

## **Informed Consent**

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#### **Counselor-Client Service Agreement**

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). When you sign this document, it will also represent an agreement between us.

**Bridgelight Counseling offers a wide range of mental health services, which maintains the highest caliber of evidence-based treatment protocols and program designs. Bridgelight Counseling provides individual, group, and family counseling to adults, children and adolescents. The areas may include: depression, anxiety, trauma related issues, and many others.**

- **Counseling Approach/theory – The theoretical approaches utilized in counseling generally adhere to Cognitive Behavioral Therapy. However, I have been trained in a number of approaches and techniques and will work with you, the client, to best determine what mode of therapy that best meets your needs.**

#### **ABOUT THE COUNSELOR**

- **Contact Information:** I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact crisis at (262) 741-3200, 2) go to your local hospital emergency room, or 3) call 911. Phone calls lasting between 10-30 will be \$30 for a phone session. Phone calls lasting 30-60 minutes will be billed \$60 for a phone session.
- **Credentials – I hold a Licensed Professional Counselor License in Wisconsin and a Licensed Clinical Professional Counselor License in Illinois. Information regarding these licenses can be found at [drl.wi.gov](http://drl.wi.gov) and <https://www.idfpr.com> respectively.**

#### **ABOUT THE COUNSELING PROCESS**

- **No Guarantees – The counselor cannot guarantee the results of therapy; for instance, prevent a divorce, restore a relationship or relieve depression. Therapy**

## **Informed Consent**

**outcome is largely influenced by the clients' characteristic such as motivation, severity of symptoms and acceptances of personal responsibility for change.**

- **Length of Therapy and Termination – The length of therapy will be agreed upon between the client and the counselor and consideration will be given to limits by third party payment. Be aware that under managed care programs, termination of therapy is generally a matter decided by the managed care provider.**

### **RIGHTS AND RESPONSIBILITIES OF THE CLIENT**

- **Confidentiality and Privilege – The client's personal information and information shared in the counseling sessions will be handled as confidential.**
- **Exceptions to Confidentiality and Privilege – The following are exceptions to confidential and privileged information:**
  - **When mandated by law, in cases of suspected or proven physical or psychological child abuse, incest, child neglect or abuse of the elderly.**
  - **When clients have provided a written waiver of right and confidentiality.**
  - **When clients pose a danger to themselves or others.**
  - **When clients disclose an intention to commit a crime.**
  - **When a judge orders a counselor to make records available.**
  - **When the counselor consults with experts or peers.**
  - **When the counselor is a defendant in a civil, criminal, or disciplinary action arising from the therapy.**
  - **When the counselor is trying to collect a debt owed by the client for services.**
  - **When the counselor shares basic information with office staff in order to set/cancel an appointment, collect payment, provide resources, or manage paperwork.**
- **Fees and Charges – The fee for counseling services is \$125 for each 50-minute session. Payment is due when the clients come in for the appointment. There will be no bartering of services and gratuity gifts will not be accepted. Payments may be made by cash, check, or credit card. Any returned checks are subject to an additional fee of up to \$40.00 to cover the bank's returned check fee. Self-pay rate is \$65 for each 50-minute session. A sliding scale is available if counseling costs create a financial hardship. Sessions can be reduced to \$45 for each session.**

## **Informed Consent**

- **Insurance Reimbursement** – When requested, the counselor will file insurance forms for reimbursement and pre-authorization. Clients are expected to pay their copayment at the time the service is being rendered. Mental health sessions are often limited with most insurance plans. If deemed necessary, I will seek approval for additional sessions prior to the last approved session. If the request is denied, clients have the option to pay out of pocket for services. It is the client's responsibility to confirm benefits with their insurance company prior to the start of therapy.
- **Responsibility for Payment** – The clients are responsible for all counseling charges. The clients have the right to dispute fees charged for services rendered. Unpaid accounts will become delinquent after 30 days and then turn over to an attorney or collection agency. If you have outstanding debts, your counseling services may be subject to termination. All fees charged in order to recover delinquent fees will be billed to the clients (or primary person responsible for payments in the family). If the clients are unable to pay a referral for the continuation of therapy will be provided.
- **Cancellation Policy** – A minimum of 48-hour advanced notice is required for cancellation of appointments. Any appointment cancelled less than 48 hours in advance will be subject to a cancellation fee of \$60.00. Payment of cancellation fee will be expected before the next counseling session.
- **Disputes and Complaints** – When disputes/complaints arise clients should feel free to address their concerns with the counselor. In the event their dispute(s) or complaint(s) are not resolved, clients have the right at any time to seek the assistance of the state licensing board.

## **RESPONSIBILITIES OF THE COUNSELOR**

- **Dual Relationships** – To maintain the integrity of the counseling process, the counselor will refrain from entering into dual and multiple relationships with the client. The counselor will maintain a professional relationship with the client at all times. There will be no socializing between the counselor and client outside of the counseling setting. In the event that the counselor sees the client in a public place, to maintain confidentiality the counselor will only acknowledge the client if it is first initiated by the client. The counselor will not engage in any conversation with the client. Please take into account that if you speak to me in public, you may be self-disclosing you are in session.

## Informed Consent

- **Technology** – For the client’s protection, confidentiality, and to maintain professional boundaries, I will not accept any social media requests or communicate with clients via social media. The counselor uses email and text if initiated by the client. Use of email or text is for “housekeeping” measures only, such as cancellation. Therapy, crisis intervention and advice will not be given via email or text. Both the counselor’s phone and email are password protected. However, confidentiality cannot be guaranteed. The counselor does not take responsibility for hacked information or breaches of confidentiality beyond the counselor’s control. If you share any information about counseling services on a rating site of business or mental health professionals, please be mindful that you are self-disclosing that you are or have received treatment.
  
- **Minor Clients:** For minors under age 18, consent must be acquired from a parent or guardian. The only exceptions are when counseling is being sought for dangerous drugs, sexually transmitted diseases, for pregnancy and birth control, and alleged sexual abuse of children over the age of 12. The counselor will not share a comprehensive review of the session to parents or legal guardians. The counselor will disclose information in the event of imminent threat or harm to the minor client and limits of confidentiality discussed above. The counselor will offer the parent or legal guardian 10 minutes before and 10 minutes after to discuss progress address any questions or concerns. The counselor will share the results of diagnostic screening as well as information needed for billing purposes.
  
- **Couples and Families** – The counselor has a “No Secrets” policy and that, while working with a couple or family, anything disclosed individually, whether by phone or in passing, will not be held in confidence. The counselor will work with the member with a short period and support the disclosure to the other partner or family members. If not, the counselor will disclose after the agreed upon time has passed.

**I have read the above information with the counselor. The counselor clarified any items that were unclear. I understand the information that was presented in this document. I give consent to the terms of this document and agree to enter into a counseling relationship with Bridgelight Counseling.**

**I encourage you to ask any questions you may have concerning the above policies, either now or as they occur.**

**Please circle:**

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**YES NO I acknowledge that I have read and understand all of the foregoing statements and that my signature below indicates that I agree to abide by all of the above conditions.**

**YES NO I have received a copy of this form and privacy practices brochure.**

**YES NO The counselor may contact me by phone and leave a brief message when necessary**

**YES NO The counselor may respond to me via email or text**

**YES NO The counselor has my permission to send billing information and invoices via email**

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Client

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian if client is a minor