



## Informed Consent for Therapy Services- Adult

### THERAPIST-CLIENT SERVICE AGREEMENT

Welcome to Resolve Counseling Center. This document contains important information about professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

### THERAPEUTIC SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should know. Your therapist, has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the therapy process often requires discussing the unpleasant aspects of your life. Therapy often leads to a significant reduction in feelings of distress, eventual increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first 2-4 sessions will involve a comprehensive discussion of the your current circumstances as well as the client's history and an evaluation of needs. With feedback from you, the therapist will offer initial impressions of what the therapeutic process might include and treatment goals will be discussed. Clients should evaluate this information and make their own assessment about the comfort level of working with Resolve Counseling Center. If clients have questions about procedures, they should be discussed as they arise. If doubts persist, it is important to consider working with a different therapist.



## Informed Consent for Therapy Services- Adult

### APPOINTMENTS

Appointments are typically 50 minutes in duration, once per week or bi-weekly, although some sessions may be longer if needed. If there is a need to cancel or reschedule a session, please provide 24 hours notice. If a session is missed without cancelling, or is cancelled with less than 24 hours notice, unless both therapist and client agree that the client was unable to attend due to circumstances beyond his/her control, the policy is as follows:

1st appointment: No charge ~ 2nd appointment: 50% of fee ~ 3rd appointment: 100% of fee

In addition, clients are responsible for coming to sessions on time; if the client is late, the appointment will still need to end on time. By virtue of the sensitive nature of therapy, there may be times when therapy runs over by a few minutes. Please be patient in these situations. The therapist will come to the waiting area to get you to begin your session. The time with the therapist will not be shortened should this occur.

### PROFESSIONAL FEES & INSURANCE

The fee structure is outlined below. I have read and understand the rates as outlined. It is important to evaluate what resources you may have available to pay for treatment. Resolve Counseling Center does not work with insurance companies but can provide clients with monthly receipts to file on their own. Most health insurance policies will provide some coverage for mental health treatment for an out of network provider. Clients should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. All fees are the client's responsibility and payment is expected at the time of service or before if receiving on-line services.

### RATES

\$170 per 55 minute session ~ \$255 per 85 minute session

\$340 per 115 minute session

\$210 per 55 minute off-site coaching session

\$295 per 85 minute off-site coaching session

\$380 per 115 minute off-site coaching session

\$30 per correspondence lasting more than 15 minutes including phone conversations, texts and document review or preparation



## Informed Consent for Therapy Services- Adult

### PROFESSIONAL RECORDS

Therapists are required to keep appropriate records of the therapeutic services. Your records are maintained in a secure location in the office. The therapist will keep brief records noting that the client was present, reasons for seeking therapy, the goals and progress set for treatment, diagnosis, topics we discussed, your medical, social, and treatment history, records received from other providers, copies of records sent to others, and billing records.

### CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document specific to privacy practices. You have been provided with a copy of that document. Please remember that you may reopen the conversation at any time during our work together.

### PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is Resolve Counseling Center's policy not to provide treatment to a child under age 13 unless s/he agrees that the therapist can share whatever information the therapist considers necessary with a parent. For children 14 and older, the therapist requests an agreement between the client and the parents allowing the sharing of general information about treatment progress and attendance. All other communication will require the child's agreement, unless the therapist feels there is a safety concern (see section on Confidentiality for exceptions), in which case the therapist will make every effort to notify the child of the intention to disclose information ahead of time and to handle any objections that are raised.

### COMMUNICATION

Therapists are often not immediately available by telephone, text, or email. The phone/text/emails will not be answered if the therapist is with a client or otherwise unavailable. At these times, the client may leave a message on my confidential voice mail or text and the communication will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unforeseen reasons, the client does not hear from the therapist and cannot wait for a return call or if you unable to keep yourself safe, call 911. Your therapist will make every attempt to inform you in advance of planned absences.



"Repurposing the past  
Reimagining the future"

## Informed Consent for Therapy Services- Adult

### OTHER RIGHTS

If the client is unhappy with what is happening in therapy, please speak with the therapist and your concerns will be compassionately and professionally addressed. All comments will be taken seriously and handled with respect. The client is free to end therapy at any time, however, at least one session is requested to facilitate a healthy termination of services. Clients have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. Clients have the right to ask questions about any aspects of therapy and the therapist's specific training and experience. Clients have the right to expect that the therapist will not have social or sexual relationships with current or former clients.

### CONSENT TO THERAPY

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

---

Signature of Patient or Personal Representative

---

Signature of Patient or Personal Representative

---

Printed Name of Patient or Personal Representative

---

Printed Name of Patient or Personal Representative

---

Date

---

Date

---

Description of Personal Representative's Authority

---

Description of Personal Representative's Authority