Informed Consent Notice

Counseling Associates, LLC

This notice describes how medical information about you may be used and disclosed, your rights as a client, risks and benefits of treatment, and the administration of treatment within this agency. Our commitment is to serve our customers with professionalism and caring, being sure at all times to protect the privacy and security of all Protected Health Information.

RISKS AND BENEFITS

When receiving treatment for health problems there are usually both risks and benefits. It is the same for mental health treatment and counseling. Risks or side effects may include discomfort from sharing personal information, or discomfort from trying/applying treatment strategies to your daily living routine. There also may be times of strong, sometimes unpleasant feelings. However, this is a normal part of the counseling process and can be discussed with your therapist at any time. Although there are possible risks to counseling, the possible benefits can be even more substantial. These benefits include an increase in ability to cope with life stressors, decrease in mental health symptoms, better relationships, increased self-understanding and acceptance, and an overall feeling of being understood and unconditionally accepted. These are only a few examples of potential benefits. As the client, or guardian of the client, you have numerous rights (refer to Client's Bill of Rights). One of which is the right to refuse or decline any proposed treatment methods or services. However, your refusal may have a number of consequences including: symptoms or problems may become chronic or may intensify; symptom relief may take longer to achieve; your treatment options may decrease; et cetera.

CONFIDENTIALITY

During the course of serving your interests, it may be necessary to share information with other Health Care Providers or Business Associates. The following are examples or instances where information may be shared:

- For payment purposes, we may use the services of a billing service
- During health care operations, we may need a second opinion
- Health Insurance companies may request additional information
- Therapists receiving supervision will need to consult with their supervisor to ensure you are receiving the best clinical services possible
- If you are receiving treatment from other resources, collaborating with those professional to provide the best and most consistent care

Other reasons that confidentiality may be broken include the following:

- In certain situations involving suicide or threatening another person's life
- The possibility of abuse or neglect of a child or vulnerable adult
- Court ordered release of records

The professionals at Counseling Associates are committed to obeying all Federal, State, and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided by law.

TREATMENT

When attending counseling sessions, there is usually an order to the process. On the day of your first session you will be asked to fill out forms that provide us with your personal information such as: name,

address, age, why you are seeking counseling, etc. You will also need to provide information pertaining to your preferred method of payment. During your first session with your therapist you will be asked to discuss your current issues. You may also be asked questions regarding your family, current or past relationships, previous counseling, current and past medications, etc. The information you provide will be kept confidential, as mentioned previously. Gathering information about your past and present circumstances is necessary for planning and providing the best possible treatment. Depending on your given situation, you may receive a diagnosis. Again, this allows the counselor to create the most appropriate treatment plan. A multitude of treatment modals exist in the counseling field. The most common ones used at this agency are Cognitive-Behavioral Therapy, Gestalt, Choice Theory, and Relaxation/Anxiety Reduction. It may take time and several strategies to find the best method for you as an individual. Discussing your goals for treatment and requesting alternative strategies is an important part of your active participation in the counseling process.

CLIENT'S BILL OF RIGHTS

1. Receive respectful treatment.
2. Refuse treatment or a particular intervention strategy.
3. Ask questions at any time.
4. Have full information about fees, method of payment, insurance reimbursement, etc.
5. Choose your own lifestyle and to have that choice respected by your counselor.
6. Have full information regarding counselor qualifications to practice, including licensure or registration, training, experience, etc.
7. Have full information regarding your diagnosis and access to your file (when legally possible)
8. Consult as many counselors as you choose
9. Talk about any part of your counseling with anyone you choose
10. Request the therapist to evaluate progress
11. Terminate therapy at any time
12. Disclose personal information you choose
13. Withdraw informed consent at any time
14. Decline any referrals the therapist may suggest
15. Inspect and receive a copy of any material to be disclosed to another individual or agency/organization.

CONSENT

By signing below, I am indicating that I have read and understood the above policies and confidentiality exceptions. I am requesting professional services from Counseling Associates, LLC. I understand that I can discuss any questions or concerns I have regarding my treatment, or these policies, with my counselor or their supervisor. I also understand I may withdraw this consent and terminate counseling at any time for any reason, but it must be in writing and signed by myself or my legal guardian.

Print Name_____

Signature of Client_____ Date:_____

Signature of Counselor_____ Date:_____

Consent Effective Until:_____(which is no longer than 15 months)