

North East Counseling, P.A.

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CONSENT FOR TREATMENT/SERVICES CONTRACT

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

COUNSELING SERVICES

Mental health counseling is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular issues you bring forward. There are many different methods I may use to deal with the issues that you hope to address. Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Therapy can have benefits and risks. Since therapy sometimes involves discussing emotionally charged or unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has been shown to have substantial benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our sessions will begin with an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. If you have questions about my procedures, we should discuss them whenever they arise.

MEETINGS

Therapy sessions are 60-minute sessions typically held once per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours' advance notice** of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control].

PROFESSIONAL FEES AND PAYMENTS

My hourly fee is \$125.00 for weekly appointments. You will be expected to pay for each session at the time it is held, unless we have previously agreed otherwise or unless you have insurance coverage which requires another arrangement. In the event of insurance, any applicable copayment must be provided at the time of service. If you fail

to provide the required 24-hours' notice for a cancelled appointment, a no-show fee of either your insurance copay amount or my fee will apply.

INSURANCE REIMBURSEMENT

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. In many cases, I will be able to directly bill your insurance company for the covered portion of your payment. However, you (not your insurance company) are ultimately responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies are obliged to keep such information confidential, I have no control over what they do with it once it is in their hands.

CONTACTING ME

I am often not immediately available by telephone. For example, I will not answer the phone when I am with another client, just as I will not answer the phone when we are meeting. When I am unavailable, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact one of the 24-hour helplines, on my web site (www.northeastcounseling.info), or dial 911. **Texting is allowed in a limited capacity.** You are able to confirm, cancel or reschedule appointments via text only. Any other personal information should not be shared through texting.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. At the time that you begin treatment, you will be provided with a separate document that describes my privacy practices and your rights with regard to those records.

Minors

If you are under eighteen years of age, please be aware that the law may provide 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. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and therapist are protected by law, and I can only release information about our work to others with your written permission. However, there are a few exceptions.

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child is being abused, as a Mandated Reporter I am required to file a report with the appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I am be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case or course of treatment. During such consultations, however, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

SIGNATURE

Your signature below indicates that you have read the information in this document, understand it, and agree to abide by its terms during and upon completion of our professional relationship.

Dated this _____ day of _____, 20__.

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name