

Disclosure Statement and Informed Consent

It is our intention that this be a place where people begin the process of bringing healthy change to their own lives and relationships. We sincerely hope that you find the services that you will receive to be a valuable part of that growth process. We are grateful for the opportunity to work with you and look forward to our time cultivating change together.

The purpose of this document is to outline the expectations for this therapeutic relationship. Our commitment is to provide quality services, to assist you in a respectful and efficient a manner, and to maintain professional behavior consistent with the ethics of our profession. Please read this document carefully and bring any questions or concerns to your clinician.

Description of Services: We provide services related to a variety of issues, including but not limited to: relationship issues, divorce recovery, disruptive behavioral issues, parenting issues, grief and loss, substance abuse/dependence, depression, anxiety, anger management, trauma, and services for individual and families dealing with brain injuries. Services include, but are not limited to: Individual Counseling, Relational Counseling, Family Counseling, and Group Counseling. Please also check in regularly for our workshop and support group schedule.

Addiction Counseling: For your safety, we reserve the right to administer a breathalyzer to any client that we believe may be under the influence of alcohol. Anyone with a blood alcohol level above the legal limit will have the option of waiting until their level drops or arranging alternative transportation. Refusal of a breathalyzer will result in an immediate report to the local police department. By initialing below, you understand that this may be requested at any time and you will be asked to leave your keys with your clinician. _____ Initial

Confidentiality: Confidentiality is the cornerstone of the counseling relationship. It is important that you understand that confidentiality is your right to keep information shared by you in the counseling process private and that identifying information regarding your case will not be released to any other individuals or agencies without your written permission. The only exceptions are as follows:

- 1) Situations required by law such as a legal subpoena
- 2) Situations deemed potentially life threatening to self or others
- 3) Situations involving the abuse of children, elderly, or disabled persons

Written notes of counseling sessions are maintained in your client record. Generally, these notes are maintained to assist us in providing services, and are written using counseling terms and descriptions, which may be confusing to the general public. If you desire to either read or possess a copy of your client record, we request that you, in writing, release us from any liability that might arise from you either reading the material, misplacing it, or sharing it with any other individual or agency. It may also be requested that you review your records with your clinician so that the information may be properly explained and understood.

Electronic Communications and Social Media: Although we will always do our best to keep client communications private please keep in mind that emails, cell phones, computers, and faxes are not always confidential. The computers we use to manage our business are always equipped with updated firewall, virus protection, and passwords. Please reserve emails and text messaging for changing or canceling an appointment. If you have an emergency or need to discuss confidential information, phone is the safest method of doing so. If you choose to send private information through any electronic means, we will assume that you are making an informed choice to do so. Please note that text messages and emails may also be kept as part of your legal record.

Health Record: For documentation and security purposes, our office utilizes an electronic health record called Theranest. By initialing below, you acknowledge that your client record will be maintained electronically. If you have any further questions, please see www.theranest.com/faq/ for detailed information. _____ Initial

Our practice is connected with Facebook, LinkedIn, and Twitter as well as our business website that contains a professional blog and information about our practice. These websites are considered public communication and should never be considered confidential. We will not be able to accept 'friend requests' or any other sort of link as this will directly reveal our professional relationship and place your privacy at risk. Furthermore, we do not expect you, as the client, to like, promote, or fan any of our social media or blog, as this can be considered endorsement and goes against our ethical guidelines.

You may find our practice on websites such as Healthgrades, Yelp, or Bing. Listings on these sites may be added without our doing so and is in no way a request for testimonials, ratings, or endorsements. You have the right to express yourself on any website, as you wish, but please understand that due to confidentiality, we cannot reply or respond to any reviews posted regarding our practice. We urge you to save any concerns you may have and discuss them with your clinician directly in your next therapy session. We have a client satisfaction survey posted on our website so that you may voice your opinions directly and anonymously. We would love to hear your feedback!

Payment Policy: Fees for counseling in this office are based on a forty-five (45) minute session unless other arrangements are made in the best interest of the client. The fee for the initial therapy assessment is \$125.00. Additional sessions are \$100.00. However, your

cost per session is based on your unique insurance coverage or a sliding scale, as determined by annual household income and family size. Client will be responsible for the balance of any claims that are rejected by insurance. A \$15 administrative fee will be charged on all checks that are returned for non-sufficient funds. Additional clinical services such as workshops, court-mandated evaluations, or treatment updates can also be provided at additional fees.

Cancellations / Missed Appointments: We understand that it may, at times, be necessary to cancel an appointment. So that we can better serve all of our clients, we ask that any changes or cancellations made to your appointments are made at least 24 hours in advance. Insurance companies do not cover missed appointment charges. Any no shows or cancellations received less than 24 hours in advance will be charged a fee of \$80.00.

No Show Fee: By initialing below, you acknowledge that you are responsible for notifying your clinician if you are unable to attend your scheduled appointment. You also understand that if you do not do so within 24 hours of your appointment, you will be required to pay for the session time at a cost of \$80.00 _____ Initial

Emergencies: In the event of a psychiatric emergency, you may attempt to contact your clinician for support. If your clinician is unavailable, or unable to provide you with adequate support at the time of your emergency, please report directly to your nearest emergency room or contact 911.

Termination: The counseling process takes times. It is not always possible to predict how long therapy will be necessary, however, we are happy to discuss a probable length of treatment based on similar circumstances as those you are bringing to counseling. We always strive to provide counseling in an efficient manner that does not delay termination when both the client and clinician are satisfied with the progress that has been made.

If at any time during the therapy process it becomes apparent that we do not possess the expertise necessary to assist you, progress is not evident, you are in need of a higher level of care, or you determine you want to seek different treatment, then we can pursue any of the following:

- 1) Evaluate the possible obstacles to progress and develop an alternate therapeutic approach
- 2) Refer you to another therapist of your choice
- 3) Terminate therapy altogether

If you have any further concerns about the treatment you are receiving please report these complaints to the CT Department of Public Health Practitioner Investigations Unit by calling 1-800-842-0038.

Authorization for Treatment

By signing below, I attest that I have read the document titled “Disclosure and Informed Consent” and I am aware of the clinician’s training and responsibilities. I understand and agree to the conditions set forth in this document pertaining to confidentiality, payment, emergencies, social media, cancellations, and termination of treatment. I also understand the information regarding privacy practices that has been provided in accordance with the Health Insurance Portability and Accountability Act (HIPAA). I agree to comply with the terms and conditions outlined in the attached document and receive counseling under these conditions. A copy of this document and the full HIPAA privacy policy can be found on our website at: www.CultivatingChangeCounseling.com

Client

Date: ____/____/____

Parent/Legal Guardian (required if client is a minor)

Date: ____/____/____

Witness

Date: ____/____/____