

Client Consent for Treatment  
**Grounded Joy Counseling Services, LLC**  
Lindsay Wortham, LPC

This document contains important information regarding professional services and business policies. Please read them carefully, and clarify any questions you may have with me as soon as possible. By signing this document, you are consenting to treatment, and agreeing to adhere to the policies outlined below.

This document also contains information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that you are provided with a Notice of Privacy Practices, explaining HIPAA and its application to your PHI in greater detail. The law requires that I obtain your signature acknowledging that you have been provided with this information at the first session. We can discuss any questions you have about HIPAA at that time.

### **Therapy**

Therapeutic change takes place between a client and therapist, within the counseling relationship. It also takes place within the client as their work begins to integrate into their lives outside of the counseling session. And it takes place outside of the client when their interpersonal relationships begin to morph. I believe that psychological symptoms have an array of catalysts, from biological and environmental to specific events and gradual development. Mental health is a state of being where an individual is functioning in a manner that they are able to reasonably live their lives without the continuing presence of mental distractions. This, I believe, is relative to the individual – and I believe that every human deserves to feel that they have a general form of control over their mental activities and therefore their lives.

I work from an experiential, present-moment focused orientation of psychology rooted in theories of gestalt, eclectic, client-centered psychology. I also have specialty training in evidenced-based practices such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Motivational Interviewing. You can expect to encounter some of these in session, although each session will be unique to the client focus that day, as well as unique to each client. I am happy to explain or provide additional information on any of these treatment practices.

Psychotherapy is known to have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. I believe the benefits to outweigh the risks, as therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are, however, no guarantees of what you will experience.

### **Appointments**

We will typically schedule 50-minute sessions at a time on a weekly or biweekly basis. Frequency and duration of sessions can vary and is open for discussion at any time. I find that weekly sessions, at least in the beginning of therapy, are beneficial for us to develop a therapeutic alliance and to build momentum on specific work you are seeking to do.

Notice of any scheduled session you need to cancel is appreciated as early as possible. Once an appointment is scheduled you will be expected to pay for it unless you provide a minimum of 24 hours advance notice of cancellation (except in circumstances we both consider as being outside of your control). If 24 hour advance notice is not given for a missed appointment, you will be charged \$75 for this session.

### **Professional Fees and Payments**

Each 50-minute, one-on-one session is \$150.  
Group therapy, \$40 per 90 minute group.

Each 50-minute, couples or family therapy is \$225.  
Evaluations \$425 per report (MHE, AOD)

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Services including collateral contact with other treatment providers, case managers, or persons affiliated with your care, evaluations and other written documents, emails or telephone calls will be charged a prorated regular hourly rate of \$150. Additional time for all services is billed in half hour increments at a rate of \$60 per half hour.

I have a limited number of scholarship spots. If financial difficulty prohibits you from being able to pay the full fee, we can discuss your rate. If I am unable to accommodate additional reduced fee clients, I will assist you in finding a referral for a psychotherapist who is.

Payment is due at the time of service. I accept cash and credit cards. When a balance is owed, payment plan arrangements are available. If you default on a payment plan, we will have to postpone scheduling future sessions until caught up. I reserve the right to use legal means to collect fees owed after 90 days of no payment received.

### **Contacting Me**

I will not answer my phone when in session with another client. You are welcome to call me at any time and leave a message on my voicemail. During the week, I will return calls received on the same day, or within 24 hours. I may be unable to return calls on weekends or holidays, and will return your call on the following business day.

### **Emergency and Crisis**

If you or someone you know is experiencing a mental health emergency, or substance abuse crisis, please contact the **U.S. National Suicide Prevention Lifeline** via phone or text at **988** for immediate, confidential support. If you are experiencing a life threatening emergency, **call 911 immediately**. Certain situations could result in my decision to contact local authorities to perform a Wellness Check on you. This is always intended with your best interest in mind, and often results in getting you the support you need in times of crisis. If I am on vacation or extended leave, I will provide you with the number of another clinician to contact in the event of an emergency, along with these emergency lines listed above.

### **Confidentiality**

As mentioned in the Disclosure Statement, there are certain situations which by law I am required to report to the appropriate authorities. These include incidents of suspected or threatened suicide ideation or attempt, suspected or threatened homicidal ideation or attempt, suspected or threatened buildings, or suspicion of child or elderly abuse or neglect. I will do my best to support you through this process, however sometimes a situation requires me to report such incidents regardless of your willing participation.

### **Records**

The law and regulations that govern my practice, including HIPPA, require me to keep treatment records. These consist of signed agreements, any releases of information you have provided, your reasons for seeking therapy, session dates, and general information regarding your treatment, payment history, and contact that I have with other treatment professionals. You have the right to review these records by request except for unique situations where it could cause danger to you or someone else. Should you request to review these documents, I believe it is best done in my presence, so I can answer any questions you may have regarding this documentation.

I have read and reviewed with my therapist the preceding information and I understand my rights as a client or as the client's responsible party.

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**Client/Parent/Legal Guardian Signature**

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**Printed Name**

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**Date**