

# **Consent for Treatment**

#### Introduction

Welcome to our practice. Reading the informed consent is an opportunity to acquaint yourself with information relevant to treatment, confidentiality, and office policies for counseling services provided by Creative Counseling Group, Plc. Although this document is long, it is important to review it carefully. We are happy to discuss any questions you have about this information as we get started and as treatment progresses. At the end of this document, we will ask for your signature to verify that you have reviewed the information and that you consent to enter therapy through an informed decision.

## **Consent for Treatment of Client and Minor Child**

Before initiating services, you or the client's guardian/representative will read and sign this informed consent statement. To start psychotherapy services, you must be at least 18-year-old or an emancipated adolescent. To begin psychotherapy services if you are a minor client or a dependent adult, your guardian/representative must sign the consent. There is also a Patient Bill of Rights to read and sign. If you have any questions about these documents, please discuss them with your therapist.

Therapists expect both parents to be aware of their child's participation in therapy. Suppose any question exists regarding a parent/guardian's authority to give consent for psychotherapy. In that case, therapists will require that the parent/guardian submit supporting legal documentation, such as a custody order, before the commencement of services. By signing this consent, you agree that you have the authority to consent to the minor client's treatment.

#### **Psychotherapy Services**

Psychotherapy services are not psychological assessments and our therapists do not provide assessments for any reason including (a) medical, (b) legal, (c) custody, or (d) other reasons. Psychotherapy has many benefits but can have risks as well as benefits. Since therapy often involves discussing unpleasant aspects of life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Treatment often leads to better relationships, solutions to specific problems, and a significant reduction in distress feelings. But there are no guarantees of what you will experience.

The nature and course of psychotherapy depend on many factors, including the client's specific concerns, client readiness for change, external stressors/supports, and client-therapist fit variables. We may use many methods to deal with the problems you hope to address. Psychotherapy calls for a highly active effort on your part as the client. For the therapy to be most successful, we may advise you to work on issues discussed during the sessions and at home.

The first few sessions will include an evaluation of your needs. Your therapist will be able to offer some first impressions of what the work will consist of if you decide to continue with therapy. You should evaluate this information and your opinions on whether you feel comfortable working with your therapist. You should feel free to ask questions about therapy procedures whenever they arise. You can ask about referrals to another mental health professional, and your therapist can offer those referrals if it becomes apparent that this would benefit your progress. The length of therapy will vary depending on the problem. The average therapy session will be approximately 38-52-minutes.

#### **Insurance, Billing, and Payments**

All payments or co-payments are due at the time of the session unless you have made other arrangements. We will file your insurance claim, but you must contact your insurance company for pre-authorization before your first session. You are responsible for letting your therapist know before your session if there are any changes in your insurance policy or coverage. Further, you are responsible for deductibles, co-insurance, and co-payments, and you should familiarize yourself with your insurance benefits. If you opted to have a card on file, we will automatically charge your card if there is a balance due. If there have been no payments made to your account for more than 90 days and payment arrangements are not established, we have the option of using legal means to secure the payment. Creative Counseling Group Plc reserves the right to submit overdue accounts to a collection agency. Your therapist reserves the right to suspend scheduling or terminate for non-payment.

Clients seeking health insurance reimbursement will be required to sign an authorization form that allows Creative Counseling Group, Plc, and their billing provider to provide the necessary information to the insurance company. Your therapist must provide a clinical diagnosis and may need to provide other details such as treatment plans or summaries. Your therapist will release only the minimum information necessary for the requested purpose. This information will become part of the insurance company files.

- Initial Assessment \$200.00 per hour
- 60 Minute Session \$175.00
- 45 Minute Session \$115.00
- 30 Minute Session \$85.00
- Client session with family present-\$150.00
- Family session without client present \$125.00 (generally not covered by insurance policies)
- Crisis \$175.00

#### Appointments

Each appointment is at a particular time reserved for you. If you cannot keep your appointment, we ask that you notify us at least 24 hours before your appointment. You may leave messages. Suppose you cannot keep your scheduled appointment and fail to contact us to re-schedule or cancel within 24 hours before your appointment time. In that case, you will be billed **\$50.00** for a missed session (unless we both agree that you cannot attend due to unforeseeable circumstances). Those fees are not reimbursable through insurance.

After three no shows for your appointments in one year you will be discharged from counseling and referred to an alternative practice.

#### Confidentiality

We understand that the information you share in counseling can be very personal. By signing this Informed Consent for Treatment, you acknowledge receipt of the Notice of Privacy Practices. That document describes your rights and obligations regarding the use and disclosure of that information. Therapists at Creative Counseling Group, Plc. are required to hold information about sessions and clients in confidence and are not allowed to disclose such information without the expressed written consent of those involved in treatment, except in the following circumstances:

1. There is clear and imminent danger to you or others, in which case the therapist must inform the responsible authorities and warn the identified victim. The therapist will tell you their responsibilities and actions if this occurs.

2. In situations of suspected physical, emotional, or sexual abuse of a child or dependent adult, therapists must submit a report to the Department of Human Services and may be required to contact authorities.

3. Creative Counseling Group, Plc. maintains records of treatment, diagnosis, assessment, and treatment planning following state law to better guide your treatment and assess the effectiveness of treatment provided. You may request restrictions on how your case information may be used or shared among the group practice staff, but Creative Counseling Group, Plc. is not required to agree to those restrictions.

4. If there is a mandate to release information by law or court, some litigation may require the release of records even without the client's authorization. Therapists will not voluntarily testify in court as this can create an irreconcilable role conflict that could harm the therapeutic relationship or the client.

5. Participants should keep information shared confidential and private if participating in a group therapy session, but we cannot guarantee confidentiality in the group setting.

#### If your child is the client

Your child has confidentiality. For psychotherapy with your child to be successful, there must be a trusting and confidential relationship between the therapist and your child. As a rule, therapists will keep the information minors share in sessions confidential unless they have written consent to disclose certain information.

However, exceptions to this rule are essential for children and teens to understand before they share personal information with therapists in a therapy session. In some situations, therapists must disclose information without your permission, as required by law or our profession's guidelines. Some of these situations include: The child/teen tells the therapist that they plan to cause severe harm or death to themselves, and the therapist believes they have the intent and ability to carry out this threat very soon. The therapist must reasonably attempt to inform a parent or guardian of what the minor has told them and how serious they believe this threat is. The therapist must ensure that the client is protected from harming themselves.

Another exception to confidentiality is if the client tells the therapist they plan to cause severe harm or death to a specific person. If the therapist believes they have the intent and ability to carry out this threat very soon, the therapist must inform the parent or guardian and the police. If the child is doing things that could cause serious harm to themselves or someone else, the therapist must use their professional judgment to decide whether they should inform a parent or guardian.

Suppose a minor discloses abuse (a) physical; (b) sexual; (c) emotional; or (d) that they were abused in the past. In that case, the therapists must, by law, report the abuse to the Iowa Department of Human Services. Finally, confidentiality issues may arise if the client is involved in a court case, and we are mandated to provide information about your counseling or therapy. If this happens, therapists will not disclose information without written agreement unless the court requires them. Therapists will do all they can, within the law, to protect your confidentiality, but if required to disclose information to the court, your therapist will inform you.

# **Communicating with parent(s) or guardian(s)**

In situations other than those mentioned above, therapists will not tell parents or guardians specific things shared in private therapy sessions. This includes activities and behavior that parents/guardians may not approve of or would be upset by but do not put the child at risk of severe and immediate harm. However, suppose their risk-taking behavior becomes more severe and puts a child at risk for injury. In that case, the therapist will need to use their professional judgment to decide whether the child/teen is in serious and immediate danger and will communicate this information to the parent or guardian.

Even if the therapist has agreed to keep the information confidential and not to tell the parent or guardian, the therapist may believe that it is essential for them to know what is happening in the child/teen's life. In these situations, the therapist will encourage the child/teen to tell their parent/guardian and help find the best way to communicate with the parent/guardian. When meeting with parents, the therapist may sometimes describe problems in general terms, without specifics, to help them know how to help their child/teen.

Children/teens/dependent adults with guardians should also know that, by law in Iowa, there are limitations on the parent/guardian having the right to see any written records about sessions. We ask that parents/guardians respect their child's confidentiality to promote the goals of psychotherapy and limit requests to see written records.

#### **Client/Minor Litigation**

The therapist will not voluntarily participate in any litigation, custody dispute, or other investigation. We have a policy of not communicating with representatives or attorneys and will not write or appear as witnesses in any action involving a client. Suppose a therapist is involuntarily required to participate in a

court case. In that case, the client agrees to reimburse the therapist for any time spent on preparation, travel, or other time the therapist has made self-available for such an appearance at the therapist's usual and customary hourly rate. (Rates available upon request). The therapist will not make any recommendations regarding custody or visitation.

# **Contacting Your Therapist**

Sessions are by appointment only, with no walk-ins. Your therapist is often not immediately available by telephone. You may leave a message if you wish to speak to them during office hours. Should you need a same day return phone call, please make that clear in your message. The therapist will return calls promptly during regular business hours (9 am to 5 pm). If you call after hours to cancel or schedule/reschedule, please leave a message at 319-200-1022, and our staff will get back to you the next business day. We are not a comprehensive 24-hour service.

If you choose to email from your email account to your counselor's business email account, please consider limiting the contents to general questions/information due to an inability to ensure confidentiality. Regarding phone calls, conversations are secure if we are both on a landline.

If there is a life-threatening emergency or concern about an immediate safety issue, you should call **911** or go to your local emergency department.

## **Termination Agreement**

Clients and therapists may mutually agree to terminate therapy when treatment goals are met. The therapist reserves the right to terminate therapy at their discretion. Reasons for termination include but are not limited to (1) Successful completion of therapy goals; (2) Not attending sessions; (3) Untimely payment of fees; (4) Failure to comply with treatment recommendations; (5) Conflicts of interest; (6) Failure to participate in therapy; (7) Client needs are outside the therapist's scope of competence or practice; (8) If the client is not making adequate progress in treatment. The client or their representative/guardian has the right to terminate treatment at their discretion. Upon either party's decision to end therapy, the therapist recommends that the client participate in at least one or more termination sessions. These sessions help facilitate a positive termination experience and allow both parties to reflect on the work done and make appropriate recommendations if needed. Therapists will also attempt to ensure a smooth transition to another therapist by offering referrals to the client or their guardian(s).

Clients who have not had a session in over six months (or within a mutually agreed upon time) will be discharged. It is always preferable to have a final session before ending therapy to evaluate sessions and review the counselor's recommendations. Anyone wishing to return to treatment can do so by calling 319-200-1022 to schedule an appointment.

I have read and understand the above. I have been offered a Notice of Privacy Practices.	Accepted	Decline
Print Name	Date of Birth	
Signature of Identified Client/Parent/Legal Guardian	Relationship	
Witness	Date	