

Informed Consent for Outpatient Services

Welcome to counseling with Jaime Armstrong, LMHC, CHt. This document contains important information about our professional services and business policies. Please read it carefully and feel free to ask any questions you might have. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPY/HYPNOTHERAPY SERVICES

Services provided may include assessment; individual, couple, family, or group psychotherapy; hypnosis; and referral to other services. Our services are voluntary and you are free to limit or end services at any time. Our practice includes master's degreed and licensed mental health counselors. We do not provide medication evaluation or management, or psychological testing, but can offer referrals to professionals who are qualified and licensed to provide these services. Clinical hypnosis with rapid trauma resolution is provided by a certified practitioner.

Psychotherapy and Hypnotherapy is not easily described in general statements. Services vary depending on the personalities of the counselor and client, your goals for change, and the particular problems you want to address. There are many different methods your counselor may use. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during sessions and at home.

Psychotherapy/Hypnotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience, but are not limited to, uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Changes you make can have a disruptive effect on your family and other interpersonal relationships. Psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. Our intention is to provide a therapeutic environment that will allow you to make meaningful choices in your life.

Rapid Resolution Therapy, founded by Dr. Jon Connelly, eliminates the negative emotional or behavioral influence of traumatic events, whether these experiences are remembered, repressed or forgotten. It is not necessary to relive past events or experience any pain. The mind is cleared, organized and optimized. There are dramatic improvements in thoughts, feelings and behavior. Unconscious conflicts blocking desired change are pinpointed and resolved. As the root cause of problems is cleared, positive change endures. Hypnosis may be used during this process at the discretion of the qualified therapist.

The first few sessions will involve assessment of your concerns, needs, and your personal and family/social resources that may help address the issues that bring you to counseling. You and your counselor will work together to develop goals for therapy. You should evaluate this experience and your own opinions of whether you feel comfortable working with your counselor. Therapy involves a commitment of time, money, and energy, and you have the right to feel confident with your counselor's ability to work with you. If you ever have questions about the counseling process, please discuss them whenever they arise. If at any time you decide therapy is not meeting your needs, or your counselor determines that he/she is not able to effectively address your issues, we will be happy to offer referrals to other therapists.

MEETINGS

Therapy sessions vary from 45 minutes to an hour and half. Appointments are generally scheduled once a week at a time we agree on, although some sessions may be longer or more or less frequent. We respect the time reserved for you and do not overbook appointments. If you must cancel or reschedule your appointment, please provide us with at least 24 hours advance notice. **Our policy is to charge an \$80.00 no-show fee if you do not keep a scheduled appointment or cancel less than 24 hours in advance**, unless you and your counselor agree that circumstances did not permit advance notice.

LEGAL ISSUES

We do not provide legal advice or forensic services as part of our practice. We may bring up issues for you to consider, but we always recommend you seek qualified legal counsel. Without mutual agreement and a separate contract for services, we do not customarily provide assessments or recommendations in support of legal actions such as child custody, competency actions, lawsuits, or criminal charges. Please

notify your counselor immediately if you are or become involved in a legal or criminal matter that may require our participation. If you become involved in legal proceedings that require our participation, you will be expected to pay for professional time even if your counselor is called to testify by another party.

PROFESSIONAL FEES

Our customary fee is \$160 for an initial session, which usually lasts an hour and a half. Thereafter, the fee is \$120 for an individual 50- minute session and \$145 for a 50-minute couple or family session. The fee for an extended (90-minute) session is \$150. \$120 an hour will be charged for other professional services you may need, pro-rated for periods of less than one hour. Examples of such other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of your counselor.

BILLING AND PAYMENTS

Payment is expected at the time of service, unless another payment agreement is established. In circumstances of unusual financial hardship, your counselor may be willing to negotiate a fee adjustment. If you prefer to pay with credit or debit cards, or to set up a payment plan, we have a business arrangement to provide these services, and can provide you with that information. Other discounted plans may be provided upon pre-payment or additional promotional packages. *Please be aware that refusal to pay for services may result in termination of counseling and referral to other services.*

If you are using auto insurance, our office will file claims on your behalf. However, you (not your auto insurance company) are responsible for full payment of fees. It is very important that you find out exactly what mental health services your auto insurance policy covers and be sure that your auto insurance company has authorized services with Jaime Armstrong,LMHC,CHT. "Managed Health Care" plans such as HMOs and PPOs are not accepted.

You should also be aware that most insurance companies require you to authorize your counselor to provide them with a clinical diagnosis. Sometimes we are asked to provide additional clinical information such as treatment plans or summaries, or in rare cases, copies of records. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential Jaime Armstrong,LMHC,CHT has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. We will initially ask for your consent to release the dates and types of service and diagnosis in order to file claims. If more information is requested by your insurance company, we will notify you in advance and ask you to sign a specific consent. It is important to remember that you always have the right to pay for services yourself to avoid the problems described above.

CONTACTING YOUR COUNSELOR

As our counselors are generally with clients, they are usually not immediately available by telephone. Our telephones have a confidential voice mail system that is regularly monitored and your counselor will make every effort to return calls within one business day. However, we are an outpatient practice and do not provide emergency or crisis care. In an emergency, you may contact the Pinellas crisis line at 2-1-1, your family physician, the nearest emergency room, or 9-1-1. If your counselor will be unavailable for an extended time, he/she will arrange for coverage through a colleague.

We cannot ensure the confidentiality of any form of communication through electronic media. You are advised that any email sent to us via a computer in a work-place environment is legally accessible by an employer.

CONFIDENTIALITY

In general, state and federal laws protect the privacy of all communications between a patient and a counselor or psychotherapist, and information about our work will only be released with your written permission. There are a few exceptions, which are very infrequent, but you should be aware of these circumstances.

- If a judge issues an order for release of records or testimony

- To report allegations of abuse or neglect of a child, elder, or vulnerable adult (i.e., disabled), to the state Department of Children and Families Abuse Hotline
- To initiate involuntary hospitalization and/or contact family/significant others to help protect a client who is at imminent risk of self-harm or harm to others
- To notify intended victims and/or law enforcement personnel, if a client presents a clear and substantial risk of imminent harm to another person
- To report a crime committed on premises or against Life Improvement Therapy staff
- If a client files a lawsuit or complaint against this practice, relevant information may be disclosed as part of defense proceedings
- To assist medical personnel to provide treatment in a legitimate medical emergency, if the client is unable to give such information

These situations have rarely occurred in our practice. If a similar situation occurs, your counselor will make every effort to fully discuss it with you before taking any action.

In order to provide you with the best possible service, your counselor may occasionally seek clinical consultation with another professional. No names or specific identifying information will be released, and the consultant is also legally bound to keep information confidential.

Jaime Armstrong,LMHC,CHT uses a confidential, password-protected voice mail system. While we believe our e-mail and fax communication is as secure as regular mail, please be advised that we are not able to absolutely guarantee the confidentiality of electronic communication, especially if you direct us to use an employer's or shared e-mail address account.

Our minimum practice standards meet the standards of the Health Care Portability and Accounts Act (HIPAA). Our Notice of Privacy Practices is also available for your review. A copy may be provided upon request.

MINORS

Our practice welcomes adolescent clients, but parent/guardian consent to treatment is required. While parents/guardians have the legal right to all treatment information, it is our policy to ask parents/guardians to respect the confidentiality of adolescents 12 and over. Counselors will provide parents/guardians with general information about progress, either by phone or through family sessions, upon request. If the counselor believes there is imminent risk that an adolescent will seriously harm self or others, the counselor will disclose that information in accordance with ethical and legal obligations. If during sessions the counselor learns of behavior that may negatively affect the adolescent client's health or well-being, the counselor will work with the client to help him/her discuss that issue with the parent/guardian in a family session. If the adolescent is unwilling to do this, the counselor will communicate his/her concerns to the parent/guardian, with the adolescent's knowledge.

CONSENT FOR SERVICES

I authorize Jaime Armstrong,LMHC,CHT to provide services to the client named below. I understand that these services may include assessment; individual, group, marital, or family therapy; and referrals to other needed services. I am aware that participation in services is voluntary and I may limit or end services at any time. I have read and understand the information on the Informed Consent for Outpatient Services. In consideration for clinical services I hereby assign Jaime Armstrong,LMHC,CHT the benefits due me under any medical or automobile insurance that is in effect during treatment. I agree that if treatment is not covered by my insurance I will be responsible for the payment of the bill. I have been advised that a full informed consent and HIPAA Notice of Privacy Practices is available for my review.

Name of Client: _____

Client Signature Date

Parent/Guardian Signature (if applicable) Date

Counselor Signature

Date