

Counseling for New Dimensions, LLC
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Informed Consent for Receiving Mental Health Services

I welcome you to my practice at Counseling for New Dimensions. This document contains important information about my professional services and business policies for general individual mental health services and couples therapy. Please read it carefully and write down any questions you might have so that we can discuss them at our next meeting. When you sign this document it will represent an agreement between us to receive mental health services.

Mental Health Counseling Services

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

Therapy has been shown to have benefits for people who go through it. It often leads to better relationships, solutions to specific problems, and sufficient reduction in feelings of distress. However, therapy also involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. There are no guarantees on what you will experience. Our first few sessions will involve 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 decide to continue with counseling. You should evaluate this information and whether or not you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Meetings

I normally conduct an evaluation that will last from two to four sessions. During this time, we can both decide whether I'm the best person to provide the services you need in order to reach your treatment goals. If you agree to counseling, I will usually schedule one 50-minute session (one appointment hour of 45-50 minutes duration) per week at a time we agree on. Some sessions may be longer or more frequent. Once an appointment hour is set, you will be expected to attend. Appointments cancelled with 48 hours or less will be subject to a \$40 late cancellation fee unless the appointment can be filled by another party. Appointments cancelled with 24 hours or less will be subject to being charged to the client at the full consigned rate, regardless if the appointment can be filled by another party -with the exception of emergencies —emergencies include sudden illness, death in the family, auto accidents, natural catastrophes.

Professional Fees

My hourly fee is \$55 for a 50 minute appointment. In addition to weekly appointments, I charge this amount for other professional services that you may need. I will break down the hourly cost if I work for periods of less than an hour. The other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing other services you may request of me, including assessment.

As a part of my initial evaluation of you I will require an initial assessment package appropriate to the therapy you are seeking. The cost of the assessment package is \$100. This fee will not be covered by insurance.

If you become involved in legal proceedings that require much preparation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$160 per hour for preparation and attendance at any legal proceeding.

Billing and Payments

Payment is expected at the beginning of each session. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual hardship, I may be willing to negotiate a fee for a payment installment plan or you may submit an application for a sliding scale fee.

Returned checks for Insufficient Funds will be assessed a \$35 service charge, plus the amount of the original check and any chargeback fees the bank assesses my account.

If your account has not been paid for more than 30 days from the time of service, and arrangements for payments have not been agreed upon in advance then a \$30 late fee will be added to the account and for each subsequent 30 days the account is late, not to exceed \$150. If there has not been any payment on the account in 60 days then, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. Collection fees and legal cost will be included in the claim and I will not release personal health information, in accordance with HIPPA rules and regulations.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, and it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. However, all aspects of quality mental health treatment may not be covered by your insurance company. It is very important that you find out exactly what mental health services your insurance policy covers. Carefully read the section in your insurance coverage booklet that describes your mental health services. If you have questions about the coverage, call your plan administrator.

Once we have all the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available to you and what might be possible with regards to treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payments of my fees. I do accept the compensation schedule of insurance companies for which I am a provider. I will provide you with whatever information I can based on my experience and I will be happy to help you in understanding the information you receive from your insurance company. If it is necessary to clarify confusion, I am willing to call the company on your behalf. It is important to remember that you always have the right to pay for my services yourself to avoid the problem described above (unless prohibited by insurance contract).

Contacting Me

Often, I am not immediately available by telephone. While I am usually in my office between 9 a.m. and 7 p.m. Monday through Thursday, I probably will not answer the phone when I'm with a client. When I am unavailable my telephone is answered by my voicemail or by a professional colleague. I will make every effort to return your call on the same day you made it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of the times when you are available. (In emergencies, you can try me on my cell phone, 317-372-2537. If you're unable to reach me and feel that you can't wait for me to return your call, contact your family physician or your nearest emergency room and asked for the clinician/psychologist/psychiatrist on call. If I am to be unavailable for extended period of time, I will provide you with the name of a colleague to contact if necessary.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you. Because these are professional records, they can be misinterpreted by and/or unsettling to untrained readers. If you wish to see the records, I recommend that you review them in my presence so that we can discuss the contents. Although, I am sometimes willing to conduct a review meeting without charge.) Clients will be charged an appropriate fee for any professional time spent in responding to information requested.

Minors

If you are under 18 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 your parents that they will give up access to your records. If they agree, I will provide them only general information about our work together, unless I feel that there is a high risk that you will seriously harm yourself or someone else or that someone will seriously harm you. At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.

Confidentiality

In general, the law protects the privacy of all communications between the client and a mental-health counselor, I can release information about our work to others only with your written permission. However, there are a few exceptions.

You should be aware that most insurance companies require patient authorization for me to provide them with the clinical diagnoses. Sometimes I have to provide additional clinical information such as treatment plans, summaries, or in rare cases, copies of the entire record. This information will become part of the insurance company's files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it's in their hands. I will provide you with a copy of any report I submit if you request it.

- 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 or she determines that the issues demanded 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 my client's treatment. For example, if given information, I believe that a child, elderly person, disabled person, is being abused, I am required to file a report with the local authorities.
- If I believe that a client is threatening serious bodily harm to another person, I am required to take preventive actions. These actions may include notifying the potential victim, contacting

the police, contacting a child's parent(s), or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family members or others who can provide help and protection. These situations have rarely occurred in my practice. If such a situation were to occur, I will make every effort to fully discuss it with you before taking any action.

- I may occasionally consult other mental health professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is legally bound to keep the information confidential. If you don't object, I will not tell you about the consultations unless I feel that it is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is also 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. (If you request, I will provide you with relevant portions or summaries of state laws regarding these issues.)

Your signature below indicates that you've read the information in this document and agree to abide by the terms during our professional relationship.

Signature: _____

Name (printed): _____

Minor's Name (if applicable): _____

Date: _____