

Sandra Carlson and Associates Counseling Services, Inc. Consent and Contract for Counseling

Welcome to Sandra Carlson and Associates Counseling Services. Please read the following information about our professional services and business policies and sign it as an acknowledgment of your agreement to abide by these policies.

Psychological Services

Counseling is a powerful treatment, and there are some risks as well as many benefits. As with any treatment decision you should be aware of the risks and benefits of counseling. For example, in counseling you may experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other feelings. You may recall unpleasant memories. In counseling major life decisions are sometimes made. Changes in relationships, employment, or life style may result as participating in counseling. Clients may call into question many of their beliefs and values. Your counselor will be available to discuss any of your assumptions, problems or possible negative side effects that you experience in your work together.

The benefits of counseling are many and have been well researched by scientists. People suffering depression may find their mood lifting. Feelings of fear, anger or anxiety may be relieved. Relationships and coping skills may greatly improve. Personal goals may become clarified, increased satisfaction out of social and family relationships may be experienced. There are no guarantees about the outcome of counseling. As professional licensed counselors we do not accept clients that we do not think we can help. We enter into the counseling relationship with you with optimism about our progress. Appointments are 50 minutes. Except for illness or emergencies, 24 hours notice is required for cancelled appointments. If the appointment is not kept or cancelled without 24 hours notice, you will be charged 50% of the fee, which is not covered by insurance.

Fees for Service

Fees for counseling are \$150 for the initial intake session. Regular sessions of 50 minutes are \$110. Payment is requested at the time of service. Payment may be made by check, cash, Visa, Master Card, Discover and American Express.

Insurance Reimbursement

Your health insurance policy may provide some coverage for mental health treatment. We will call your insurance company to verify benefits, and we will bill your insurance company. Verification of benefits does not guarantee payment by the insurance company. Remember that we have no role in determining your insurance benefits. Your employer decided which, if any of our services will be covered by your insurance plan. You-not your insurance company or any other person or any other company is responsible for your bill. Please take proper steps to obtain benefits from you insurer.

Contacting Your Counselor

In an emergency, contact your family physician or go to the nearest emergency room.

Confidentiality

We will treat all your information with great care. We do not divulge that you are a client or anything about your case without your permission in writing. It is your legal right that your information be kept confidential. The only way we can release information about you is if you sign a *Release of Information* form. There are a few legal exceptions to your confidentiality.

1. If your counselor believes that you are at risk of harming yourself, or someone else.
2. If your counselor believes that a child, elderly person or disabled person is being abused.
3. If a judge subpoenas records or counselor testimony.

All these situations are very rare, but it is important that you are aware of these exceptions to confidentiality. Should such a situation should occur, your counselor will make every effort to discuss it with you before taking such action. In the case of relationship or family counseling, no information will be released with out the signed consent of all adults involved in the counseling. No information about minors will be released without parental/guardian consent. There are two situations where your counselor may discuss your case with another counselor. First, if the counselor is going to be away for an extended period of time, another counselor will be available should you need care while your counselor is away. The counselor providing coverage will be told basic information about your case. This counselor is also an employee of Sandra Carlson and Associates. The second situation is clinical supervision, or consultation with another counselor about your case. No identifying data is shared with the supervisor. Clinical supervision allows us to provide high quality counseling. In both of these cases, the supervisors are required to keep client confidentiality, just as your counselor is.

Generally, your health insurance company will receive only the dates of your appointments, type of service provided, cost and your diagnosis. This information will become a part of your permanent medical record. We can not insure confidentiality of information released to your insurance company. If you have any concerns about the release of information to your insurance company, please speak about your concerns to your counselor.

I acknowledge that I have received, read (or have read to me) and understand the *Consent and Contract for Counseling*. I further acknowledge that I have had the opportunity to ask questions about this contract with my counselors.

I further acknowledge that I willingly am entering into counseling. I understand that developing a treatment plan with this counselor and regularly reviewing our progress in meeting the treatment goals are in my best interest. I agree to take an active role in the counseling process.

I understand that no specific promises have been made to me by my counselor about the results of counseling, the effectiveness of the procedures used by your counselor or the number of session necessary for counseling to be effective. I understand that I have the right to speak to my counselor at any time about my progress in counseling.

I am aware that I may stop counseling at any time. The only thing I will be responsible for is paying for the services I have already received. I understand that I may lose other services or may have other problems if I stop counseling prematurely. I agree that I will discuss any concerns about my counseling with my counselor before ending counseling.

I agree that my insurance company or other third party payer will be given information about the type, cost, and dates of services, as well as my diagnosis. I agree that my insurance company can release payment for services directly to Sandra Carlson and Associates.

I understand that I am responsible for the payment of the fees. Filing of insurance on your behalf is a courtesy. I understand that I must pay for all fees that insurance may not cover. I understand if I have any questions regarding my account, insurance, fees or balances I am free to contact the business office. I agree that I will pay all deductibles and co-pays at the time of the appointment. I further understand that my counselor may stop treatment if payment for services is not received.

I have read and understand this information sheet and informed consent.

Client

Date

Provider

Date

Parent or Guardian if minor

Date