**Waypoint Counseling Services**

**Client Information and Office Policy Statement Informed Consent**

**I. New Client: Welcome!**

Thank you for choosing to enter treatment. This is an opportunity to acquaint you with information relevant to treatment, confidentiality, and office policies. Your therapist will answer any questions you have regarding any of these policies.

**II. Aims and Goals:**

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. You are expected to play an active role in your treatment, including working with your therapist to outline your treatment goals and assess your progress. There may also be negative results if you do not follow through with recommendations. You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

**III. Appointments:**

Appointments are usually scheduled for 45 minutes. Clients are generally seen weekly or more/less frequently as need dictates and you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. In the event of an emergency, your therapist may be reached by phone at ***636-234-0035***. If you are unable to reach your therapist, you may call your primary care physician, psychiatrist, emergency services at 911, or the BHR crisis hotline at 800-811-4760.

**IV. Confidentiality:**

Issues discussed in therapy are important and are generally legally protected as both confidential and “privileged.” However, there are limits to the privilege of confidentiality. These situations include:

A) Suspected abuse or neglect of a child, elderly person or disabled person.

B) Your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself.

C) You report that you intend to physically injure someone; the law requires your therapist to inform that person as well as the legal authorities.

D) Your therapist is ordered by a court to release information as part of a legal involvement in litigation, etc.

E) Your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc.

F) When otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members.

**V. Fees & Payments:**

Insurance will be billed if the therapist is an in-network provider with your insurance carrier; you are responsible for your co-pay, deductible, or co-insurance amount at the time the service is provided. It is your responsibility to familiarize yourself with your insurance benefits. If paying out-of- pocket, you will also be expected to make payment at time of service. Fees are as follows:

* Intake/initial session (55 minutes)……………………………………………………$120
* Individual counseling session……………………..…………45 minutes = $100 ; 55 minutes = $130
* Bundle of 3 individual sessions (pre-paid)……………………..…………….…..$250
* Family counseling session (45 minutes)………………..……………...…..…....$150
* Telephone conference (after the first 15 minutes) …………..………..……$50 per 15 minutes
* Consultation in person with MD/attorney …………………………………...…$75 per 15 minutes
* Written reports (in 15 minute increments) ………………………………..…...$50 per 15 minutes
* **Court related sessions …………….……..$2400 per day, paid in advance by cashier’s check**

**VI. Cancellations and Missed Appointments:**

You may be charged $50 for a session that you cancel with less than 24 hours notice. You may leave messages at ***636-234-0035***. Insurance companies do not reimburse for missed appointments.

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**Waypoint Counseling Services**

**Client Information and Office Policy Statement – continued**

**VII. Electronic Record Keeping:**

An electronic medical record is maintained outlining your condition and your treatment and progress in treatment, dates of and fees for sessions, and notes summarizing each therapy session. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above.

**VIII. Complaints:**

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, your therapist, or any office policy, please inform your therapist immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier and file a complaint if you so choose.

**IX. Consent for Treatment**

By signing below, you are stating that you have read and understood this 2-page policy statement and you have had your questions answered to your satisfaction, and you have been given the opportunity to review and/or receive the Notice of Privacy Practices (HIPAA Update) of September 1, 2013.

**X. Consent for Email and Texting Communication**

**Email and textingare not secured forms of communication**. The paths they take across the internet are not confidential. Please take caution not to send personal health information via the internet. If you would like to receive *appointment reminders* via email or text, ask simple/clarifying questions, or receive resource information, please initial your consent here. YES\_\_\_\_\_\_\_

Initials

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/guardian name (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/guardian signature (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Katie Walker, LPC, NCC

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