



INFORMED CONSENT PROVIDER-CLIENT AGREEMENT

Welcome to Reflective Counseling! This document contains important information about our professional services and business policies. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have before you sign this document or at any time in the future.

PSYCHOLOGICAL SERVICES:

Therapeutic services involve a relationship between people that works in-part because of clearly defined rights and responsibilities held by each person. As a client engaging in these services, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. As therapeutic services provider, we have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks might include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have great benefits for individuals. It can lead to a significant reduction in feelings of distress and a greater personal awareness.

Therapy involves an active effort on your part. In order to be the most successful, you will have to work on things outside of the session. The first 2-4 sessions will involve a comprehensive evaluation of your needs. At the end of these sessions, we will be able to offer you initial clinical impressions and we can agree on some treatment goals. You should evaluate this information and make your own assessment about whether you feel comfortable working with your therapist. If you have any questions, please ask them at any time. If you wish to work with someone else or get a second opinion, you have a right to do so.

Reflective Counseling does not provide forensic assessments, crisis interventions, legal reports, or testimony. Your therapist may be able provide you referrals for psychological testing or a higher level of care if needed. In the event a crisis should arise, please call 911 or go to your nearest emergency room in order to seek the appropriate level of assistance.

APPOINTMENTS:

All therapy appointments will be between 30-50 minutes in duration, depending on the clinician's assessment of your specific psychological needs, once per week at a time we agree on. However, as you start to make progress, these sessions may become less frequent or decrease in duration. "Check-in" sessions can be scheduled and last between 15-30 minutes.



Therapy sessions are offered at your therapist's discretion based on the therapist's assessments of your mental health needs and circumstance. Your therapist may also refer you to a different provider should your mental health needs require additional appointments per week that the clinician is unable to provide due to scheduling limitations.

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours' notice. If you miss a session without cancelling, or cancel with less than 24 hours' notice, our policy is to collect a missed appointment fee, set as \$100. If you arrive to your appointment late, your appointment will still end on time. If you arrive at your appointment more than 15 minutes late, you will be asked to reschedule. If the clinician is unable to reschedule you for any reason, you will be responsible for paying the no-show/late-cancellation fee.

We offer teletherapy services. These sessions can be over the phone or through a HIPAA compliant video-conferencing provider. These sessions follow all of the same guidelines as face-to-face sessions but with the added convenience of not having to travel to the provider's office. You will need to be sure that you are in a building and within a room that is private and can ensure your confidentiality. Teletherapy services cannot be conducted outside, in the community, or in a vehicle. If you are unable to find an indoor space that can ensure your confidentiality, you will be expected to reschedule. If you are unable to reschedule for any reason, you will be responsible for paying the no-show/late-cancellation fee, as ensuring a quiet and confidential space is your responsibility when engaging in this particular service.

PROFESSIONAL RECORDS:

We are required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office and your online medical records are on a HIPAA approved site.

CONFIDENTIALITY:

Generally, everything that is discussed in our session is confidential. However, if you tell your provider that you are going to hurt yourself or someone else, then your provider is required by law to break that confidentiality. It will be discussed with you, who will be told. It may be a spouse, or close family friend or other family member. In serious cases of suicidal or homicidal plans, your provider may have to inform the police. In addition, if you share information involving child abuse or suspected child abuse, your provider is also required by law to inform the appropriate people, even if you the reported child abuse is your own, you are an adult, and you would prefer to not have the abuse reported.



It is Reflective Counseling's policy that all clients under the age of 18 complete a Release of Information (ROI) for their legal guardian prior to the initial session. This allows scheduling of that initial appointment and follow-up appointments to be more seamless. Should the client want to retract that ROI, they may at any time. The nature of the information conveyed between the clinician and the legal guardian will be discussed in the initial session with the minor in order to provide clarity about the purpose of the ROI and how it will be used. This may change over time depending on client need.

CONTACTING US:

Your provider is often not immediately available by telephone. Your provider will not answer the phone when he or she is with a client or outside of office hours. At these times, please leave a message on the confidential voicemail and your provider will return your phone call as soon as possible. You may also contact the provider via text or email. Your clinician will get back to you within one business day and will utilize the same method of communication (if you contacted the clinician via email, your clinician will respond via email, etc.).

If you are in crisis, do not wait for your therapist to return your call. Please go to your nearest emergency room or call 911. This practice does not provide crisis intervention or on-call services at this time.

If you need to discuss an issue that is going to take more than 10 minutes, we ask that you schedule an appointment so that you can be given the attention and time that you deserve. Should the call involve a non-scheduling or billing issue or if the conversation exceeds 10 minutes a \$50 fee will be incurred. An additional \$50 will be billed for each additional 10 minutes following (first 10 minutes: no charge; second 10 minutes: \$50 charge; third 10 minutes: a total of \$100 charge, etc.).

You will be informed in advance of any planned absences and we will provide you with the name and phone number of the mental health professional that will be covering.

OTHER RIGHTS:

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Any concerns will be handled with care and respect. You may also request that we refer you to another therapist. You are free to end therapy service at any time. You have the right to considerate, safe and respectful care without discrimination to race, ethnicity, color, gender, sexual orientation, age, religion or national origin. You have the right to ask questions about any aspect of therapy or psychiatric service and about our specific training and expertise. You have the right that we will not have any other relationship with you than that of provider – client.



TERMINATION AND SUSPENSION OF SERVICES:

You have the right to terminate therapeutic services at any time and for any reason. It is our hope that termination of therapy will naturally come after you feel that you have made progress on all of your therapy goals and are feeling a general sense of well-being. You are encouraged to make an appointment in the future if you ever need a “check-up” or would like to restart therapy for different issues.

It is recommended that if you have come to decision to terminate therapy, that you meet with your clinician for one or two termination sessions to review your progress, process feelings that may arise with the ending of a relationship, review progress made, potential goals for future growth, and for your clinician to receive direct feedback about the services they have provided.

The feedback you provide may not only enhance future services of the practice, but also may provide a more fulfilling termination experience.

Termination of services may also occur if you are unable to pay for services. Your therapist will do their best to be as flexible as they can regarding your financial situation, within reason. Any changes to financial obligations and expectations will be considered on a case-by-case basis and will be accompanied by an additional financial contract in order to clarify and assert the updated financial agreement. If you are unable to work out a payment plan with your therapist or follow through on the active financial agreement, your therapist may terminate services at their discretion.

Therapy is only effective if the services are rendered regularly. If you are unable to meet with your therapist consistently, your therapist will do their best to work with you to find another, more suitable appointment time. Should another appointment time not be available or attendance to session continue to be irregular, your clinician may terminate or suspend services until you are able to commit to consistent attendance.

It is also important to recognize that your clinician is not only assessing you during the first few sessions of treatment, but throughout the duration of treatment. It is your therapist’s ethical obligation to continue to assess your mental health needs throughout every step of your treatment. Your therapist may refer you to other mental health services if they believe additional treatment is necessary, if your mental health needs may be better served through a different therapeutic modality (i.e., group therapy, family therapy, couples therapy), or if your mental health needs fall outside of your therapist’s area of expertise (this would be analogous to your primary care physician being able to perform surgery or physical therapy). This referral may be a supplement to your current level of care or to be completed before care can resume.



Should your therapist refer you to another provider or higher level of care (inpatient hospitalization, intensive outpatient services, etc.), your therapist may choose to see you for a few sessions after the referral in order to assist you in acquiring the recommended services. This will be decided on a case-by-case basis and discussed in more detail within the context of session. Your therapist may require documentation of completed treatment prior to scheduling continued therapy.

Schedule changes may also necessitate suspension or termination of treatment services. Should you or your therapist have changes to the schedule, your therapist will do their best to accommodate these changes. However, that does not guarantee that your therapist will be able to accommodate all of your scheduling needs. If another appointment time cannot be found within a timely manner, your clinician will provide you referrals to other clinicians that may be able to meet your mental health needs.

CONSENT TO THERAPY:

Your signature below indicates that you have read this Agreement and agree with its terms.

Signature: _____

Date: _____

Printed Name: _____

Relationship to Client: _____