



Informed Consent Policies: Client Information, Office Practices, and Consent to Treatment

New Client: Welcome! Thank you for choosing to start counseling. This is an opportunity to acquaint you with information relevant to treatment, confidentiality, and office policies. Your counselor will answer any questions you have regarding any of these policies.

Aims and Goals: The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

- a. Increasing personal awareness.
- b. Identifying personal counseling goals.
- c. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
- d. Promoting wholeness through various forms of psychotherapy and/or spiritual healing and growth.

You are responsible for providing necessary information to facilitate effective counseling. You are expected to play an active role in your counseling, including working with your counselor to outline your counseling goals and assess your progress. There may also be negative consequences toward your counseling goals if you do not follow through with recommended treatment(s).

You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between appointments than on what happens in the appointments.

- I. **Appointments:** Appointments are usually scheduled for 50 minutes. This practice's hours are usually 9:00 am – 6:00 pm. Clients are generally seen weekly or more/less as needed/requested. You may discontinue counseling at any time, but please discuss this with your counselor. In the event of an emergency, your counselor may be reached at 307-214-6745. If you are unable to reach her, you should call 911, go to your nearest emergency room.
- II. **Confidentiality:** Issues discussed in counseling are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. Situations for exceptions include: 1.) suspected abuse or neglect of a child, elderly person or disabled person. 2.) when your counselor believes you are in danger of harming yourself or another person or you are unable to care for yourself. 3.) if you report that you intend to physically injure someone the law requires your counselor to inform that person as well as the legal authorizations. 4.) if your counselor is ordered by a court to release information as part of a legal involvement. 5.) when your insurance company is involved, e.g., in filing a claim, insurance audits, case review or appeals, etc. 6.) in natural disasters whereby protected records may be become exposed or 7.) when otherwise required by law. You may be asked to sign a Release of Information so that your counselor may speak with other mental health professionals or to family members.
- III. **Record Keeping:** A clinical chart is maintained describing your condition, your treatment and progress in treatment, dates of and fees for appointments, and notes describing each therapy appointment. Your records will not be released without your written consent, unless in those situation as outlined in the Confidentiality section. Medical records are locked and kept on site.

- IV. **Fees:** Fee for initial assessment intake is \$225.00. Each 45-50 minutes appointment thereafter is \$180.00 and may vary according to insurance availability. Self-pay fee is \$110.00 per hour.
- V. **Payments:** If self-pay, payment is due at the time of the appointment, cash, check or credit card. If you choose a credit card, a separate payment form will need to be completed. Your counselor will file your insurance claim; however, you are responsible for deductibles, co-insurance and co-payments. It is your responsibility to familiarize yourself with your insurance benefits and payments. Co-insurance, co-payments are due at each appointment.
- VI. **Collections:** If your account becomes delinquent, regardless for the reason, reasonable attempts will be made to collect the account. Attempts may include phone calls to you, texting to you, and mailed invoices. Payment plans may be an option. If reasonable attempts fail, legal procedures may occur which may jeopardize your confidentiality. All legal fees related to collection attempts will be added to the account balance.
- VII. **Cancellations and Missed Appointments:** You will be billed \$50 for a missed appointment if you cancel with less than a 24-hour notice, notwithstanding emergencies. You may leave messages 24 hours per day at 307-514-2781. Insurance companies do not pay for missed appointments.
- VIII. **Complaints:** You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, please inform me, Policy Officer immediately. If you do not feel the complaint has been resolved, you may also contact the Professional Licensing Board, State of WY and file a complaint if you choose to.
- IX. **Consent for Treatment:** I consent counseling services from Sonjia Serda and to participate in an assessment intake and treatment. I understand that I may withdraw from treatment/counseling at any time.
- X. **Signature:** By signing below, you are stating that you have read and understood all the policy statements and you have had your questions answered to your satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement.

Printed Name

Date

If not client, your relationship to client(s)

A copy of this will be given to you at your request