Selah
Wellness & Therapeutic Services, LLC

INFORMED CONSENT AND OFFICE POLICIES

Welcome to my practice. This document contains important information about my 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.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, 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. Psychotherapy 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. You will also need to be honest about your thoughts and feelings and regularly attend your scheduled appointments. In turn, you can expect that I will: provide appropriate intervention and strategies during our sessions, be respectful of your specific needs, and answer questions or concerns you may have as it pertains to your treatment.

Email Privacy

Email is a quick and convenient method of communication. Many clients use it to correspond with me. However, please be aware that while every effort is made to safeguard your privacy, I cannot guarantee the confidentiality of email messages. If this is a concern for you, please do not use email to correspond with me. I will only use email to communicate with you: a) in response to an email you send me, or b) as you authorize it or otherwise request it.

Collaboration with Professional Referral Source

If you have been referred by another professional (i.e. mental health provider, lawyer, physician, psychiatrist, etc.), it is customary for me to contact your referral source to acknowledge the referral at the beginning of treatment. Your signature at the bottom of this form is your consent for this communication to take place. If you do not give your consent for this communication, or if this is not applicable to you, please leave this section blank.

If Applicable: _____

Name of Professional Referral Source and Phone Number (If Available)

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Appointments and Cancellations

Appointments will ordinarily be 45-55 minutes in duration, once per week. The frequency of sessions is largely based on your needs and situation. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to charge a fee of $65 to be paid at the next appointment.

Initial here: _____ I am aware of and agree to pay the late cancellation/missed appointment fee in the event that I cancel an appointment with less than 24 hours notice. I am aware that the charge is $65 for a 45-60 minute appointment.

Insurance and Billing

This practice utilizes a billing company to submit insurance claims for services provided. By signing this form, you authorize the release of medical information deemed necessary to process this and all claims to your insurance company. The type of information the insurance company would typically request includes: 1) date of service, 2) type of services provided, and 3) the names of individuals who received the service. Also by signing this form, you authorize payment of benefits for services rendered to be made payable to Selah Wellness & Therapeutic Services, LLC

Financial Responsibilities

You should understand that your insurance company may have certain coverage limitations and you will be responsible for charges once these limitations have been reached. At any time during treatment should you become ineligible for insurance coverage or have a change in your insurance, you must notify me. Should you continue to receive services with an ineligible status or unreported change in policy you will become responsible for ALL charges. The fee for the initial session is $140 ($160 for couples) and each session thereafter is billed at $110 ($120 for couples). I accept cash and charge for payments (no checks). Payment is due at the time of services and failure to make regular payments may be require that I suspend services. Telephone calls which exceed 15 minutes will be billed at the full 55 minute rate. Unpaid services for longer than 90 days will result in submission to a collection agency.

Confidentiality and Client Records

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include:

- Suspected abuse or neglect of a child, elderly person or a disabled person
- When I believe you are in danger of harming yourself or are unable to care for yourself
- If you report that you intend to physically injure someone, the law requires me to inform that person as well as the legal authorities
- If I am ordered by a court to release information as part of a legal involvement

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- When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.

A clinical chart is maintained describing your counseling goals and progress, dates of sessions, and notes describing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the paragraph above.

Social Media

It is the policy of Selah Wellness & Therapeutic Services, LLC and Sharon J. Lawrence, LCSW-C not to accept social networking invitations from past or current clients utilizing social media sites such as Facebook, Linkedin, Twitter or other similar sites. This policy is in keeping with ethical guidelines that prohibit the formation of dual relationships between therapist and client. A dual relationship occurs when a therapist and client form another type of relationship outside of the therapist-client relationship (i.e. mutual friendship, business associate, teacher, student, family member, etc.), or enter into a therapist-client relationship after another type of relationship has already been established. Such dual relationships have the potential for creating conflicts of interest, possible exploitation, and problems associated with unhealthy boundaries.

CONSENT TO TREATMENT

By signing this Informed Consent and Office Policies Form as the Client or Guardian of said Client, I acknowledge that I have read, understand, and agree to the terms and conditions contained within this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receive mental health assessment, treatment and services for me and I understand that I may stop such treatment or services at any time.

I have also received a copy of the Notice of Privacy Practices which describes how medical information about me may be used and disclosed and how I can get access to this information.

Client Name_____Date of Birth: _____

_____

Signature – Client Date

_____

Signature – Spouse/Partner Date