PHOENIX RISING COUNSELING
28a Mashamoquet Rd. Pomfret Center, CT. 06259
PH. 860-792-6396 Fax 860-932-3506

Informed Consent for Therapy Services

Welcome to my practice, Phoenix Rising Counseling. This document contains important information about my professional services, business policies, and your rights and responsibilities within counseling. 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 psychotherapy, 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. As your therapist, I have corresponding responsibilities to you. These rights and responsibilities are described in the following sections. Please take the time to review them as 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 this document or at any time in the future.

EXPECTATIONS OF THERAPY

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 or traumatic 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. However, 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. We will work together to design your treatment goals and create a treatment plan based on your individual needs.

APPOINTMENTS

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 a 24 hour notice. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Consistent participation in counseling is important for positive therapeutic outcomes. If you miss a therapy session for two consecutive appointments, or two times within a 60 day period, without prior notification or a discussion regarding it with me, I reserve the right to discharge you from therapy at Phoenix Rising Counseling.

If, at any point, you are unable to keep your appointments, or I do not hear from you for one (1) month, I reserve the right to terminate treatment provided to you at Phoenix Rising Counseling.

However, should you wish to resume treatment and if I have openings in my schedule, treatment may be resumed.

For any missed or cancelled appointments with less than a 24 hour notice, unless discussed with me, a $50 missed session fee will be billed.

As a client of Phoenix Rising Counseling, you have the right and the ability to end your therapeutic relationship with me at any point. It is encouraged to speak with me at any time if you feel terminating therapy or transferring to another clinician is in your best interest.

PROFESSIONAL FEES

The standard fee for the initial intake is $110.00 and each subsequent session is $100.00. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, credit card, or cash; any checks returned to my office are subject to an additional fee of up to $25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you wish me to attend a meeting on your behalf, this is not covered by insurance. A fee will be charged separately and directly to you. This includes, but is not limited to, IEP, 504 DCF, and court attendance. If you require your clinician's participation in these meetings, please speak with me, Esther Camerota-MacNeill, LPC, to obtain the fees associated with these services. A separate financial agreement will be provided to you.

INSURANCE & PAYMENTS

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Some carriers may require an authorization for services or the session may not be covered. If authorization was not obtained by you prior to the session, you may be responsible for the cost associated with that session.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans or summaries, or copies of the entire record.

Many policies leave a percentage of the fee referred to as a co-payment to be covered by the patient. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

If you choose to utilize a self-pay option for your session, payment is due at the time of service by check, cash, or credit card.

Clients are asked to provide their credit card information which will be held on file by Phoenix Rising Counseling.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents.

CONFIDENTIALITY

Within the therapeutic setting, under law and ethics, you have the right to confidentiality. However, there are limitations surrounding confidentiality to which you need to be aware. If you request that your personal health information is to be shared, you will be asked to sign a Release of Information (ROI) to that specified party. My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document.

Additionally, you may also choose to communicate in other modalities with your therapist that may include emails, texts, fax, phone calls, etc. Every precaution will be made to protect your information; however, it cannot be guaranteed that your communication may not be compromised in some way due to unauthorized access via electronic sources. When communicating please be aware of the potential for this regarding the information that you may choose to share.

Friend or contact requests will not be accepted from current or former clients on any social media website or application. Friending or following clients on social media platforms are considered an ethical violation and can compromise confidentiality.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to

disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone or text. I do not respond when I am with clients or otherwise unavailable. At these times, you may leave me a message, and I will get back to you as soon as possible. If you have a mental health emergency, I encourage you not to wait for a response from me. Instead, you are urged to contact 211, go to your nearest emergency room, or call 911.

DRUG AND ALCOHOL POLICY

As your therapist I have the right to refuse services and treatment to clients who are under the influence of alcohol, marijuana, and/or illicit substance during a session. It is your responsibility to contact me regarding scheduling a future appointment. If this is a repeated occurrence, as your clinician I may choose to terminate the therapeutic relationship with you. If you are meeting with me at a physical location, you will need to facilitate safe transportation from the office regardless of whether you transported yourself to the office. Should you fail to find safe transportation, law enforcement may be contacted to ensure your safety and the safety of others.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You 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. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

CONSENT TO PSYCHOTHERAPY

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS DETAILED IN THIS DOCUMENT.

Client or Parent/Guardian Signature_____ Date _____

Child's Signature (if over age 14) _____Date _____