Noema Counseling, LLC

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Rights and Responsibilities/ Informed Consent

Counseling is a process that involves working on issues and concerns that affect your life in various ways. Counseling is a collaborative process that involves evaluating, processing, exploring, and working through these issues and concerns. Counseling is a process that relies heavily on the individual receiving services.

Rights:

You have the right to confidentiality. Confidentiality is not just a federal and a state law, but a core value of Noema Counseling, LLC. You have the right to ask questions, be informed of your diagnoses and treatment plan. You are important in setting therapy goals and you have the right to develop your treatment plan and goals with your therapist. You have the right to accept or terminate therapy at any time. I have a right to select the therapist of my choice.

Benefits and Risks:

* I understand that I have chosen to receive treatment and I may terminate therapy at any time, unless court ordered.
* I understand that there is no assurance that I will feel better or have improvement.
* I understand that therapy at times can be uncomfortable and upsetting while I work through various issues and concerns. This is frequently part of the process in therapy. Noema Counseling will balance being supportive and empathic when difficult topics come up in therapy; however slightly pushing each individual to work towards the next step in therapy.
* I understand that records and information collected during my treatment will be held or released in accordance with federal and state laws regarding confidentiality of such records and information.
* I understand that my therapist is legally bound by federal/ state law to report all cases of suspected child abuse/ dependent adult abuse.
* I understand that state and local laws require my therapist to report all cases where there exists a danger to self or others.
* I understand that there may be other circumstances in which the law requires my therapist to disclose confidential information without a release of information.
* I understand that the therapist providing services is not responsible for the outcome of services.

Office Policies:

* Office hours vary. Phone calls are generally returned within 24-48 hours, unless Noema Counseling is out of the office for a period of time. If Noema Counseling, LLC office is out of the office for a short period of time, the voicemail message will indicate when a therapist will be back in the office. The voice message will also indicate if the office is closed due to winter weather.
* Initial appointments/ intake appointments will be billed at $175 and following appointments will be billed at $150 for hour sessions. The fee for 45 minute sessions will be billed at $110.00 and $90 for 30 minute sessions.
* Payment is due at the time of your appointment, unless otherwise directed by your therapist. At times there might be a waiting period for payment while Noema Counseling submits billing to your insurance company. Payments can be made by cash, check or through your major credit/ debit card.
* It is important to keep your scheduled appointments. If you are unable to make your appointment, you must call the office 24 hours in advance. No shows fees are $60.00 for the first missed appointment. Messages may be left on Noema Counseling’s voicemail.
* A pattern of missed appointments or late cancelations may result in denial of services.
* EMERGENCY SITUATIONS: If you are experiencing a mental health emergency and are unable to reach Noema Counseling, please contact 911 or go to the nearest emergency room.

I understand that my therapist, insurance company, and my doctor may exchange any and all information pertaining to my therapy to the extent that such disclosure is necessary. Incidents may include: submitting claims to insurance, case management, coordination of care, quality assurance, and insurance utilization review. I understand that I can revoke my release at any time expect to the extent that treatment has already been completed. I understand that my release is current for one year after signed, unless revoked by the individual.

I understand that I am authorizing Noema Counseling (Johanna Pundt, LISW, ACSW) to bill my insurance company (if submitting to insurance for billing purposes).

I have read and understand the above rights and responsibilities.

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Signature of Client Date

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Signature of Noema Counseling Staff Date