including the diagnosis would become part of the client's permanent record. Another scenario whereby diagnoses and other clinical information may be shared (upon client's consent only) is if a client transfers to another therapist or collaboration is necessary with a client's physician or psychiatrist, for example.

EMERGENCY DISCLOSURE

I, Stacy Telli, MSW, LCSW do not provide emergency services. If you are in crisis please call 911.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ,
UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN
THIS DOCUMENT.