

## **Consent to Treatment Agreement**

Welcome to Healthy Outlook Counseling! This document contains information about the services and business policies at Healthy Outlook Counseling. It explains state and federal laws as well as your rights as a therapy client. This document also serves as an agreement between you and your therapist. If you have any questions or concerns, please ask us for the information you need.

### **Therapy Services**

During your first session, your therapist will speak to you about your reasons for starting therapy and what you would like to gain from therapy. Your therapist will assess your mental health and formulate a diagnosis. You will work with your therapist to create a plan of treatment based on the goals that are important to you. During the course of therapy your therapist will work with you to help you attain your goals. You are always free to ask your therapist any questions that arise about your treatment.

### **Benefits and Risks**

Therapy can have many benefits such as helping you develop coping skills, improving relationships, decreasing symptoms of mental health problems, improving the quality of your life and resolving many types of problems. However there is no guarantee that therapy will produce positive results. Sometimes progress occurs quickly and at other times progress slows or stops. Therapy is most effective when clients are actively engaged, honest and motivated to work on their goals. While therapy is intended to be helpful, it may at times be difficult or uncomfortable. You may experience uncomfortable feelings such as anger, sadness or fear when talking about unpleasant events, feelings or thoughts.

### **Privacy Practices**

You will be provided a copy of our Notice of Privacy Practices. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights. The Notice of Privacy Practices explains how your protected health information is used and disclosed for treatment, payment and health care operations in accordance with federal law (HIPAA). The Notice also details your rights to privacy and the limits to confidentiality under the law.

Information that you share with your therapist is strictly confidential with few exceptions. You may choose to sign a release of information if you want your therapist to share information with a specific person or agency. Your therapist could be compelled to release information about you with a court order. Your therapist is required by law to report child abuse and neglect as well as abuse or neglect of a dependent adult. Your therapist is also required to take action to protect you and other people if you present a serious imminent risk to yourself or others. Additional information is included in the Notice of Privacy Practices.

Some clients may choose to use technology to communicate with their therapist such as telephone, email, text or Skype. Due to the nature of these communication methods, it is possible that others may attempt to discover your personal information. Your therapist will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur.

### **Records**

Your therapist is required to keep protected health information about you within your clinical records. These records may include an intake assessment, diagnostic information, treatment plans, progress notes, session attendance, treatment records received from other providers, information regarding coordination of care, billing records and any reports sent to anyone, including your insurance carrier. Records will be kept either electronically in an encrypted HIPAA compliant electronic medical record or in a paper file stored in a locked cabinet. Records will be maintained for at least 7 years. You may request your records at any time by sending a written request.

### **Insurance**

We are contracted with several insurance companies to provide mental health treatment services. Your insurance policy may cover all fees for services, a portion of those fees or none of those fees depending on your specific policy and whether we have a contract with them. If you choose to utilize insurance, we will bill your insurance company for reimbursement. We will make every effort to collect payment for services from your insurance company in line with your entitlements. However, you are responsible for ensuring payment of all fees regardless of the decisions of your insurance company. You are responsible for knowing your insurance coverage and for notifying your therapist when your coverage changes. If for any reason your insurance company does not pay a fee, you are responsible for paying that fee.

You should be aware that if you use your health insurance, the insurance company has the right to review your records and requires us to give them information about you and your treatment. We will release the minimum information required by the insurance company. Your insurance company may also dictate the type of treatment, frequency of sessions, duration of sessions and total amount of sessions that they will pay for. You have the right to decline involving your insurance provider and opt to pay all fees yourself privately.

### **Fees**

The fee for services is \$120 per session lasting 55-60 minutes and \$160 for the initial intake session. Appointments are scheduled for 55 minute time periods unless previously arranged. Shorter sessions can be requested. The fee for a 40-45 minute session is \$100. The fee for a 25-30 minute session is \$70. Fees, including copays dictated by insurance, are due at the beginning of each appointment unless your insurance provider requires another arrangement. Fees can be paid by cash or check.

You may also be charged for other professional services that you request such as producing written reports, preparation of records and holding phone conversations longer than 10 minutes. Fees for those services will be discussed and agreed upon before the start of the service. If you become involved in legal proceedings that require participation by your therapist, you will be responsible for paying for all of your therapist's professional time including preparation and transportation costs. You will be responsible even if the therapist is called to testify by another party.

### **Appointments**

When you schedule an appointment that time is reserved for you. You may have a situation arise and need to cancel or reschedule your appointment. You are responsible for notifying your therapist at least 24 hours in advance of your scheduled appointment if you are unable to keep your appointment. If you do not keep your appointment nor notify your therapist at least 24 hours before your appointment, then you will be charged a missed session fee. Your missed session fee will be the same amount as your usual copay.

If your therapist needs to cancel an appointment due to unforeseen circumstances such as impassible roads or illness, then your therapist will contact you to notify you of cancellations as soon as possible and you will not be charged for the canceled session. In case of inclement weather, your therapist will generally base the decision to cancel appointments on area school closings.

### **Between Session Communication**

You may contact your therapist by cell phone, email or text. During your first session, your therapist will provide this contact information. Please limit texts to short professional communication such as scheduling appointments. General messages will typically be returned during business hours and within 1-2 days. Please indicate in your message if the matter is urgent and your therapist will respond as soon as possible, typically within 1-2 hours. Your therapist may not always be immediately available, but you can always leave a message on your therapist's confidential voice mail. If you feel you cannot wait for a return call, you can call 211 to access the crisis hotline. If you are experiencing a medical emergency call 911 or go to the nearest hospital. If your therapist will be unavailable for an extended time, then your therapist will provide you with the contact information of a colleague.

### **Children and Adolescents**

Confidentiality in therapy is very important for clients of all ages, including children and adolescents under age 18. However parental support and involvement in treatment is also an important ingredient for the successful treatment of children and adolescents. Law dictates that parents may be allowed to view their children's treatment records in some circumstances. However children 14 years of age and older are legally able to consent to and control access to information about their own short term treatment, treatment up to 12 sessions or 4 months long. It is our policy to maintain children's privacy in regards to the details of therapy sessions and in accordance with HIPAA limits of confidentiality, while sharing general treatment information with their parents such as the child's appointment attendance, treatment plan and progress. All clients over 14 years of age as well as parents of minor clients are required to sign this document to indicate their consent to treatment and office policies.

