**Informed Consent**

**COUNSELOR-CLIENT AGREEMENT:** Welcome to Willow Spring Counseling Center. This document contains important information regarding professional services and business policies. Please read in its entirety and sign below to indicate your acceptance of and agreement to the policies, as well as your consent to engage in treatment. Please do not hesitate to ask any questions or address any concerns you may have.

**COUNSELING SERVICES:** WSCC provide psychotherapy services for children, adolescents, adults and families. The first appointment(s) serves as an intake appointment. We will want to hear about the difficulties that led to you making an appointment, goals for therapy, and general information about yourself and your current life situation. By the end of this first appointment, we will give you some initial recommendations on what we think will help. If we do not think we are able to best assist you, we will give you names of other professionals who we believe would work well with your particular issues. If you do not agree with our treatment recommendations or do not think our personality styles will be a good match for you, let us know and we will do our best to suggest a different therapist who may be a better fit.

If you and your therapist decide to work together in therapy, you will collaborate on a treatment plan that incorporates effective strategies to help with whatever difficulties you are hoping to reduce in therapy. Sometimes more than one approach is helpful. Individual, couples and family therapy sessions last 45-60 minutes unless otherwise arranged. Oftentimes, sessions are set for once each week, but this varies based on what seems most appropriate for your particular situation.

Therapy can be extremely helpful and fulfilling, and it takes work both in and out of sessions to be most effective. It requires active involvement, honesty, and openness in order to change thoughts, emotional reactions and/or behaviors. There are benefits and risks to therapy. Potential benefits include increased healthy habits, improved communication, and stability in relationships, and lessening of distress. Some potential risks include increased uncomfortable emotions as you self-explore, and changes in dynamics or communication with significant people in your life. Sometimes couples that come for therapy choose to end their relationships. Although there are many benefits to therapy, there is no guarantee of positive or intended results. If during your work together with your therapist, noncompliance with treatment recommendations becomes an issue, we will make effort to discuss this with you to determine the barriers to treatment compliance. At times, treatment noncompliance may necessitate termination of therapy service. We encourage you to discuss any concerns you have about our work together directly so that we can address it in a timely manner. Other factors that may result in termination of therapy include, but are not limited to, violence or threats toward us, or refusal to pay for services after a reasonable time and attempts to resolve the issue.

Deciding when therapy is complete is meant to be a mutual decision, and we will discuss how to know when therapy is nearing completion. Sometimes people begin to schedule less frequently to gradually end therapy. Others feel ready to end therapy without a phasing out period of time. We may at times seek consultation with other therapists to ensure we are helping you in the most effective manner. We will give information only to the extent necessary, and we make every effort to avoid revealing the identity of my clients. The consultant is also under a legal and ethical duty to keep the information confidential.

**PROFESSIONAL FEES & INSURANCE**: Therapy is a commitment of time, energy and financial resources. If you have health insurance, it is important for you to verify your mental health benefits, so you understand your coverage prior to your appointment. Some insurance companies require a precertification before the first appointment, or they will not cover the cost of services.

Our current fees are as follows:

• Initial Intake Appointment: $85-$140

• Counseling Sessions: $85-$140

• Patients with insurance: the negotiated rate with each insurance company

These fees are reviewed annually and an increase of $5 per year applies to our rates every January 1st.

In addition to weekly appointment, a prorated charge based on the hourly rate will be made for professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested.

We also provide telephone and online therapy sessions. Some health insurance carriers cover telehealth (telephone/online therapy). If your insurance plan does not cover teletherapy, it is your responsibility to pay our full rate per session.

Most insurance agreements require you to authorize us to provide a clinical diagnosis and sometimes additional clinical information. If you request it, we will provide you with information to send to your insurance company. This information will become part of the insurance company's files. Insurance companies claim to keep information confidential, but you should check with your insurance company directly if you have questions about their confidentiality practices.

Lyra clients will work directly with Lyra for billing and payment.

**PAYMENT, CANCELLATIONS, AND NO SHOW POLICY**:

Payment or co-payment is due at each session. Payment may be made by check, cash, HSA, debit or credit card. There will be a $20 service charge for all checks returned for insufficient funds. **Cancellations or missed appointments without 48 hours notice will be subject to a $50 charge, and insurance companies do not pay charges for missed appointments.**  Please note, we do not bill secondary insurance. In the event you arrive late to your session your appointment will still need to end on time. There is a 3-late cancel/no show policy. If you late cancel or no show for 3 appointments, you will not be rescheduled.

**CONFIDENTIALITY**: All information shared in therapy is confidential, with these few exceptions: (1) The State Law of Pennsylvania requires that suspected abuse or neglect of a child, elder, dependent adult, or developmentally disabled person be reported. (2) The State Law of Pennsylvania also requires that others be informed if a client threatens suicide or harm to herself/himself, or others. If that threat is a clear and imminent danger, the proper individuals and law enforcement must be contacted. The person against whom the threat has been made may also be contacted to prevent harm. (3) Should I be presented with a court order, I may be required to disclose information in the presence of a judge; however, I will first assert legal privilege in an effort to protect your confidentiality. (4) Information, which may jeopardize my safety, will not be kept confidential. (5) In the event of a medical emergency on your part, emergency personnel may have to be provided with some of your information. (6) When your insurance company is involved, e.g. in filing a claim, insurance audits, case reviews or appeals, etc., (7) For case consultation purposes, I may consult with other therapists, who are required to keep client information confidential. (7) When otherwise required by law. You may be asked to sign a Release of Information Form so that I may speak with other professionals and/or family members.

**PARENTS & MINORS**: While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is the policy of WSCC to not provide treatment to a child under age 14 unless it is agreed upon that the therapist can share whatever information deemed necessary with a parent. For children 14-18, parents are always entitled to the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what is prepared to discuss. All other communication will require the child’s agreement, unless there is a safety concern (see also above section on Confidentiality for exceptions), in which case the therapist will make every effort to notify the child of the intention to disclose information ahead of time and make every effort to handle any objections that are raised.

**COURT RELATED SERVICES**

We do not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that we cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings.

If we are contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) please note the following:

* We charge a $1500 retainer prior to any preparation or attendance of legal proceedings.
* We charge $200/hour to prepare for and/or attend any legal proceeding and for all court related services.
* Charges for court related services are not covered by insurance.
* Court related services include: talking with attorneys, preparing documents, traveling to court, depositions and court appearances.
* If the court or attorneys do not pay our fee, you will be charged for the time we spend responding to legal matters.
* You will also be charged for any costs we incur responding to attorneys in your case, including but not limited to fees we are charged for legal consultation and representation by our attorneys.

**CONTACT:** Counselors are often not immediately available by telephone. It is the policy of WSCC for clinicians to not answer their phone when with clients or otherwise unavailable. At these times, you may leave a message on voice mail or email and your call/email will be returned as soon as possible. Every effort will be made to return your call/email on the same day you make it, with the exceptions of weekends, holidays and very late in the evenings. ***Please note that email is not a secure and confidential form of communication and is to be used only for scheduling appointments or to request a return a phone call.*** Every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional if necessary.

**EMERGENCIES:** Willow Spring Counseling Center does not provide emergency or crisis counseling services outside of normal business hours and cannot guarantee availability outside of our scheduled appointment time.Emergencies are urgent issues that require immediate attention. ***In the event that you have a mental health emergency and you are unable to reach me and/or you do not receive a phone call back in a timely fashion, or you experience a life-threatening crisis or psychological event outside of our regularly scheduled session times, you are advised to contact Penn Foundation Crises Center (Tell them you are a client of WSCC) at 215.257.6551, go to the nearest emergency room, call 911, call your physician, or contact the National Suicide Prevention 24 hour hotline at 1-800-273-8255.***

**SOCIAL MEDIA:** In order to maintain your confidentiality and our respective privacy, we do not interact with current or former clients on social networking websites. We do not accept friend or contact requests from current of former clients on any social networking sites including Twitter, Facebook, LinkedIn, etc. We will not respond to friend requests or messages through these sites.

We will not solicit testimonials, ratings or grades from clients on websites or through any means. We will not respond to testimonials, ratings or grades on websites, whether positive or negative, in order to maintain your confidentiality. Our hope is that you will bring concerns about our work together to the therapy session so we can address concerns directly.

**OTHER RIGHTS**: WSCC adheres to the highest ethical and professional standards. If you think you have been treated unfairly or unethically, we hope you will talk with your counselor or Ashley J. Miller, so that we can respond to your concerns. Such concerns will be taken seriously and handled with care and respect. You may also request that you are referred to another therapist and are free to end therapy at any time. If you think you have been treated unfairly or unethically, and we cannot resolve the problem, please contact: State Board of Social Workers, Marriage and Family Therapists and Professional Counselors P.O. Box 2649, Harrisburg, PA 17105-2649 or 717.783.1389.

**A FINAL WORD:** The counseling relationship is a very personal and individualized partnership. We want to know what you find helpful and what, if anything, may be getting in the way. We want you to feel free to share with us what we can do to help.

Please ask before signing below if you have any questions about psychotherapy or our office policies. You signature indicates that you have read our Informed Consent Contract and agree to enter therapy under these conditions. You signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this agreement.

I have read and agree to the terms in the Informed Consent Contract

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

*I declare that I am the legal guardian and/or managing conservator of the above-named child and grant permission for his/her psychological treatment.*

Guardian Signature (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the client is a minor list the name of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received/been offered a copy of my Good Faith Estimate for counseling services.

Yes/no