



INFORMED CONSENT FOR
COUNSELING AND THERAPY SERVICES

Client Name: _____

Date of Birth: _____

Except in emergency/crisis situations, The Counseling Connection staff has a legal and ethical obligation to obtain your informed consent before initiating services.

Confidentiality. The Counseling Connection maintains a policy of confidentiality. All services are guided by the Ethical Principles and Standards for the American Counseling Association and the National Association of Social Workers and the licensing laws of the State of West Virginia.

All information disclosed within the session, is confidential and will not be revealed to anyone outside of The Counseling Connection except under these conditions:

1. When communication of your diagnosis and other clinical information to your insurance company is necessary for payment;
2. When you have given permission for information to be shared with another person;
3. When disclosure is required by law (e.g., when there is reasonable suspicion of abuse of children or adults; when there is a court order);
4. When you present an immediate risk of causing serious harm to another person; or
5. Where it is believed that you will harm yourself unless protective measures are taken. When there seems to be a significant risk of you causing serious harm to yourself or another, The Counseling Connection staff may be obligated to seek hospitalization for you, and/or inform appropriate individuals who may be able to help intervene and protect (including your parents-if a minor). In addition, if you are under 18 years of age, the counselor reserves the right to advise your parent(s) or legal guardian about developments that could significantly affect your health or well-being. In such situations, the contents of specific meetings between you and your counselor will not be discussed, but your overall progress may be discussed in general terms.

Supervision and Consultation. All counselors/therapists at The Counseling Connection are under the supervision of the Clinical Supervisor. At times, the Clinical Supervisor will be consulted about different cases for a variety of reasons. In addition, the Clinical Supervisor will review documentation from a variety of cases to ensure quality. The Clinical Supervisor is bound by the same confidentiality standards as the counselor/therapist and no consultation with or review of records by the Clinical Supervisor will result in any compromise of your confidentiality.

Electronic communication. The Counseling Connection understands that email communication is an effective and oft-used manner of communication. However, you must understand that regardless of security measures, it cannot be guaranteed at any time that electronic mail communications are absolutely confidential. It cannot be determined with certainty that internet service provider systems, local servers, electronic mail provider systems, and other electronic devices and software are completely secure at all times. While you may communicate using electronic mail, you acknowledge there is some risk that communications via electronic mail may not always be confidential. Also, you acknowledge that counseling will not be done via electronic mail as The Counseling Connection does not provide electronic or internet-based counseling/therapy.

How counseling/therapy works. Counseling is a mutual, collaborative process. You and your counselor will work together to develop goals on which you want to work. You are responsible for making the effort to work on the problems or issues that concern you. Your counselor is committed to help you in this process.

When you are working with a counselor, it is important to honor the commitment you have made to meet with your counselor, and to take an active role. For example, it is helpful if you:

1. Spend time between scheduled sessions thinking about what you and your counselor have been discussing
2. Follow through on any actions you agreed to take
3. Take the initiative to bring up issues or topics to talk about with your counselor

Counseling works best when you and your counselor develop a good working relationship, based on mutual trust, honesty, and respect.

Counseling/Therapy outcomes. No one can guarantee that counseling/therapy will produce certain results. There are some risks associated with counseling. For example, you may discover things about yourself that are uncomfortable; sometimes relationships change as a result of counseling; if you are discussing a traumatic event with your counselor, sometimes the feelings get more intense. We can assure you that your counselor will use his or her professional skills to the best of his or her ability to address your concerns and help manage possible risks.

Your counselor may consult and seek supervision with another professional within The Counseling Connection about his or her assessment and/or treatment.

Also, please be aware of the following conditions in regard to discontinuing counseling/therapy:

Please Initial:

1. _____ If your counselor/therapist believes that he or she is not able to help you, because of the kind of concern you are having or because his or her training and skills are not appropriate, we will inform you of this fact and refer you to another therapist who may meet your needs.
2. _____ If you have (2) *two* “no-shows” or same-day cancellations or (3) *three* 24 hour cancellations for an appointment, you will be administratively discharged or placed on a same day call list for appointments. You will be charged a \$35.00 fee for missed appointments or cancellations when they are not cancelled at least 24 hours in advance.
3. _____ If you have not had and kept an appointment in our office in 6 consecutive weeks and this is not part of your treatment plan.
4. _____ If you commit an act of violence toward, threaten, or harass any staff member or client of The Counseling Connection, you will be immediately terminated from treatment.
5. _____ If you are terminated from counseling/therapy for something other than completing the agreed-upon treatment plan, you will be given contact information for other sources of counseling/therapy. However, The Counseling Connection cannot guarantee that they will accept you for counseling/therapy.
6. _____ Cases closed for no-shows or cancellations will not be re-opened except with written approval from the Executive Director or the Agency Clinical Director.

Emergencies. While staff members, including your counselor, will always try to return your call or email by the next business day, The Counseling Connection is not an emergency mental health service. If you experience an emergency, you should call 911 or go directly to your nearest emergency room.

Access to records. (Per Federal Regulations – Public Welfare Section 164.524)

Generally speaking, you have access to your mental health record. You should also understand that psychotherapy notes may not be part of your mental health record. There are certain, limited, and rare situations wherein your counselor/therapist may deny you access to psychotherapy notes (***if access requested is reasonably likely to endanger the life or physical safety or other substantial harm to the individual or other person***). If this decision is made, it will be made only after consultation with supervisors.

The Counseling Connection requires written requests for access to mental health records. Once a written request is received, the agency is permitted 30 days to process your request.

Billing. All bills, including copayments, will be paid at the time of service. By signing, you are agreeing to authorize payments of any insurance benefits directly to The Counseling Connection. Sometimes, when payments are not made and are delinquent beyond 30 days, The Counseling Connection may use a collection agency to assist with collecting delinquent fees. If we need to use a collection agency to collect unpaid fees, the client may be responsible for any collection fee charged to collect the debt owed.

CONSENT FOR TREATMENT

I have read and understand the information on these sheets. My signature indicates my understanding of all the policies contained within this Informed Consent for services at The Counseling Connection.

By signing below, I am consenting to treatment by The Counseling Connection staff.

As parent/guardian, I/we consent that the above-named child may be treated as a client of The Counseling Connection. In addition, I affirm that I am legally authorized to consent for behavioral health services for the minor child named above.

Client Signature (12 years of age and older)

Date

Parents/Guardian (as appropriate)

Date

Parents/Guardian (as appropriate)

Date

Witness Signature

Date