

Evergreen Counseling Services

Informed Consent

Client-Counselor Service Agreement

Welcome to Evergreen Counseling Services LLC. This document contains important information about professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your counselor, agree to certain responsibilities as a Licensed Professional Counselor and these responsibilities include legal and ethical standards which I am bond to uphold. These rights and responsibilities are described in the following sections.

**Goals of Counseling**

Every person comes to counseling looking for help with something very personal. They might be experiencing one definable problem (anxiety in social settings) or several issues that are occurring simultaneously (relationship problems, work problems, depressed mood, family problems, etc). Sometimes it can be hard for a person to identify one specific goal when there are many issues happening all at once. Together we will work at identifying short term and long term goals to address the problem. By breaking down bigger problems, into smaller obtainable goals, we move towards resolution of issues that may seem overwhelming or unobtainable.

Please initial that you understand and accept the Goals of Counseling policy\_\_\_\_\_\_ .

**Risks/Benefits of Counseling**

It is important to understand that counseling, has potential benefits and risks. Some of the benefits can be; improved mood, self-esteem, reduction of anxiety, improved relationships, improved life satisfaction, better overall functioning, ability to manage fears, better feelings about yourself and other people, more assertive communication, reduction in substance use, etc. Although I have seen many clients benefit from therapy, there are also some risks and it is important to recognize any signs of the following; increased prolonged anxiety, increased depressed mood/suicidal ideation, feelings of being overwhelmed, feeling numb or that things feel unreal, etc. The reason that the risks and benefits of counseling need to be talked about is due to both ethical and legal requirements regarding your need to have accurate and straight forward information. Most importantly, you need an understanding of the pros and cons of counseling and what to do if counseling is not working for you.

Some of the risks of counseling can be best addressed if our work together is transparent and honest. No one can guarantee that counseling will work for you and progress may happen rapidly or slowly depending on the complexity of the issues you experience. If you find that things seem worse and are staying worse in therapy, we need to have a discussion about the issue so that we can make changes. I can make an appropriate referral to another counselor, treatment center, psychologist or psychiatrist if this is needed. The most important thing is for your counseling experience to be safe, beneficial to you and that you experience an improvement in your life. If this is not possible with me, there are others who can possibly help. Please let me know so I can attempt to assist you with any presenting issues.

Please initial that you understand and accept the Risks/Benefits of Counseling\_\_\_\_\_\_ .

**Appointments**

Please let me know if you are unable to attend any scheduled appointments. I appreciate a notice as soon a possible if you are unable to attend our scheduled time. 24-hour notice is appreciated, but I understand when an emergent issue arises, a 24 hour notice may not be possible. I am a parent, business owner and have a deep appreciation of things “outside of our control.” Please notify me as soon as possible if you cannot make a session, so I can make alternative arrangements. I have found that most clients will miss 1 appointment at some time during our work together and I don’t’ charge for this. However, I also want to encourage respect for our relationship and the time you have committed to attending therapy. As such, if you do not call within 24 hours on the second missed appointment, you will be charged a $50 fee. Most insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible the cancelation fee.

I offer 30 minute, 50 minute and over 60 minute rates for psychotherapy. Please be on time for your appointment so that we can maximize our time together. If you are late, I may not be able to make adaptions to my current schedule and you may be rescheduled for the next available session time. Your communication with me appreciated throughout our time working together. Likewise, I will make every effort to communicate in a timely manner with you if I experience any issues that might impact our identified session time. Thank you for your understanding.

Please initial that you understand and accept the Appointments policy\_\_\_\_\_\_ .

**Confidentiality**

I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before I will release any information and you have the right to revoke that release at any time. However, there are some legal limitations to confidentiality of which you need to be aware.

Services for Minors: If you are under eighteen years of age, please be aware that the law provides your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else, have been assaulted, or are engaging in illegal activity which includes drug use. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, and offer support for discussion with parents during sessions. A schedule for such sessions may be determined following the initial evaluation session or be set up on an “as needed” basis.

**Emergencies**

If you are involved in a life-threatening emergency while in my office and I cannot ask your permission, I will share information I believe is pertinent to the specific emergency to obtain necessary medical care for you.

Court Proceedings

If you are involved in a court preceding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records or testimony, I will notify you so that you (or your attorney) can file a motion to quash (block) the subpoena and can give the reasons why I think your records should be protected from disclosure. Please note that I do not provide forensic evaluations or testify in court proceedings.

Protecting Others from Harm

If I have reason to suspect that a child or vulnerable adult is being abused, neglected or exploited, I am required by Alaska law to immediately make a report and provide relevant information to the appropriate state agency (i.e. Office of Children’s Services). If I have reason to suspect you are threatening serious bodily harm to another person, I am required by law to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization.

Protecting You from Self-Harm

If you threaten to harm or to kill yourself, I am required to make all necessary arrangements to protect your safety—a process that may include seeking hospitalization for you or contacting family members or others who can help provide protection.

Consultation

At times, I may find it necessary to consult with other professional counselors to provide you with the best possible care. When consulting with other professionals I do not share any information that may reveal your identity and only share information that is necessary for the purpose of the consultation (i.e. techniques that we’ve tried or complex issues). The professionals I consult with are held to the same standards of confidentiality.

Coordination of Treatment Among Professionals

When it is helpful for other professionals (such as your physician or psychiatrist) to gain access to all or parts of your treatment records, data can be released from your file if you provide ***written*** permission (in the form of a Release of Information Form).

Please initial that you understand and accept the Confidentiality policy\_\_\_\_\_\_ .

**Record Keeping**

Your counselor may keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on an external hard drive or in a paper file and will be stored in a secure location.

Please initial that you understand and accept the Record Keeping policy \_\_\_\_\_\_ .

**Fee Schedule**

Regular session fees are as follows:

Half hour rate: $ 110

50 minute psychotherapy session rate: $ 150

60 minute psychotherapy session rate: $180

Initial Mental Health Assessment: $200 (generally 1-1.5 hours)

* An initial mental health assessment is used to identify specific treatment issues, prioritize goals of treatment, and determine what course of treatment is appropriate for your specific case.

Applicable deductibles, co-pays or private payments are due at the time of service. I accept credit and debit cards, cash or check. I am happy to bill your insurance provider for you. I am a preferred provider for Premera Blue Cross/Blue Shield, Aetna, First Choice, United and can bill other insurance as an out of network provider for your convenience. Please be aware that reimbursement rates will vary by insurance companies for out of network services. Your insurance company may pay all, part of, or none of you costs with an out of network provider. Out of network reimbursement rates, will depend on your specific insurance plan and any questions regarding your coverage, or limitations of your insurance plan, should be explored with your insurance company before therapy begins.

I offer a temporary reduced rate if you are experiencing financial hardship and would otherwise be unable to pay for the treatment that you need. Please contact me to discuss this option and if this could work for you.

Please initial that you understand and accept the Fee Schedule/Rates policy \_\_\_\_\_\_ .

Discharge Policy: There are some situations that can result in being discharged from therapy services. If you have multiple cancellations, no-shows, if you require a higher level of care (with or without referral), or if there is no contact by you for over 30 days, I will proceed with discharging you from services. I will attempt to discuss this with you prior to discharge to problem solve any issues.

Please initial that you understand and accept the Discharge policy \_\_\_\_\_\_ .