

INFORMED CONSENT/COUNSELING SERVICES AGREEMENT

Welcome to my practice. I appreciate the opportunity to be of help to you. This form addresses key issues regarding our relationship, including the following:

- What my methods of treatment are like
- How long therapy might take
- How much my services cost, and how I handle money matters
- Other important areas such as confidentiality

After you read this form, we can talk further so I can address any questions you may have. Once you read and understand this agreement please sign below. A copy can be provided and/or you may view and download this form from my website: www.30AThery.org.

About Psychotherapy

It is important that you feel comfortable with the therapist you choose and their approach to therapy. My approach can best be described as "eclectic" in that I use a variety of therapeutic approaches that I have found effective over the years and apply them based on the needs of each client. I believe the therapeutic relationship should be based on unconditional positive regard, empathy and having a neutral but supportive environment that allows you the space to process your concerns and discover your own direction without bias. Basically, I believe there is much more right with you than wrong with you. Most of my clients see me once a week for 3 to 4 months. After that, we meet less often, if at all.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. The release is valid up to a year, or longer if you agree, unless you revoke it in writing prior to the expiration date. Information from Couple sessions will not be released without consent of both partners. In all but a few rare situations, your confidentiality is protected by federal and state laws and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
2. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat, including law enforcement and the potential victim.
3. If I suspect that a child or elderly person has been or will be abused or neglected, I am legally required to report this to the authorities. This includes children being exposed to domestic violence or having a caretaker who is impaired while under the influence of drugs or alcohol.

Other Issues Regarding Confidentiality

1. If you request an evaluation or therapy be provided by me because you were referred by the Court, Probation, or Florida Department of Children and Families and you sign a release for that evaluation, or for treatment updates to be provided to the referral source, all information obtained in the course of that evaluation or treatment shall be included in the report. In other words, in order to maintain the

integrity of any evaluation or treatment updates I have to include all relevant data and not distort the accuracy of any reports. It is also your right to revoke the release of an evaluation or further treatment updates, in which case no information can then be released. This too must be done in writing.

2. Insurance companies often ask for information regarding symptoms, diagnoses and treatment methods. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

3. You may review your own records in my files. If you believe that medical information is incorrect you may ask me to amend (not change) the information. However, I may deny your request for an amendment and if this occurs you will be notified of the reason for the denial. In some very rare situations, I may temporarily remove parts of your records before you see them. This would happen if I believe that the information will be harmful to you, but I will discuss this with you. I ask you to understand and agree that you may not examine records created by anyone else and then sent to me. Except for situations like those I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office.

About Our Appointments

It will be necessary for you review and sign all the required paperwork prior to our first session. All these forms are located on my website: www.30AThery.org and you are welcome to download, print, review and sign them prior to our initial meeting. Certain types of evaluations, such as substance abuse evaluations, require you to complete additional questionnaires which are also located on my website. Most clients prefer to complete the forms at their leisure in the comfort of their home prior to our appointment.

However, if you do not have access to the internet or you prefer to complete the forms at my office it will be necessary to arrive about 30 minutes early. Our Initial appointment is typically the assessment. Following this we will usually meet for 50-minute Individual sessions once a week, or if you attend group counseling, sessions last from 1-1.5 hours once a week. However, I cannot always guarantee that group therapy will be an option as it depends on whether there are sufficient referrals to make up a group. An appointment is a commitment, we agree to meet and be on time. However, in the rare case where I may be unable to start on time I ask for your understanding as I am also working with other clients whose needs I cannot always anticipate. I assure you that you will receive the full time agreed to.

Fees, Payments, and Billing

My current regular fees are as follows: Initial evaluation: \$120.00; 50-minute individual counseling sessions: 95.00 per session; and 1-1.5 hour Group counseling sessions, when available, are \$40.00 per session. Some assessments require additional sessions to complete. If you find these fees unaffordable please consult with me. You may pay by cash, check or credit/debit card. If you desire a telephone consultation I charge my regular fee, prorated over the time needed. Although rare, If I need to have long telephone conferences with other professionals as part of your treatment or attend Court you may be billed for these at the same rate as regular therapy services to include travel time. This is more likely to occur in court ordered cases. If you are concerned about this please be sure to discuss it with me in advance. Of course there is no charge for calls about appointments or similar business. Please try and not miss sessions. When you must cancel, please give at least a 24-hour notice. Your session time is reserved for you. A cancelled session less than 24 hours makes it difficult to offer that time slot to another client. Therefore, the first missed appointment without a 24 hour notice will result in a fee of \$20.00, while the 2nd no show will result in a \$40.00 fee, and the 3rd or more no shows will result in an \$80.00 fee. This fee is considerably lower than most providers who typically charge the entire amount of their fee. Please note that Insurance will not cover this charge. Fees that continue unpaid may be turned over to small-claims court or a collection service.

If You Have Health Insurance Coverage

Because I am a licensed mental health counselor, many health insurance plans will help you pay for therapy. I will provide information about you to your insurance company. For billing purposes I will need to provide the insurance company with the standard diagnostic and procedure codes for billing purposes, the times we meet, my charges, and your payments. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or under "Behavioral Health" or call the customer service number. Please keep two things in mind:

1. I had no role in deciding what your insurance covers. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance contract is between you and your company; it is not between me and the insurance company.
2. You—not your insurance company or any other person or company—is responsible for paying the fees we agree upon. Remember you always have the right to avoid confusion or problems with insurance payment and/or potential risk to your confidentiality by simply choosing to pay for services directly.

If You Need to Contact Me

I cannot promise that I will be available at all times as my office hours vary and I usually do not take phone calls when I am with a client. However, you can always leave a message on my answering machine, and I will return your call as soon as I can. Generally, I will return messages within 24 hours except on weekends and holidays. If you have a behavioral or emotional crisis and cannot reach me or my office immediately by telephone, you or your family members should call one of the following emergency agencies: the 24-Hour Help Line in South Walton at 2-1-1, or the Psychiatric Treatment Center at Fort Walton Beach at 850-315-8000, or call 911.

Our Agreement

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned in this agreement can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this agreement, I can address them with you. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that as my therapist you have a policy that meets federal standards for HIPPA (Health Insurance Portability and Accountability Act) which covers privacy of all medical information. My signature below indicates that I have been offered a copy of the Privacy Policy to review and know that it is also located on your website: www.30AThery.org. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this agreement. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this agreement. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

Relationship to client: Self Parent Legal guardian

Health care custodial parent of a minor (less than 14 years of age)

Other person authorized to act on behalf of the client – specify _____

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this agreement. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

N. Hubbard, LMHC

Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you.