

HOPE – Child and Family Counseling, Inc

INFORMED CONSENT Client-Counselor Service Agreement

Welcome to **HOPE - Child and Family Counseling, Inc.** This document contains important information about our 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 signing this document, it will also represent an agreement between us. We can discuss any questions you have when you sign 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, there are certain rights and responsibilities that are important for you or you as a parent to understand. There are also legal limitations to those rights that you should be aware of. Your counselor has corresponding responsibilities to you. Rights and responsibilities are described in the following sections.

Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long-term goals such as improving the quality of life, learning to live with mindfulness, and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior, or decreasing/ending drug use. When working with your child or adolescent, we use therapy modalities to best address their developmental needs. We also include parents in the process to address family dynamics, enhance parent/child interactions, and provide parental support/guidance to improve your child's emotional development and mental health. Whatever the goals for counseling, you will set them per what you want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you and/or your child want to go.

Risks/Benefits of Counseling

Counseling is an intensely personal process, which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work. Clients can sometimes make improvements only to go backward after a time. Progress may happen slowly. Counseling requires a very active effort on your or your child's part. To be most successful, you and or your child and family should work on things we discuss outside of sessions. There are many benefits to counseling. Counseling can help develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present, increase healthier family interactions, and many other advantages. There are also risks of not receiving the proposed treatment and services, however, you have the right to deny the treatment plan and withdraw this informed consent at any time.

Confidentiality

Please read your rights to Protected Health Information (PHI) provided at the intake and posted in our lobbies. If you request to have confidential information released, you will be required to sign a release form. There are limitations to confidentiality to which you need to be aware. **Law requires therapists to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly.** Consultation with other professional counselors at HOPE may be utilized, however, you have the right to refuse any consultation on you or your child's behalf. Your therapist will review client confidentiality, rights, and responsibilities during your intake session.

Communication and Technology

Therapists at HOPE are not immediately available by telephone. You may leave a general message with our reception or a more personal message through our Patient Portal access which ensures confidentiality. Your message will be returned as soon as possible. If you feel you cannot wait for a return call, or in the event of an emergency **please go to the nearest hospital or call 911 or call the National Hotline at SAMSHA National Health Line at 1(800) 662-HELP (4357.)** HOPE strongly advises using our secure communication format via our "patient portal" access. Some clients may choose to use technology to communicate with their therapist, however, please be advised to take precautions regarding authorized and unauthorized access to any technology used. To protect your confidentiality, your therapist is strongly discouraged to communicate with you via skyping, cell phone, email, text, or chat. Be aware of any friends, family members, significant others, or co-workers who may have access to your computer, phone, or other technology you have used for communication. Should a client have concerns about the safety of their email, your counselor can encrypt email communication with you.

Teaching Facility

At HOPE, we provide internship opportunities to students seeking clinical degrees in counseling, social work, psychology, and other disciplines. Our interns have met the required coursework to begin their internships at HOPE. The interns receive intensive training and supervision and may, at times, be asked to join your session or your child's session. You have the right to decline their participation. If you choose to allow an intern to be involved in your or your child's treatment, the intern is bound by the ethics and confidentiality set by HIPAA and by the licensing board of their area of study. Interns are also permitted to conduct sessions without their supervisor present following their practicum for most funding sources.

TYPES OF SERVICES

Individual Therapy

Individual therapy is a joint process between a therapist and a person in therapy. Common goals of therapy can be to inspire change or improve quality of life. People may seek therapy for help with issues that are hard to face alone. Individual therapy is also called therapy, psychotherapy, psychosocial therapy, talk therapy, and counseling. Therapy can help people overcome obstacles to their well-being. It can increase positive feelings, such as compassion and self-esteem. People in therapy can learn skills for handling difficult situations, making healthy decisions, and reaching goals. Many find they enjoy the therapeutic journey of becoming more self-aware. Some people even go to ongoing therapy for self-growth.

Adolescent Therapy

Adolescent therapy is available at HOPE with specific guidelines. The privacy between the adolescent and the parent(s)/guardian may be complicated, and it is vital that the adolescent feels comfortable talking about issues without fearing that information will be shared. There are exceptions to the rules of confidentiality to include: disclosures of wanting to harm self or others, disclosing current or history of abuse—physically, sexually or emotionally, or when records are subpoenaed by a judge. Our therapists will do all they can within the law to protect confidentiality and will inform the adolescent if information must be reported. Except for situations such as those mentioned above, therapists will not talk to parents or guardians about specific things shared to include activities and behaviors that parents/guardians may not approve of. However, if risk-taking behaviors are serious, then therapists have the right to use professional judgment to involve parents or guardians. Parents or guardians have the legal right to see their child's clinical record, however, it is advised that such records remain confidential. Communication with teachers, school counselors, doctors, and other community partners may benefit from collaboration with therapists and a written consent must be obtained. Parents/Guardians are asked to refrain from requesting detailed information about therapy but will receive updates on general progress information and may also be asked to participate in therapy sessions.

Couple's Therapy

HOPE offers couple's by trained in therapists in family systems. It is important to make an informed choice to participate in couple's therapy due to the potential limits of confidentiality. While working with a couple, anything either partner tells our therapists individually, whether on the phone or in an individual meeting, may not be held as confidential, and at the counselor's discretion may be shared with the spouse/partner during a subsequent couple session. There is an understanding that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, in order to reach therapy goals and may have an impact on your partner and others around you. This consent acknowledges that such changes can have both positive and negative effects and the participants agree to clarify and evaluate the potential effects of changes before undertaking them. At HOPE, our therapeutic focus in couple's therapy is on preserving and enhancing the relationship. If remaining together is harmful to one or both partners, the focus will be on facilitating an amicable separation. There are limits and benefits of using insurance to pay for couple's therapy. Your counselor may not retain control over the information provided to the insurance company. Couple's therapy is for therapeutic purposes only and is not intended for use in any legal proceedings. It is understood by both parties that if they request psychotherapy services at HOPE, they are expected not to use the information given during the therapy process against the other party in a judicial setting of any kind, be it civil, criminal, or circuit.

Child Therapy/Play Therapy

Our therapists encourage the advancement of the psychosocial development of children through play therapy. This may include education and/or therapy for the significant adults in the child's life. Our therapists foster the child's interest and welfare as well as the nurturing relationships in the child's life through play-based interactions. Child therapists at HOPE recognize that children have family members and other significant adults that influence the child's psychosocial growth and development. HOPE therapists will explain the developmentally appropriate therapeutic plan to parents/guardians to ensure viability, effectiveness for support of the child, and involvement of the adults in the therapeutic goals.

Child therapists recognize the importance of therapeutic/healthy touch as a valid intervention in therapy. However, HOPE therapists do not engage in any form of therapeutic touch without the informed consent of the child's parents or guardian. HOPE therapists also comply with laws and local guidelines in assisting parents in conflict when the relationship interferes with the child client's effectiveness and welfare. HOPE's therapists are cognizant of how custodial and non-custodial parents may have specific and differing rights and responsibilities for the welfare of their children according to law or agreement.

Child therapists respect the child's right to privacy and will not disclose confidential information to parents/guardians/significant adults, except where otherwise provided by state law or given permission by the child and will not adversely affect the therapeutic relationship between the child and the therapist. Child therapists discuss information from consultations with significant adults or other professionals only with those persons having a direct bearing on therapeutic intervention. The primary responsibility of your child's therapist is to maintain your child's best interest and confidentiality. Our counselors at HOPE are not permitted to be an expert witness or to testify on your behalf or on the behalf of any other individual other than your child at any deposition, court proceeding, or in any other way. It is understood that your child's therapist, at her or his sole discretion, may or may not meet with you, your or your child's attorney, or any other party or attorney regarding any custodial or divorce proceeding. A consent for therapy must be signed by each legal parent or guardian.

Teletherapy

Teletherapy is the delivery of psychotherapeutic services using interactive audio and visual electronic systems and/or by the electronic transmission of information where the provider and the patient are not in the same physical location. Teletherapy provides increased accessibility for clients who are unable to be treated face to face due to various reasons such as living in remote locations, temporary circumstances such as being away at college, an extended stay away from home, or having a physical limitation preventing travel to the office. The interactive electronic systems incorporate network and software security protocols to protect patient information and safeguard the data exchanged. As with any mental health procedure, there may be potential risks associated with the use of teletherapy. These risks include, but may not be limited to:

- Information transmitted electronically may not be sufficient (e.g., poor resolution of video) to allow for appropriate decision making by the psychiatrist or the therapist.
- The provider is not able to provide every type of mental health treatment using interactive electronic equipment.
- The provider may not be able to provide for or arrange for emergency care that you may require, in cases of connection failure.
- Delays in mental health evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Although unlikely, security protocols can fail, causing a breach of privacy of my confidential medical information.
- A lack of access to all the information that might be available in a face-to-face visit but not in a teletherapy session may result in errors in clinical judgment.

Wellness and Complementary Alternative Medicine (CAM)

HOPE incorporates CAM services to complement therapy while working towards the positive mental health of the whole person. The staff at HOPE are permitted to use such services after demonstrating certification and/or trainings that meet the requirements. Documentation of certification(s) and/or trainings will be stored in the employee's personnel file. CAM services that are currently approved and available at HOPE include but are not limited to the following: Brainspotting, EMDR, Nutrition and Mental Health Consultation (Wisconsin only), Yoga when pertinent to mental health needs, Sensory Processing, Interactive Metronome, and Motivational Interviewing. All ancillary services provided by a licensed mental health counselor shall be integrated within the treatment plan.

ADDITIONAL INFORMATION

Court Fees

If your case requires counselor participation, you will be expected to pay for the professional time required at \$200.00 per hour for report/documentation requests, court appearances, phone contacts, travel time, and other expenses that are accrued, including attorney fees. Fees are also applicable to staff at HOPE for the time needed to prepare documents, mailings, and other needs. Fees are non-negotiable and due upon receipt.

Administration of Treatment and Services

Record Keeping

Your therapist keeps records of counseling sessions and treatment plans, which include goals for counseling. These records are kept ensuring a direction to sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. If there is a request for a release of your records or your child's records, you are required to sign the HOPE Request for Release of Record that what information is to be released and to whom. Records will be kept for at least 7 years but may be kept longer. Records will be kept either electronically (through Carepaths E-Records, a HIPAA compliance online program) or in a paper file and stored in accordance with HIPAA requirements.

Policies and Procedures

The administrators of HOPE have policies and procedures in place to assure that requirements set forth by state licensing boards, HIPAA/Privacy Act, Incorporation Laws, and other entities that pertain to services offered at HOPE. A copy of our Policies and Procedures are available per request.

Consumer Satisfaction

Our goals at HOPE are to provide the best quality of care and services at HOPE. Therefore, quarterly surveys will be requested of you to ensure we are meeting you or your child's mental health needs.

Grievances

You are free to speak with the Client's Rights Specialist at any time should you feel the need to share concerns over clinical care, environment, confidentiality, or any concerns about the experience at HOPE. A grievance form is also available if a formal complaint is wished to be filed. You may request a transfer to another counselor should you feel that treatment is not progressing.

Insurance, Self-Pay and Contracted Clients

As a courtesy to clients, we will submit claims to your insurance company for services rendered. Most insurance policies are subject to deductibles, co-insurance, and co-pays. It is your responsibility to know and understand your insurance policy. Co-pays, co-insurances, and deductibles, are due at the time of service. Authorization from the insurance company is required. You will be responsible for all unpaid fees. If your therapist is not a participating provider for your insurance plan, an out-of-network cost may be applied. Please note that not all insurance companies reimburse out-of-network providers. Please check with your plan for coverage. Please be aware, when submitting and processing claims to your insurance company, we must provide a clinical diagnosis and sometimes clinical information, which will become part of the insurance company files. By signing this Agreement, you agree that we can provide requested information to your carrier if you

plan to pay with insurance. If you are not using insurance for coverage, full payment is due at the time of service. Your fee is waived if services are rendered under Early Intervention or other contracting agencies.

Non-Subpoena Policy

The goal of psychotherapy is the amelioration of psychological distress and interpersonal conflict, and that the process of psychotherapy depends on the trust and openness during the therapy sessions. It is the policy of HOPE to have no court involvement regarding your care and services while at this agency. This policy is in place to protect your confidential information and to prevent potential harm to the therapeutic relationship. This is an agreement between you and HOPE that no parties involved shall attempt to subpoena your counselor's testimony or your or child's records for a deposition or court hearing of any kind for any reason. Therefore, it is understood that you are expected not to use the information given during the therapy for legal purposes. By signing this consent for treatment, you agree to the terms outlined in this policy. Unfortunately, there are times when records or your counselor's appearance may be subpoenaed. At that time, we will contact our attorney regarding the protection of your privacy rights. If you anticipate becoming involved in a court case, we recommend that we discuss this fully before you waive your right to confidentiality and before you accrue fees.

Appointments and Cancellation/Rescheduling

Appointments are generally 60-minute sessions. If you need to cancel or reschedule a session, we ask that you provide a 24-hour notice. You may be required to pay a cancellation fee if notice is less than 24 hours. This may be waived due to weather-related circumstances as well as circumstances beyond your control. NO SHOW or NO CALL appointments will automatically be charged a \$50.00 fee. You are responsible for coming to your session on time; if you are late, your appointment will still need to end on time and will be billed accordingly. Services will be terminated if there are three consecutive cancellations.

Gifts

There are times when a client wants to express gratitude. Please understand that the best thanks for our therapists is knowing that you are benefitting from counseling. Our counselors at HOPE are not allowed to accept gifts from you with the rare exceptions and valued less than \$20. An exchange or small gifts or greeting cards/notes of appreciation between our counselors and their client at the successful conclusion of therapy can be considered appropriate but not encouraged.

Fees

Please see our fee schedule for intake, therapy, and intern rates.

Missed Appointment fee - \$50.00

Non-sufficient Funds / Returned check fee - \$25.00

Court Fees - \$200.00 per hour. Intern fees do not apply to court fees.

Monthly statements are sent electronically and may be pending insurance payment. Please contact our office if you have questions regarding your bill. If you are struggling to pay your fees, see our office manager to discuss a payment plan. A collection agency is used if your account becomes delinquent.

Your comprehensive assessment was completed, and it has been determined that you are appropriate to receive mental health outpatient services from HOPE – Child and Family Counseling. The clinic wants you to be aware of your rights as a patient and requests your informed consent to treat you. Your signature below indicates that you have been explained, understand, and you agree with the following:

- I have been explained the treatment alternatives.
- I have been explained the possible treatment outcomes and side effects.
- I have been explained the treatment recommendations.
- The services, goals, and duration of my individualized treatment plan will be reviewed with me prior to beginning treatment and will be reviewed regularly.
- I have been given the Patient's Rights Statement. I have read and understood the information provided regarding office visits and teletherapy. I have discussed this information and questions have been answered to my satisfaction.
- When receiving teletherapy, I acknowledge that my participation in the teletherapy process is voluntary and increase the risk of disclosure of my medical data. I hereby give my informed consent for the use of teletherapy in my mental health care during my diagnosis and treatment.
- I have been given the clinic's grievance procedure.
- I have been given an explanation on how to receive emergency services when the clinic is closed.
- I understand I could be involuntarily discharged by the clinic for violating clinic policy.
- I understand that I can withdraw this consent in writing at any time.
- I understand that this form will be reviewed annually, and I can request a copy of my patient's rights, payment explanation, grievance procedure, or discharge policy at any time.

Your treatment is a cooperative effort between you and your therapist or between your child and your child's therapist. This consent for treatment will remain in effect until treatment is terminated, but no longer than 12 months.

Client's Signature (age 12 and older) _____ Date _____
Client's Parent(s) or Guardian's Signature(s) _____ Date _____
Counselor's Signature _____ Date _____