



INFORMED CONSENT

AGREEMENT FOR PSYCHOTHERAPY SERVICES

THERAPEUTIC PROCESS

Participation in therapy can result in several benefits, including resolution of the concerns that led you to seek therapy. Working towards these benefits requires your honesty, openness and active involvement. As therapy progresses, we will discuss its effectiveness for you. It is expected that you will provide honest feedback about your progress and your views of therapy. Discussing the issues that brought you into therapy can result in discomfort (fear, sadness, anger, anxiety, etc). You may be challenged in some of your perceptions and suggest different ways of looking at or handling situations. This also may cause you to feel discomfort (disappointment, anger, etc). Sometimes, as you are working towards resolution of your personal issues, it may feel that the issues “get worse” before “getting better.” This is a normal part of the therapeutic process. During the course of therapy, your counselor will utilize various psychological approaches, depending on the problems being treated and my assessment of what will benefit you. These approaches include but are not limited to cognitive-behavioral, emotional focused, solution focused, developmental, attachment, crisis intervention or psycho-educational techniques.

PRIVACY & CONFIDENTIALITY

All information that you disclose within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. The notice of Privacy Practices, which you received with this Informed Consent has more details of when disclosure is required by law. Disclosure is required where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, or to property. If there is a situation in which your counselor becomes concerned about your personal safety, or the possibility of you injuring someone else, they will contact the police, hospital or an emergency contact whose name you have provided. In addition to these limitations of confidentiality, disclosure may be required in a legal proceeding.

Electronic Communication

Millcreek Counseling & Adoption Services use a HIPAA compliant Health Record system. All of these records are secure within this system. Please be aware that if you email your counselor from your personal email account, that communication is password protected.

Dual Relationships

Your counselor will never acknowledge working therapeutically with anyone without his/her written permission. Even with permission, your counselor will preserve the integrity of your working relationship. For this reason, your counselor will not accept any invitations via social networking sites

such as Facebook, Twitter, LinkedIn or Pinterest, nor will your counselor respond to blogs written by clients.

Litigation Limitation

As the therapeutic process is of a confidential nature, it is agreed that should there be legal proceedings (such as divorce, custody disputes, personal injuries, etc), neither you nor your attorney will call your counselor to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation and Peer Supervision

Your counselor regularly consults with other professionals regarding their clients as a way to maintain objectivity and to utilize best practices. During this consultation, a client's name or other identifying information is not shared. As the client's identify remains anonymous, confidentiality is maintained.

FEE FOR SERVICE & CANCELLATION POLICY

Fees are due before or at the time of your appointment. Millcreek Counseling and Adoption Services is not considered an in-network provider; we participate as an out-of-network provider. This means that you pay the full session fee and submit an invoice to your insurance provider. They may or may not choose to reimburse you for a portion of the session fees. We can accept payment from your Ecclesiastical Leader, if the Ecclesiastical Leader agreement form has been completed and signed.

Session payments via credit or debit card can be processed through the Electronic Health Record system that we use.

As scheduling an appointment reserves a time specifically for you, 24 hour notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, half of the session fee will be charged for sessions missed without such notification.

Initial assessment \$125.00

Session fee \$100.00

No show fee \$50.00

By signing below, I am stating that I have received the notice of Privacy Practices and that I agree to the terms listed above.

Client Name

Date

Client Signature

Date

Millcreek Counselor

Date