

**Lifewell Counseling, LLC
Carrie Thomas, LPC
736 Whalers Way, Unit G-200
Fort Collins, CO 80525
970.646.6566**

Informed Consent for Psychotherapy Services and Office Policies

Psychological Services

This document contains important information about the counseling 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. You can ask questions about any of these procedures at any time. When you sign this document, it will also represent an agreement between us. You may revoke this agreement or any other agreement at any time. You will need to submit your revocation in writing.

Counseling Services: The purpose of treatment is to help clients resolve issues they have not felt successful in resolving on their own. Therapy is successful when clients complete established goals. The length of treatment depends on the clients individualized treatment plan. Clients need to feel comfortable with their therapist as well as their therapist's treatment methods. 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 of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

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. The benefits associated with working through unpleasant feelings can be great. Benefits may include, but not limited to: a positive self-image, happier-healthier relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what your experience will be. 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.

The first few sessions may involve a comprehensive evaluation of your needs. We will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my practice, we should discuss them whenever they arise. If you do not believe I am the right person for you, please do not hesitate to say so. Therapy often requires a significant amount of time, finances and emotional energy. It is important that you feel comfortable with your therapist.

Lifewell Counseling
Carrie Thomas, LPC
420 S Howes Street, #B100
Fort Collins, CO 80521
970.646.6566

You have the right to refuse any recommended treatment at any time throughout the therapeutic process. If you are uncomfortable with any treatment recommendations, please speak with me. Should you choose to end your therapy prior to meeting your therapeutic goals it is recommended that you schedule a closure session with your therapist.

Appointments/Professional Fees

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. Please give 24-hour notice of cancellation otherwise you can be charged half the standard fee (\$60) for the therapy session. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time.

The standard fee is \$120.00 per hour unless we have made arrangements otherwise. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check, cash, or credit card (Visa, MasterCard, Discover). 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. **I require a debit/credit card number to be on file, no matter what form of payment you choose, for my no-show/cancellation policy.**

In addition to weekly appointments, I charge \$120.00 per hour rate in 15 minute increments for other professional services that you may require such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Insurance

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.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in my office and I will be glad to let you see it to learn more about your diagnosis, if applicable. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will

Lifewell Counseling, LLC
Carrie Thomas, LPC
736 Whalers Way, Unit G-200
Fort Collins, CO 80525
970.646.6566

become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

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 try refer you to a colleague or you can check with your insurance company for a list of in-network providers.

Professional Records

I am required to keep appropriate records of the counseling services that I provide. Your records are maintained in a secure location which only I have access to through password protection. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. 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. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

Confidentiality

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 and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

In general, the privacy of all communication between my clients and I is protected by law. I can only release information about our work to others with your written permission, with a few exceptions.

- **Legal Proceedings**: In most legal proceedings, you have the authority to prevent me from providing any information regarding your treatment.
 - In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if issues demand it.

**Lifewell Counseling
Carrie Thomas, LPC
420 S Howes Street, #B100
Fort Collins, CO 80521
970.646.6566**

- **Protection from Harm:** There are certain situations where I am legally obligated to take action to prevent others from harm without your permission.
 - If I believe a child, elderly person, or disabled person is being abused, I am required by law to file a report to the appropriate agency.
 - If I believe a client is threatening serious harm to another, I am required by law to notify the potential victim, the authorities, or seek the client's hospitalization.
 - If the threat of harm is to oneself, I may seek hospitalization or contact family members or others who may help provide protection.
- **Professional Misconduct:** I am obligated to disclose information regarding unprofessional conduct by another behavioral health professional.
- **Disease Risk:** I am justified to inform an identifiable third party of the risk of contagious or fatal diseases.
- **Consulting with Other Professionals:** On occasion, I find it helpful to consult other professionals about a case.
 - The consultants are legally bound to keep information confidential
 - Every effort is made to maintain your privacy and anonymity.

Parents and 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. 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.

**Lifewell Counseling, LLC
Carrie Thomas, LPC
736 Whalers Way, Unit G-200
Fort Collins, CO 80525
970.646.6566**

My email is not to be utilized as a mode of communicating with me about important clinical matters.

In the event of an emergency or life-threatening situation, please call 911 or go to to your nearest emergency room immediately.

Other Rights

If you are unhappy with what is happening in therapy, I hope you will 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. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

Termination of Services

Participation in psychotherapy is voluntary and collaborative; however, both the client and I have the right to terminate the services at any time during the duration of treatment. After 30 days with no contact, I consider my services terminated. After termination, our professional relationship may be renewed should we both agree to do so.

Consent to Psychotherapy

Your signature below indicates that you have read this Agreement, accept the information in this document, and agree to abide by its terms during your professional relationship with Carrie Thomas, MA, LPC.

Signature of Client/Parent/Guardian

Printed Name of Client/Parent/Guardian

Date _____