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INFORMED CONSENT

Welcome to my practice. This document contains important information about my services, policies and expectations. *Please read it carefully* and note any questions you might have so that we can discuss them. Signing this document represents understanding and agreement.

General Information

- Therapy is a collaborative, working relationship to facilitate change.
- Effective therapy requires commitment, consistency and time.
- Therapy can have benefits and risks. Since our task involves addressing unpleasant and distressing aspects of life, it can elicit discomfort and associated challenges. This is a normal and expected facet of any healing process. However, therapy often leads to improved relationships, solutions to specific problems, significant reduction in feelings of distress, a decrease in the occurrence of undesired behaviors and improvement in overall sense of well-being.
- Much of the “work” of therapy takes place outside of the office, in between sessions. This includes conscious reflection and experimentation with new and different ways of responding to distress. We will work together in session to develop an individualized plan for you.

Appointments

- Sessions are typically 55 minutes long and scheduled weekly unless we agree on a different arrangement that better suits your needs.
- Once an appointment is scheduled, I require 24 hours advance notice of cancellation.
- In the event that an appointment is missed without notification, I cannot guarantee that our regularly scheduled time will be reserved.
- Excessive canceled or missed sessions suggests to me that our arrangement is not meeting your needs at this time. In this case, I will recommend that we suspend or terminate our agreement.
- ADA certified/registered service animals are welcome at appointments.

Payment for Services

- Payment is due at the time services are rendered. I accept cash, check or credit card as payment.
- While I do contract with several insurance companies, you are ultimately responsible for the cost of visits. I will make reasonable efforts to bill and collect from your insurance provider. It is your responsibility to verify that your insurance policy is active and that your visits with me will be covered. I do not verify eligibility or benefits before we meet. If a situation arises that your insurance does not reimburse, it is your responsibility to pay the outstanding balance. Any disputes about coverage and payment will be addressed directly between you and your insurance provider.
- Insurance providers do not reimburse for late-canceled or missed sessions. Therefore, I bill a \$100 service charge for late-canceled or missed sessions. If you would like to resume meeting after a missed session, I will expect payment of the service charge.

Accessibility

- I provide outpatient services by appointment only. I welcome requests for additional office appointments, as needed.
- In the time between our scheduled sessions, the New Mexico Crisis Line is available to provide professional counseling support 24/7/365. Their number is 1 (855) 662-7474.
- If you have a life-threatening emergency, please call 911 or go to the nearest emergency facility. If you have an urgent or crisis situation arise, please contact the NM Crisis Line for immediate support, then leave a message with me requesting an additional office appointment.
- Text messaging and email are excellent communication options for scheduling. If you have any matter to discuss other than scheduling, I request that you call me. I typically check and respond to text, email and phone calls during my office hours: Monday through Thursday, 10 a.m. to 7 p.m.

Limits of Confidentiality

The law protects privacy of all communications between therapist and client *except* in the following situations:

- If I suspect abuse or neglect of any member of a vulnerable population (e.g., children under age 18 years or any adult dependent on the care of others).
- If I believe that a client presents with a substantial and imminent risk of serious harm to self or other.
- If you elect to use insurance for services: insurance companies require that I assign and

disclose identifying information, a medical diagnosis, dates of service and, on occasion, a treatment update.

- If you are involved in a court proceeding and I am ordered by the court to disclose information, I am required by law to do so.
- If you sign a written authorization form.

Also, I hold formal contracts with support personnel (accounting, legal and clinical consultants). These professionals are bound by confidentiality except as specifically allowed in the contract or otherwise required by law. I make it a practice to disclose the minimum information required.

Services I Do Not Provide

- Formal evaluation is a service typically offered by a psychologist or medical doctor, not a therapist. This service falls outside the realm of my training, qualification and expertise. Therefore, I do not provide evaluation or recommendations regarding disability, parenting fitness or custody, medical procedures or legal matters.
- My involvement in legal proceedings compromises the therapeutic relationship and involves the distinct possibility of emotional harm to the client. Therefore, it is agreed that, in the case of legal proceedings (e.g., divorce, custody dispute, injury, lawsuit, etc.) neither you nor your attorney will call on me to testify in court or any other legal proceeding.

By signing this agreement, you acknowledge and accept this informed consent. You also acknowledge that you have read and understand the “New Mexico Notice Form” which describes client rights as defined by HIPAA.

Client Signature

Date

Provider Signature

Date