Psychotherapy & Pastoral Counseling Associates
MENTAL HEALTH DISCLOSURE FORM

Treatment Philosophy-Explanation of Pastoral Counseling

Pastoral counseling involves an integration of professional psychotherapy with attention to faith or spiritual matters, regardless of faith orientation, if you so desire. The PPCA was created specifically to provide such treatment. Traditional professional psychotherapy is part of what is offered by all of the licensed therapists of the PPCA. Treatment goals are established after an initial assessment. You will take an active role in setting and achieving you treatment goals. Your commitment to this therapy is necessary for you to experience the life changes you seek. If you ever have any questions about the nature of the treatment or your care, please do not hesitate to ask. Both during and at the conclusion of therapy, we may ask you to give us feedback about our services.

Initial here: _____

Limits of Confidentiality Statement

All information between the PPCA therapist and client is held strictly confidential. There are legal exceptions to this:

1. The client authorizes a release of information with a signature.
2. The client's mental condition becomes an issue in a lawsuit.
3. The client presents as a physical danger to self.
4. The client presents as a danger to others.
5. Child or elder abuse and/or neglect are suspected.

In the latter two cases, the therapist is required by law to inform potential victims and legal authorities so that protective measures can be taken.

All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to a specified person, persons, or agency. If group therapy is utilized as part of the treatment, details of the group discussions are not to be disclosed outside of the counseling sessions. At times, therapists consult other clinical staff members of the PPCA to ensure quality of care to clients. Please advise your therapist if you do not want this internal consultation to occur.

Under the terms of the contract with your insurance company, they may ask for reports regarding your treatment. There are no restrictions on the type or amount of information they may request and receive. Your therapist will discuss with you any requests of this nature received from your insurance company and the information provided. PPCA is not responsible for the insurance company's use of or disclosure of this information. You will be provided with a copy of Notice of Privacy Practices for further information about your rights regarding your health information.

Initial here: _____

Emergency Access:
If emergency needs arise, your therapist will discuss ways of staying in contact outside of scheduled appointments or normal office hours. Your therapist will let you know if he/she is going out of town or other arrangements are needed for coverage. If at any time you are unable to reach your therapist or another member of the PCC staff, please call Crisis Response at 820-6333. You may also go to the emergency room of St. Vincent Hospital for an emergency evaluation.
Initial here: _____

Financial Terms: Insurance Coverage and Co-payments
PPCA will bill your insurance if you have it. We will need a copy of your insurance card for any health insurance coverage you have. It is important for you to let us know if you have more than one insurance. We will work with your insurance company and it may also be necessary for you to communicate with them as well. Please review with your therapist whether you or PPCA are responsible for checking coverage with your insurance company and for obtaining prior authorization for treatment from your insurance carrier. PPCA bills your insurance as a courtesy service, however, you are responsible for co-payment amounts and deductibles as set by your benefit plan. These payments are due and payable at each appointment. We accept cash or checks but are not able to accept credit or debit cards. **If for any reason, your insurance will not cover the costs of your therapy, it is then your responsibility to cover the full cost for all services.** It is your responsibility to inform PPCA of any changes in your insurance eligibility that would affect billing issues. Missed appointments are not covered by your insurance and the charges associated with them are your responsibility.

PPCA also offers our services for full and sliding fee rates. Please talk with the telephone intake worker or your therapist if you do not have or do not want to use insurance. We have a sliding fee scale that can reduce the fee based on your adjusted gross income, the number of people supported by this income and your assets. There is a $20 fee for returned checks.

The fee for your sessions is: Full fee _____ Insurance co-pay _____
Sliding fee scale _____

Therapist initial here: _____ **Client initial here: _____**

Cancellation and Missed Appointment Policy
If your appointment is missed or canceled with less than 24 hours notice, you are responsible for the full fee for the session (for insurance clients, this is the total "allowed" insurance rate). Your insurance company cannot be billed for fees associated with missed or canceled or telephone appointments. Repeated "no-show" appointments could result in a decision to stop the therapy and refer you to another therapist or to your insurance company for reassignment to another counselor.
Initial here: _____

Fees Associated with Legal/Court Depositions or Subpoenas

As therapists, we believe that treatment should be limited to the therapeutic process and that testifying in court is not a productive use of our time. If subpoenaed to appear in court or give a deposition, the minimum fee is $920.00 to be paid in advance. $500.00 of this fee is to cover the loss of income for PPCA because your therapist cannot schedule other appointments on that day. In addition, there is a minimum charge of $420.00 This represents a minimum charge of 3 hours at $140.00 per hour for time spent at court testifying or waiting to testify and for preparing for the appearance. This totals the $920.00 to be paid in advance and represents the minimum fee. There may be additional fees at the rate of $140.00 per hour for preparation or time spent in court past the 3-hour minimum.

Initial here___

Consent to Treatment

I authorize and request my therapist to carry out assessment and/or treatment procedures that are advisable now or during the course of my (or my child's) treatment. I understand that the purpose of these procedures will be explained to me upon my request and they are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my therapist can make no guarantees about the outcome of my treatment. Further, the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. I understand that this is a normal response to working through unresolved life experiences and that these reactions will be worked on between my therapist and myself.

Initial here_____

I have read all three pages of the above Mental Health Disclosure Form and I understand and agree to the above information and obligations.

_____ _____

Client Signature Date

_____ _____

Therapist Signature Date