

TrueNorth Christian Counseling

INFORMED CONSENT

Welcome to TrueNorth Christian Counseling. This document contains important information about our professional services and business policies. We ask that you read this carefully and sign it as an acknowledgement of your agreement to abide by these policies for the protection of your privacy and health information.

Counseling Services

This is a professional counseling practice that offers counseling services to individuals seeking to integrate Christian principles into the process of resolving personal issues. While all of our therapists come from a God-centered understanding of people, each has a unique background and training. There are also a number of different approaches used by our counselors, which can be utilized for the problems you hope to address. We encourage you to discuss with your counselor his or her background and training before you proceed with counseling in order to ensure that you are comfortable and confident with him or her.

Most people find therapy very helpful. During the course of therapy you may experience uncomfortable emotions. Most people remain in therapy until they feel they have learned better methods of coping with their emotions and difficulties. You are free to discontinue therapy at any time. We will be happy to offer you resource and referral assistance.

Confidentiality

Confidentiality is an increasingly complex issue. 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 HIPPA (Health Insurance Portability and Accountability Act, which went into effect on April 14, 2003). However, some situations, described in the bullet points below, require only that you provide written advance consent. Your signature on this Agreement provides consent for the following situations:

- It may occasionally be helpful to consult other health and mental health professionals about a case, to provide you with the best service possible. During a consultation, every effort is made to avoid revealing your identity. The other professionals are also legally bound to keep the information confidential. Generally, you will not be told about these consultations unless it is deemed important to the work we are doing together.

- If a government agency is requesting the information for health oversight activities, we may be required to provide it to them.
- If you file a complaint or lawsuit against TrueNorth, it may be necessary to disclose relevant information about you for our defense.
- If TrueNorth is being compensated for providing treatment to you as a result of your having filed a worker's compensation claim upon appropriate request, we will provide information necessary for utilization review purposes.

In addition, your insurance company, if you use one, requires a diagnosis be given in order to reimburse you for services rendered. They may also request additional information, and this will be provided as needed. Though all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. By signing this Agreement, you agree that I can provide requested information to your carrier.

If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the counselor-patient privilege law. We cannot provide any information without either your written authorization or a court order.

There are three additional situations in which I am legally obligated to take action. These rare situations only occur when I believe others are in harm's way as a result of your actions. If this happens, I may have to reveal some information about your treatment. If such a situation arises, every effort will be made to disclose it with you before taking any action and disclosure will be limited to only what is necessary.

1. If there is reasonable cause to suspect you of child abuse or neglect, the law requires that a report be filed with the Family Independence Agency. Once such a report is filed, it may be necessary to provide additional information.
2. If there is reasonable cause to suspect the "criminal abuse" of an adult, it must be reported to the police. Once such a report is filed, it may be necessary to provide additional information.
3. If you communicate a threat of physical violence against a reasonably identifiable third person and I judge you to have the apparent intent and ability to carry out that threat in the foreseeable future, I may have to disclose information in order to take protective action. These actions may include notifying the potential victim, contacting the county Department of Social Services, the police, and/or seeking hospitalization for you.

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. In situations where specific advice is required, formal legal advice may be needed from an attorney.

Appointments

Once counseling is initiated, a 50-minute session is scheduled. **A 24 hour notice is requested when canceling** an appointment. If less than 24-hour notice is given, we reserve the right to charge a cancellation fee of up to \$75.00 for the hour that was reserved for you. Keep in mind; this is an expense that most insurance companies do not reimburse. In case of inclement weather, no fees will be assessed as long as you call to say you won't be coming.

Payment

Payment of check, cash or credit/debit card is due at the time of each appointment, unless other arrangements have been made. A receipt will be given that you can submit to third party payment sources.

Emergency Accessibility

If you need to talk to your counselor between sessions, leave a message on voicemail if they are not available to accept your phone call. Messages are checked daily. Telephone calls that last longer than 10 minutes will be billed at the agreed-upon hourly rate. Clients should go to a local hospital, or one covered by their insurance company, for emergency mental health or medical services.

By signing below, you agree that you have read this agreement and consent to its terms. I further acknowledge that I have had the opportunity to ask questions about the contract with my counselor. I understand that I am free to withdraw my consent and discontinue treatment at any time.

_____ Date _____

Client (parent / guardian) Signature

_____ Date _____

Counselor Signature