



Welcome and thank you for choosing C & A Counseling. This document is designed to answer some frequently asked questions about C & A Counseling, the counseling process, our professional relationship, confidentiality, and your financial obligation. As you read this, feel free to mark any places that are not clear to you or write in any questions that come to mind so we can discuss them. This will allow us to work most productively and comfortably together.

**What to expect at the first appointment**

The initial meeting will be 60 minutes in length. This session can be structured in many different ways. An initial intake assessment will be completed that includes a variety of questions about your presenting issue and background. At the end of the session, I will provide recommendations on how best to move forward. Subsequent counseling sessions will be 50 minutes in duration. Please note shortened or extended sessions can be arranged as needed by prior agreement.

Initials \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_



### **Informed Consent**

**Please initial where indicated, stating you have read and understand the information provided.**

#### **Confidentiality**

The law protects the privacy of all communications between a client and a psychotherapist. In most situations, we can only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. There are some situations in which I am legally obligated to take actions and I may have to reveal some information about your treatment. These situations are most unusual in our practice. However, I am required to report any evidence of child abuse, strong suspicions of child abuse and/or neglect. I am also mandated to report abuse of handicapped or elderly persons. If I determine that a client presents a serious danger of violence to another, I may be required to take protective actions. These actions may include notifying the potential victim, and/or contacting the police, and/or seeking hospitalization for the client. Finally, if in my judgment, I feel any person is a serious and immediate risk of harming him/herself I will break confidentiality to ensure the safety of my client. I will notify other family members or the police in order to maintain safety.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action and we will limit our disclosure to what is necessary. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have now or in the future.

Initials \_\_\_\_\_

Initials \_\_\_\_\_

#### **Legal/Court-**

When any legal action is initiated C & A Counseling requires a legal retainer fee of \$500, which must be paid up front prior to the therapist responding to any legal issues. This retainer fee covers up to 2 hours of initial preparation and communication. If time exceeds two hours, C & A Counseling bills at the rate of \$100 per 30 minutes. This will be billed in 30 minute increments only and is non-refundable if less time is needed. This fee will be charged to the credit card on file, unless other payment arrangements are made.

C & A Counseling bills at a daily rate of \$2,000 per day for court attendance or the attendance of any proceedings legal in nature. If time exceeds 5:00 pm on the day of attendance, an additional \$200 per hour will be charged. This will be billed in 30 minute increments only. This fee will be charged to the credit card on file prior to my attendance, unless other payment



arrangements are made. In addition, please understand you are paying for my time and not my testimony. Therefore, the fees are expected to be paid regardless of whether I testify or not. There are no refunds if court is cancelled, postponed or if less time is needed during the day(s) of attendance.

Initials \_\_\_\_\_ Initials \_\_\_\_\_

**Emergencies-** Due to my schedule, I am often not immediately available by phone, as I am usually with clients. Therefore, my telephone is answered by voice mail that I monitor frequently. I will make every effort to return your call in the same day you make it, with the exception of weekends and holidays. If you feel that you cannot wait, please call 911 or go to the nearest Hospital Emergency Room for help. Please do not wait for me to contact you to utilize those resources. If I am going to be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Initials \_\_\_\_\_

Initials \_\_\_\_\_

**Cancellation Policy-** For cancellations occurring at least 24 hours prior to your appointment time, no charges will be incurred. For cancellations occurring less than 24 hours prior to your appointment time, you will be responsible for paying the \$100 missed session fee. For appointments not kept (and not cancelled), you will also be responsible for paying the \$100 missed session fee.

Initials \_\_\_\_\_

Initials \_\_\_\_\_

**Payment and Returned Check Fee-** Payment in full is due when services are rendered unless other arrangements have been made in advance. There is a \$40 returned check fee in addition to the fee for service.

Initials \_\_\_\_\_

Initials \_\_\_\_\_



**First Session-** The initial session must be paid using a debit or credit card in order to obtain the necessary financial information kept on file in Square, our secured credit card processing system. This card will be charged in the event that you cancel a session with less than 24 hours notice or do not show (and do not cancel) for a scheduled appointment. If you are utilizing insurance or an EAP program and you are not required to make a payment for your first session your card will be charged a \$5.00 fee which will act as a credit to your account and will be applied when you make your first payment. Your initials below indicate your understanding of this policy and your consent to charge the credit or debit card on file in the instances outlined above.

Initials \_\_\_\_\_

Initials \_\_\_\_\_

**HIPAA-** You have the right to obtain or review a summary about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides new privacy protections and new patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purposes of treatment, payment, and health care operations. If you have any questions about HIPAA, please let me know and I am happy to discuss any of these rights with you. The law requires that I obtain your signature acknowledging that I have given you the opportunity to review HIPAA regulations.

Initials \_\_\_\_\_

Initials \_\_\_\_\_

**Electronic Communication Guidelines and Policy-** Email, texting, social media, video chatting, etc., have quickly become a fabric of our human interaction. Often many people feel more comfortable using these technologies as an alternative to communicating in-person or by telephone. Email and other electronic communication sent and received by C & A Counseling is not in any way intended to be used for any mental health treatment, advice, suggestions, counseling and/or related to the client's therapy sessions over the Internet. The aforementioned services must be conducted in a therapeutic session, by telephone or a previously scheduled video call. Electronic communication such as email is not intended for a crisis situation. If you or the client is experiencing a true life clinical emergency, please consider the following options: (1) dial 911; (2) go to your nearest emergency room; or (3) contact a crisis hotline. Please be advised that electronic communication, outside of email correspondence through Hushmail, is not completely secure and nor confidential; although many measures have been put into place by C & A Counseling to ensure privacy. Anytime information is transmitted electronically using the Internet, other services or networks it is compromised due to the nature of how the information is sent and delivered to technological devices. Furthermore, any information you send to or is received by C & A Counseling becomes a part of the client's legal record. Email and other electronic communication are intended for basic information about C & A Counseling and arranging or modifying appointments. Please keep all requests to no more than one short paragraph. Be advised that email is checked during business hours and may not be checked on weekends or holidays. We will respond to any requests within 24 hours of receipt or on the next business day.

Initials \_\_\_\_\_

Initials \_\_\_\_\_

---



**Patient Communication Preferences**

Our office may need to contact you to schedule and/or reschedule appointments, to schedule follow-up visits and other such administrative issues. To ensure that your privacy is maintained to the fullest extent possible, please select the method by which our office can contact you.

Home phone- Leave message?    Yes \_\_\_\_\_ No \_\_\_\_\_  
Cell phone-    Leave message?    Yes \_\_\_\_\_ No \_\_\_\_\_  
Work phone- Leave message?    Yes \_\_\_\_\_ No \_\_\_\_\_  
Home email    Yes \_\_\_\_\_ No \_\_\_\_\_    Work e-mail    Yes \_\_\_\_\_ No \_\_\_\_\_

Print Full Name of Client \_\_\_\_\_

Signature of Client \_\_\_\_\_    Date \_\_\_\_\_