



INFORMED CONSENT

First Name: _____ MI: _____ Last Name: _____

Birth Date (Month/Date/Year): ____ / ____ / ____

This document is designed to inform you about what you can expect in therapy. It is part of Mindset Counseling Solutions commitment to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with us is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy at any time.

CONFIDENTIALITY

1) Anything shared in therapy is confidential and may **not** be revealed to a third party without written authorization, **except for the following limitations:**

- a) Child Abuse: Child abuse and/or neglect, which include but are not limited to domestic violence in the presence of a child, child on child sexual acting out/abuse, physical abuse, etc. If you reveal information relative to child abuse or child neglect, your therapist is required by law to report this to the appropriate authority.
- b) Vulnerable Adult Abuse: Vulnerable adult abuse or neglect. If you reveal information relative to vulnerable adult or elder abuse, your therapist is required by law to report this to the appropriate authority.
- c) Self-Harm: Threats, plans or attempts to harm oneself – your therapist may be permitted under such instances to take steps to protect your safety which may include the disclosure of confidential information.
- d) Harm to Others: Threats regarding harm to another person. If you threaten bodily harm or death to another person, your therapist may be permitted by law to report this to the appropriate authority.
- e) Court Orders & Legal Issued Subpoenas: If your therapist receives a subpoena for your records, they will contact you so you may take whatever steps you deem necessary to prevent the release of your confidential information. If a court of law issues a legitimate court order, your therapist is required by law to provide the information specifically described in the order. Despite any attempts to contact you and keep your records confidential, your therapist is required to comply with a court order.
- f) Court Ordered Therapy: If you are in therapy ordered by the court, and the court requests records or documentation of your participation in services, the information/documentation that will be discussed/sent on your behalf will be discussed with you prior to information being sent to the court.
- g) Written Request: In order for your therapist to disclose your information you need to fill out a Release of Information (ROI) form stating specifically what you want to be shared to a third party. The release of “psychotherapy notes” will be discussed with you as typically, we create a summary of services letter and do not provide exact notes.

2) Dual Relationships & Public: Your relationship with your therapist is strictly professional. In order to preserve this relationship, it is imperative that you do not have any relationship outside the counseling relationship such as a friendship, business, or social relationship. If you have contact with your therapist in a public setting, they will not acknowledge you

in any way that would jeopardize your confidentiality. Should you choose to acknowledge him/her, they may not be able to protect your confidentiality.

3) Social Media: If you choose to connect with your therapist on any of our practice professional (not personal) social media outlets such as Facebook, Pinterest, or Instagram you do so at your own risk. We will do our best to protect your identity. However, if you choose to comment on practice pages or posts, you do so at your own risk and Mindset Counseling Solutions cannot be held liable if someone identifies you as a client.

4) Contact with Therapist: Text messages and emails have a risk of not being secure platforms. If any communication needs to be had about appointment issues please check how you best prefer to be communicated with: (Circle One)

Email Text Phone Can Leave Voicemail Cannot Leave Voicemail

5) We use the Electronic Medical records system called Theranest, which holds your personal (demographics notes, etc.) and financial information (credit card information). Theranest is capable of emailing you a Superbill for the session. Theranest will also send reminder texts about upcoming scheduled sessions. However, it is your primary responsibility to remember when sessions are scheduled.

6) Phone and Video Sessions: For your convenience, Mindset Counseling Solutions is happy to offer you phone or HIPAA compliant video sessions if needed. Should you be unable to obtain transportation or something makes it difficult to travel to the office, your session may be kept by the secure video session to avoid disruption in services.

7) No recording of sessions unless therapist has given permission.

8) I understand I am entering a confidential therapeutic counseling relationship. I understand I have the right to terminate this relationship upon due notice to my therapist.

9) I understand my therapist has the right to consult with other therapists related to my service and care if appropriate. Your identifying information will be kept confidential.

10) I understand my therapist has the right to make a referral to another provider/agency if it is in my best interest and care. Therapist will discuss his/her recommendation(s) with you.

FEES

- 1) Appointments/Cancellations: You are responsible for attending each appointment you agreed upon. You agree to adhere to the following policy: If you are prevented from keeping a scheduled appointment, you **MUST** notify your therapist (directly to the therapist's email address or by phone) **24 hours in advance**. If we do not receive a 24 hour advance notice, you will be responsible for paying the full fee for the session you missed (unless therapist decides otherwise).
- 2) Fees: Your therapist's fee per session is \$_____. Payment is due at the time of the session in the form of exact-amount cash, check (made out to Mindset Counseling Solutions), or credit/debit card kept securely on file. In the event that you miss your scheduled appointment time or cancel less than 24 hours in advance, your credit card or debit card on file will be automatically charged. If paying by cash or check your account will be charged the session fee that was missed and is expected to be paid at your next scheduled session. By signing this document, you agree to such cancellation fees.
- 3) All checks returned for insufficient funds will result in a \$20 administrative fee in addition to the session fee due, to be paid in full by your next scheduled session.

- 4) If any letters are requested by client to be written on their behalf there is a fee of \$60 per letter.
- 5) Telephone and video therapy services offer people comfort and flexibility and are offered at our regular hourly rate of \$_____.
- 6) If any drug testing is requested by client the fee is \$10. It includes a breathalyzer and instant/unobserved/10 panel urine test.
- 7) Drug and alcohol evaluations are \$300, which includes: 2 hour session, 1 drug/alcohol test, 1 letter to a referral source, intake evaluation, and SASSI assessment.

TRIAL, COURT ORDERED APPEARANCES, LITIGATION

Rarely, but on occasion, a court will order a therapist to testify, be deposed, or appear in court for a matter relating to your treatment or case. Please know if your therapist gets called into court by you or your attorney (which we strongly suggest not being involved in court in order to protect your confidentiality), you will be charged \$550 which will include travel to and from the courthouse, time in court, waiting for the court hearing, preparation for documents, etc. for that day.

PHONE CONTACTS AND EMERGENCIES

If you do contact your therapist they will get back to you within 48 hours. In emergency situations, you can access emergency assistance by calling the National Suicide Prevention Lifeline at 1-800-273-8255 or simply dial 911 if either you or someone else is in danger of being harmed.

INSURANCE REIMBURSEMENT

Although Mindset Counseling Solutions does not accept insurance directly, we can provide you with an invoice for you to submit to your insurance provider for possible reimbursement for out-of-network counseling services. However, we strongly encourage you to consider the long-term implications before using your insurance for counseling sessions.

- 1) Filing a claim with an insurance company means that you will be given a mental health diagnosis and this diagnosis will become a part of your permanent medical record. Having a mental health diagnosis on your record may carry long-term implications and may hinder you from being able to obtain life insurance or disability insurance.
- 2) Additionally, filing an insurance claim means your diagnosis, dates of service, etc., are no longer totally confidential, and your insurance company will be aware of your treatment and diagnosis. Should you choose to file with your insurance, we will provide you with a Superbill to submit to insurance.
- 3) It is your sole responsibility to deal with your insurance company.



CREDIT CARD AUTHORIZATION

By completing the information below, you authorize Mindset Counseling Solutions to charge your credit card at the completion of each session if you do not submit cash or check at the time of service. You agree that no prior notification will be provided unless the amount changes, in which case you will receive notice from Mindset Counseling Solutions. I _____ authorize Mindset Counseling Solutions to charge my credit card \$_____ (for the agreed upon session fee) at the completion of services provided. I also understand that cancellation charges as outlined in the cancellation policy will be automatically charged to my card on the date of a missed appointment if I do not provide **24 hours prior notice for cancellations.**

Credit Card Number: _____

Expiration Date: _____ CVV # (Security Code) _____

Billing Zip Code: _____

I understand that this authorization will remain in effect until the end of treatment. I agree to notify Mindset Counseling Solutions in writing of any changes in my account information or termination of this authorization at least 24 hours prior to my next scheduled session. I certify that I am an authorized user of this credit card/bank account and will not dispute these authorized transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in my signed agreement with Mindset Counseling Solutions.

Client Signature Date

Therapist Signature Date