

## Informed Consent for Treatment

I am completing this consent for treatment for myself.

Name \_\_\_\_\_

I am completing this consent for treatment for a minor child.

Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Welcome! We look forward to working with you. We know that starting counseling is a major decision and you may have many questions. The purpose of this document is to inform you about what you can expect from counseling and to give you the opportunity to give consent to proceed with the counseling process. We will discuss this during our first session.

Pathways Counseling Services, PLLC provides counseling through its employees and its independent contractors seeing patients at our facility. Those independent contractors are not our employees and we are not responsible for their services, acts, or omission. The therapists at Pathways Counseling Services, PLLC, both its employees and its independent contractors, have master's degrees in counseling and/or social work; we are licensed by the state of Arizona BBHE (Board of Behavioral Health Examiners). We are trained in Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Eye Movement Desensitization and Reprocessing (EMDR). Pathways Counseling Services PLLC helps people meet their goals by examining the connection between how they think, feel (emotionally and physically), behave, and interact with their surroundings. We facilitate growth and change in our clients by teaching mindfulness, cognitive restructuring, emotion regulation, distress tolerance, and interpersonal effectiveness. We believe these are the skills that help people move forward. We, through employees and independent contractors, provide counseling to individuals, couples, families, and groups.

Counseling is different from visiting a medical doctor in that it requires a very active effort on your part. In order to be most successful, you will need to work both during your sessions and at home. Counseling has benefits and risks. Risks sometimes include experiencing uncomfortable feelings like sadness, loneliness, or recalling aspects of your personal history that you find unpleasant. Still, counseling has been shown to have significant benefits for people who undertake it. Counseling often promotes a significant reduction in feelings of distress while improving relationships and the quality of life by resolving specific problems. However, there are no absolute guarantees with regard to what will happen.

## **Fees/Sessions/Scheduling/Phone Calls**

We are not in network with any insurance companies. Our fee for the initial 75-80 minute session is \$290-\$320 depending on which therapist you choose. Following the initial appointment, the fee is \$190-\$220 per therapy hour depending on which therapist you choose. The fee for therapy sessions are based on the defined 'therapy hour' of a 45-50 minute session and are prorated for longer sessions. Upon request you will be provided with a "superbill" of services rendered which can be submitted by you to insurance companies for reimbursement consideration and can also be used for personal accounting purposes. Payment is due at the time services are rendered. You may pay by cash, check, or credit card.

When applicable, other professional services (e.g. telephone sessions or coaching sessions, report writing, coordination with other professionals, preparation of records or treatment summaries) will be billed at \$190-\$220/hr depending on your therapist's rate (prorated based on time spent.) It will ultimately be the client's responsibility to pay for any such services which are requested of Pathways Counseling Services PLLC. In addition, you will be billed \$5.00 per page to copy any records. We reserve the right to change fees with two weeks verbal notice. Pathways will provide the billing to you for any independent contractor you see at our facility; you do not pay the independent contractor directly.

If an appointment is missed or not cancelled on or before **48 business hours** of scheduled time, the full fee of the missed appointment will be charged to the credit card on file. By signing this consent form, you authorize Pathways Counseling Services PLLC to charge your credit card if one is on file. If no credit card is on file, you will be responsible to pay the full fee or balance upon request and before the continuation of counseling services may be resumed. Overdue accounts may be submitted to a collection agency or small claims court, and the cost of this collection effort would be passed on to you. Such efforts typically require disclosure of some otherwise confidential information, but we will limit this to the minimum information necessary. If such legal action is necessary, its costs will be included in the claim. There is a \$35 fee for any returned checks. Refunds will not be issued for any services performed, including, but not limited to therapy sessions, telephone calls, report writing and group skills training.

A pattern of canceled or missed sessions may be indicative of problems in commitment to therapy and will be addressed in session. Repeated late cancellations or missed appointments will likely result in termination of treatment. If no contact is made for one month, the client's file will be closed. Late arrivals will end on time.

To schedule an appointment, please call during regular business hours 8:30 am to 5pm Monday thru Friday. Due to our work schedule, we are often not immediately available by telephone but will make every effort to return your call within 24 hours, with the exception of weekends and holidays. In the event of a psychological emergency, please call the **Magellan Crisis line at (602) 222-9444**. In the event of a medical emergency, call **911** or go to the closest emergency room.

## **Social Media/Emails/SMS**

Regarding emails, you may contact us via email regarding non-urgent scheduling changes only. Be aware that the confidentiality of any email communication cannot be guaranteed. Therefore, we will only respond to emails requesting scheduling changes or requests. **Do not use email for emergency contact.**

We use a number of electronic tools in our practice, including computers and the internet, email, fax machines, telephones, and a cell phone. We may use these tools to store or communicate information about you and your treatment. While reasonable backup, security, and other safeguards are in place, there is always some risk of inadvertent disclosure of information that comes with using these tools. By signing this informed consent, you agree to accept the risk of disclosure that comes with tools that we use in our practice.

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Plaxo, etc). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, Plaxo or LinkedIn to contact us. These sites are not secure and we may not read these messages in a timely fashion. If you need to contact us between sessions, the best way to do so is by phone or voicemail message.

## **Minors and Parents**

Patients under 18 years of age who are not emancipated and their parents, should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, we typically request that parents respect their children's privacy. We typically provide parents with general information about the progress of the child's treatment and general issues being addressed. Since we often conduct collateral individual and family meetings, we maintain the child's privacy during collateral family sessions as well. In situations where we hear information that leads us to suspect the child's safety is in danger, the child's confidentiality is breached and we inform the parent(s) of our concerns.

Whenever possible, it is advisable for both parents or legal guardians to be present during a child's first intake session. In treating a child whose legal guardians are separated or divorced, Pathways Counseling Services requests the signatures of all legal guardians on all of the intake paperwork.

## Legal Considerations

If you become involved in the legal system (divorce, custody, civil litigation, criminal activity, etc.) Pathways Counseling Services, PLLC will not make recommendations, testify, or otherwise get involved in such legal activities. It is an inherent conflict of interest for a treating professional to also offer evaluations or opinions in legal matters. If a client has these expectations, it can affect their willingness to disclose personal information vital to treatment. If you need an evaluation for a legal purpose, we will make a referral to an outside, unbiased professional who can perform this service. In signing this agreement, you agree that you will not call us as a witness to testify or to expect recommendations or other involvement in your legal activities.

**Please mark** the corresponding box for each paragraph that you read and understand below:

- I choose to participate in therapy services with Pathways Counseling Services, PLLC and/or
- I give permission to Pathways Counseling Services PLLC to provide therapy services to my minor child.
- I understand that participating in these services is voluntary and collaborative, and that I may end services for myself or my child at any time. I agree to verbally advise Pathways Counseling Services PLLC when I decide to terminate services. I understand that, unless otherwise contacted or part of my treatment plan, no contact for 30 days will result in file closure; my file may be reopened upon agreement by both parties.
- I understand that Pathways Counseling Services PLLC has a **48 business hour** cancellation policy. If an appointment is missed or not cancelled within **48 business hours** of scheduled time, full fee of the missed appointment will be charged to the credit card on file.
- I understand that I will be participating in individual, couples, or family therapy services to address issues and concerns that I share with my therapist. I understand that the focus of these services is to help me reach my individual/couple/family goals. I understand that there are no guarantees that these services will make me or my partner/family members feel better or resolve my problems, issues, or concerns. Furthermore, although I understand that counseling often results in positive outcomes, I also understand that the counseling process can open up levels of awareness that are painful (e.g. I could feel upset, anxious, angry, and/or uncomfortable).

I understand that my client record will be kept confidential, and that confidentiality includes all aspects of the topics discussed within the therapeutic setting. I also understand that, by law, there are limitations to confidentiality in cases when one or more of the following occur: **Intent to commit suicide; Intent to commit homicide; Any other act or intention to act in a way that may be a danger to self or others;**

**Information regarding child or elder abuse that mental health providers are mandated by law to report; A court subpoena for records; Record requests/coordination of counseling services rendered to/from my health insurance company; If a complaint or lawsuit is filed by client against Stephanie Levitt, MA, LPC, NCC or another therapist at Pathways Counseling Services PLLC relevant information may be disclosed regarding the client for defense purposes; If a government agency is requesting the information for health oversight activities, Stephanie Levitt or any other therapist at Pathways Counseling Services PLLC (an employee or independent contractor) may be required to provide information for it; If a client files a worker's compensation claim, and a therapist at Pathways Counseling Services PLLC is providing services related to that claim, upon appropriate request, that therapist must provide appropriate reports to the Workers Compensation Commission or the insurer; Information regarding unprofessional conduct by another behavioral health professional. In addition, I understand that my therapist is justified in informing an identifiable third party of risk of contagious/fatal disease.**

I understand that my therapist may consult with or seek supervision from a colleague when it is required or deemed necessary, in order to ensure quality care. I understand that my identity will be protected.

When applicable, if I have a credit card on file I authorize Stephanie Levitt, MA, LPC, NCC or another therapist whom I may be working with at Pathways Counseling Services PLLC to charge my credit card for any costs which I have incurred and owe according to the policies listed in this consent agreement.

I am aware that every therapist at Pathways Counseling Services PLLC are out of network providers with my insurance company. If I choose to receive and submit a "Superbill" from my therapist at Pathways Counseling Services PLLC I understand that my insurance company will have access to my diagnosis. I understand that I am fully responsible to pay for services rendered from my therapist at Pathways Counseling Services PLLC.

I understand that I have the right to sign a written authorization that will allow my therapist at Pathways Counseling Services PLLC to give and/or receive information verbally and in writing with individuals or entities that I designate. I understand that I may revoke this authorization at any time by notifying my therapist in writing. I also understand that I have a right to request a copy of my record in writing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, the therapist recommends that you initially review them in her presence, or have them forwarded to another mental health professional so the content can be discussed.

I understand that I have the right to participate in treatment decisions, including the development, periodic review, and revision of my treatment plan. My therapist will work with me to determine the recommended services based on my situation; however, I have the right to refuse treatment and to withdraw my informed consent for treatment by providing a written request. I understand that if I submit this request, my therapist at Pathways Counseling Services PLLC will no longer be able to provide me with services.

I understand that any therapist that I am working with at Pathways Counseling Services PLLC has the right to terminate services with me, whether for therapeutic or personal reasons. I understand that should this occur, I will be provided with information on how to obtain alternative therapy services (i.e. referral to another therapist or treatment provider).

I understand that the therapy relationship is exclusively therapeutic (e.g. It is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions). I understand that the purpose of these boundaries is to ensure that you (therapist) and I (client) are clear in our roles for treatment and that my confidentiality is maintained.

I understand that the therapist that I am working with at Pathways Counseling Services PLLC may be out of the office at different times during the year for one or two weeks at a time. During such times another licensed therapist will be on call. Pathways Counseling Services PLLC reserves the right to disclose confidential information from your records and your time together, including personally identifiable information, to this on-call therapist to facilitate the coverage of your care.

