

Client Name: _____ DOB: _____

INFORMED CONSENT FOR TREATMENT BY POST-GRADUATE CLINICAL INTERN

We are pleased that you have selected Insight Out Therapeutics, LLC. To work with you. This letter serves to inform you about the therapeutic treatment process, give you some information and answer questions about the professional relationship between therapist, patients, and their families. We have a number of client expectations about the professional relationship we embark on with each client.

CONFIDENTIALITY: Confidentiality is an important part of the mental health/addictive disease treatment/therapy process. It means that unless you give us written permission, we may not give any information about you to anyone outside of Insight Out Therapeutics. If you and another adult (someone 18 years of age or older) are seen together, BOTH of you must agree in writing before any information can be released. There are specific times, however, when the law requires us to give information about you, with or without your consent:

1. To report known or suspected instances of abuse, exploitation, or neglect of children and elders.
2. When you are a danger to your own life.
3. When you have made a credible threat to the life of another.

RISKS and BENEFITS of THERAPY: While mental health/addictive disease therapy can be an effective mode of treatment for a variety of life problems, positive results cannot be guaranteed. One major benefit that can be gained from participating in treatment/therapy includes a better ability to handle or cop with family and other interpersonal relationships. Other benefits relate to the potential to resolve specific concerns brought to treatment/therapy. Seeking to resolve issues between family members and other persons can similarly lead to discomfort, frustration, and relationship changes not originally intended. Insight Out Therapeutics clinical staff, including both fully licensed clinicians and clinical interns, focus on the relational nature of therapeutic problems. At any time, you may request additional information from the clinical staff in explanation of how they work, why they are gathering information, of why they are prescribing a particular therapeutic approach.

CLINICAL INTERNS: Insight Out Therapeutics employs the use of Master's-level clinical interns. These professionals are not yet licensed by the Georgia Composite Board of Professional Counselors as Licensed Professional Counselors, Marriage and Family Therapists, or Licensed Clinical Social Workers. These interns have completed the educational portion of the licensure process, having graduated from an accredited academic body within the state of Georgia. However, given the intricacies and strict guidelines for licensure from the Georgia Composite Board of Professional Counselors, these post-graduate interns have not yet achieved the status of Licensed Professional Counselors or Associate Professional Counselors. Insight Out Therapeutics employees these individuals only as a temporary measure between post-graduation and the licensure process, with the expectation that all post-graduate interns are pursuing Associate Professional Licensure or the status of Licensed Professional Counselor.

PAYMENTS & CANCELLATIONS: Payment is due at the beginning of each session. We accept cash, personal checks, and credit cards. Payment arrangements are discussed during your initial session. We also charge for our time when you require written correspondence that takes more than 20 minutes. This is billed according to the amount of time utilized with a minimum fee of \$25.00. This would include correspondence such as letter to other practitioners, disability applications, etc. Because we offer tele-mental health, telephone consults are also billed at regular rates. The first 14 minutes we consider a professional courtesy to our relationship; thereafter, the time is billed a regular rate to the nearest quarter hour. Returned checks will incur a \$36.00 returned check fee. It is necessary to give your clinician or the Insight Out Therapeutics administrative staff at least 24 hours advance notice if you need to cancel or reschedule an appointment. If you give less than 24 hours advance notice, you will be charged a fee of \$75.00, which must be paid before the beginning of your next session. If you miss an appointment without giving any notice at all, you will be charged \$75.00, which must be paid prior to the beginning of your next session. Failure to show for 3 consecutive sessions without proper notification will lead to administrative discharge from treatment.

LEGAL SERVICES & COURT TESTIMONY: If your involvement in any legal matters leads to any Insight Out Therapeutics, LLC. Clinical staff being subpoenaed or court ordered to appear in court on your behalf, you will be charged a minimum of \$250.00 per hour for the time that the clinician spends preparing to testify, travel to and from court, waiting to appear, testifying, depositions, attorney correspondence/communication affidavits, etc. You are responsible for and agree to pay these charges whether or not the clinician ultimately testifies. **An initial five-hour retainer is required to be paid prior to the court date.**

EMERGENCY PROCEDURES: If you are in a life and death emergency situation, dial 911 for assistance or go immediately to your local emergency department, or call the Georgia Crisis and Access Line for any mental health emergency 1-800-715-4225

Client Signature _____

Name _____ Date _____

Parent/Guardian Signature _____

Name _____ Date _____