

DEBRA ALLDREDGE, M.A., A.T.R.–BC, L.P.C.–AT, L.M.F.T.

Registered Art Psychotherapist – Board Certified

Licensed Professional Counselor

Licensed Marriage and Family Therapist

Informed Consent

WELCOME... to my practice. Congratulate yourself for taking the first step towards creating the life you really WANT. You have asked for help and I intend to support and guide you in pursue your goals. I, Debra Alldredge hold the licenses listed above and I am a graduate of the University of Houston-Clear Lake and University of Chicago.(To see more about my journey into this profession and my treatment philosophy please see my webpage: www.debraalldredge.com.) Our sessions will typically be 45-50 minutes long. Our first session is more of an introduction for both of us and a chance to establish understanding about the Therapeutic Relationship. I will be explaining in consumer terms about the relationships between yourself, and perhaps your insurance provider, your employer and myself as therapist. I will introduce you to concepts like Confidentiality and how that creates a healing atmosphere for Trust, essential for safety for you so that you may delve into your thoughts, feelings, beliefs, problems, questions and find your answers. Part of creating that healing atmosphere is this informed consent. This document contains important information about my professional services and business policies. It also contains summary information about the HIPAA - Health Insurance Portability and Accountability Act. HIPAA is 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.

([http://en.wikipedia.org/wiki/Health Insurance Portability and Accountability Act](http://en.wikipedia.org/wiki/Health_Insurance_Portability_and_Accountability_Act))

([http://en.wikipedia.org/wiki/U.S. patients%27 bill of rights](http://en.wikipedia.org/wiki/U.S._patients%27_bill_of_rights))

([http://en.wikipedia.org/wiki/Protected health information](http://en.wikipedia.org/wiki/Protected_health_information))

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.

Counseling is a RELATIONSHIP between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling, 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 counselor/therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Goals of Counseling

There can be many goals for the counseling relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending addictive behaviors. Whatever the goals for counseling, they will be set by the clients according to what they want to work on in counseling. The counselor may make suggestions on how to reach that goal but you decide where you want to go. (We will be signing a Therapeutic Relationship Contract Form in which we will talk more about YOUR GOALS)

Risks/Benefits of Counseling

Counseling is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Counseling 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.

There are also many benefits to counseling. Counseling can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages.

Appointments

Appointments will ordinarily be 45-50 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. If you need to reschedule or cancel a session, I ask that you provide me with a 48 hour notice. If you miss a session without cancelling or rescheduling with a minimum of 24 hours' notice you will be required to pay the full fee, not your co-payment for the missed session (unless we both agree that you were unable to attend due to circumstances beyond your control and then a late cancel fee will be incurred). It is important to note that insurance companies do not provide reimbursement for cancelled or missed appointments; thus, you will be responsible for the fee. In addition, you are responsible for coming to your appointment on time, if you are late, your appointment will still need to end on time.

Confidentiality

Your counselor will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to Confidentiality (<http://en.wikipedia.org/wiki/Confidentiality>) to which you need to be aware. Your counselor may consult with a supervisor or other professional counselor in order to give you the best service. In the event that your counselor consults with another counselor, no identifying information such as your name would be released. Counselors are required by law to release

information when the client poses a risk to themselves or others (such as threats of suicide and homicide) and in cases of abuse to children or the elderly. If your counselor receives a court order (http://en.wikipedia.org/wiki/Court_order) or subpoena, she may be required to release some information. In such a case, your counselor will consult with other professionals and limit the release to only what is necessary by law. Your counselor will also follow the guidelines of the current HIPAA Notice of Privacy Practices...(you will receive and sign this notice) Also if you are using an insurance benefit you will also be signing a release to share the privacy data and clinical data that your insurance company requires in order to give information about your benefits and that needed to submit and process your claim for payment of those benefits. There may be other situations that you or another request to share information on your services in which a signed consent of release of information form will be required such as a release of information to your Primary Care Physician, or another Professional care giver.

What phone numbers may I contact you at ?

Home: _____ Cell: _____ Work: _____

Please sign : _____

Confidentiality and Group Therapy

The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that your counselor cannot guarantee that other group members will maintain your confidentiality. However, your counselor will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. Your counselor also has the right to remove any group member from the group should she discover that a group member has violated the confidentiality rule.

Confidentiality and Technology

Technology includes: Telephone, email, text, chat, Skype or other electronic devices. Due to the nature of online counseling or sharing of data, even appointment confirmations, present the possibility that unauthorized persons may attempt to discover your personal information. Your counselor will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in counseling services. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your counseling services. At this time I have decided to only accept phone calls and messages to my voice mail as safest forms of communication and ask that all clients do not use other forms of electronic communication such as text or email.

Record Keeping

Your counselor may keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should the client wish to have their records released, they are required to sign a Release of Information which specifies what information is to be released and to whom. Records will be kept for at least 5 years but may be kept for longer. Records will be kept either electronically on an encrypted USB flash drive or in a paper file and stored in a locked cabinet in the counselor's office. Note: There is a \$75.00 minimum fee for copying and sending of client's records.

Professional Fees

You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by check or cash. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment and additional late payment fees/interest and collection fees will be applied to unpaid fees for collection. 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. I have a Specialty Fee Schedule that applies to the needs of legal demands of times, records, calls, etc. Please know that if you are using insurance benefits none of these extra court or legal fees are covered by your insurance and all expected agreed upon actions require pre- payment before action is taken.

Fees are non-negotiable. Fees are subject to change at counselor's discretion.

90791	Psychiatric diagnostic evaluation (Intake)	\$150
90834	Psychotherapy 45 minutes	\$90
90837	Psychotherapy 60 minutes	\$120
90846	Psychotherapy without patient present	\$120
90847	Psychotherapy Family or Couples	\$120
90853	Group therapy 90-120 minutes	\$ 50

Your Therapeutic Contract form will contain your professional fees agreement.

Please sign here that you agree to these terms:

Client _____ Date: _____

Insurance

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, 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.

(Please see my web page: www.debraalldredge.com) (See the Getting Started page for guidelines about calling and talking with your insurance company about your benefits)

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 which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient (a co-pay or co-insurance) Either amount is to be paid at the time of the visit by check or cash. 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. In the event that the insurance company denies payment of your claim you are responsible for all costs of services rendered.

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 provide me with a list of participating providers that you can obtain from your insurance provider.

All your insurance information, and authorization needs to be obtained and in place before your initial intake session or you may self-pay your first session and then research your insurance benefits , discuss, make choices, and then implement benefits for next scheduled session.

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 voicemail 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 it is an emergency situation, go to your local hospital or please CALL 911. (I will be providing you with a non published confidential ER only phone number at your first session so you can leave a message for ER only calls after normal business hours...It is always in your best interest to use your 911 services)

Email and Texting

At this time due to the privacy and confidentiality rulings in the current HIPAA laws I am not corresponding with clients by email or texting. Please use my voicemail

Consent to Counseling

Your signature below indicates that you have read this Agreement and agree to its terms.

Client Signature _____ Date _____

Consent for Treatment of Minors

If this Informed Consent is for the treatment of a minor under the age of 18 a parent or guardian must give written permission for that treatment. Please complete and sign this sentence if this is for treatment of a minor.

I/We _____
(Print Parents's or Guardian's names)

Consent that _____
(Print minor's name)

may be treated by Debra Alldredge, MA, ATR-BC, LPC-AT, LMFT. .

Signed _____

Signed _____

Date: _____

Therapist _____

Date: _____