

Alliance Counseling Group

1 W. Camino Real, STE. 201

Boca Raton, FL, 33432

www.alliancecounseling.net

Informed Consent to Treat & Psychotherapist-Client Contract

Please review, sign, and bring these documents to our first appointment, or email prior to, if you prefer.

Outpatient Services Contract

Welcome to Alliance Counseling; this document contains important information about my professional services and business policies. Please take time to read it carefully and make a note any questions you may have so that we can discuss them at our next meeting. When you sign this document, it represents an agreement between us.

Psychological Services

Psychotherapy is not easily described in general statements. It varies depending on the personality of the therapist and the client, as well as the problems and challenges you bring forward. There are many different methods I may use to deal with the problems you want to address. Psychotherapy is not like a medical doctor visit. Instead, it requires a very active effort on your part. In order for the therapy to be most successful, you will need to work on the areas we talk about both during our sessions and especially in between sessions.

Psychotherapy can have both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Therapy often leads to better relationships, solutions to specific problems and significant reductions in feelings of distress, however, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will entail and develop a treatment plan to follow should you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a significant commitment of time, money and energy, so you should be very careful about the therapist you select. If you have any questions about my approach or procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to set up a meeting with another mental health professional for a second opinion.

Meetings

I normally conduct an evaluation that will last for 1 to 2 sessions. During this time, we can both decide whether I am the best person to provide services to you in order to meet your treatment goals. If psychotherapy begins, I usually schedule one 45-minute session per week at a time we mutually agree on, although some sessions may be longer and in some cases require a higher degree of frequency (e.g., two or more sessions per week). Once an appointment is scheduled, you will be expected to pay for the session unless 48 hours advance notice is given, or unless we both agree that you are unable to attend due to circumstances beyond your control. If at all possible, I will try to find another time to reschedule the appointment.

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Billing and Payments

You will be expected to pay for your session at the end of each appointment, unless we agree to other arrangements. Payment schedules for other professional services will be agreed to when they are requested. In certain circumstances of unusual financial hardship, I may be willing negotiate a fee adjustment or payment installment plan. Please be aware that my services do not extend to include any involvement in legal procedures.

In the highly unlikely event that your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I reserve the right to use legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, collection costs will be included in the claim. In most collection situations, the only information I release regarding a client's treatment is his or her name, the nature of the service provided and the amount due.

Insurance Reimbursement

In order for us to set realistic treatment goals and priorities, it is important to evaluate the resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees. Thus, it is very important that you find out exactly what mental health services your policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. I will provide you whatever information I can based on my experience and will be happy to help you in understanding the information you receive from your insurance company.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed health care plans, such as HMOs and PPOs, often require authorization before they provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot a lot can be accomplished in short-term therapy, some clients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information, such as treatment plans, summaries, or copies of the entire record (in rare cases). 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, I have no control over what they do with the information once it is in their hands. In some cases, they may share information with a national medical information databank. Upon request, I will provide you with a copy of any report I submit if you request it in writing. It is important to remember that you also have the right to pay for therapy yourself to avoid the problems described above unless prohibited by contract.

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Contacting Me

I am often not immediately available by telephone. While am usually in my office during business hours, I do not answer my phone when I am with a client. When I am unavailable, my phone is answered by voicemail which I monitor frequently. I will make every effort to return your call on the day you make it with the exception of holidays and weekends. If you are difficult to reach, please let me know of times when it's best to reach you. If you are unable to reach me and feel you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the clinician, psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact if necessary.

Professional Records

You are entitled to receive a summary of your records. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. For this reason, psychotherapy notes are not released for review; however, at your request I will provide a treatment summary unless I believe that to do so would be emotionally damaging. If that is the case, I will be happy to send the summary to another mental health professional who is working with you. You should be aware that this will be treated in the same manner as any other professional service and will be billed accordingly. Clients will be charged an appropriate fee for any professional times spent in responding to information requests.

Minors

If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to require an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. Before giving them any information, I will discuss the matter with you, if possible, and do my best to handle any objections you have about what I am prepared to discuss.

Confidentiality

In general, the law protects the privacy of all communications between a client and psychotherapist, and I can release information about our work to others only with your written permission. However, there are a few exceptions. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order me to testify if he or she determines that the issues demand it.

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client's treatment. For example, if I believe that a child or vulnerable adult is being abused, I am a mandated reporter and am legally obligated to file a report with the appropriate state agency (DCF). If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may require notifying the potential victims, contacting the police (or other law enforcement agency), or seeking hospitalization for the client. If the client threatens

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to harm himself or herself, I may be obligated to seek hospitalization for him or her, and/or to contact family members or others who can help provide protection.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these professional consultations unless I feel that it is important to our work together.

While this written summary of exemptions to confidentiality should prove helpful to information you about potential problems, it is important that we discuss any questions or concerns you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of client (or parent of minor) _____

Name (printed) _____ Date _____

I hereby consent to be treated and have been informed of the limitations and risks:

Signature Date

Please note that a minimum of 24 hours notice is required for cancellations

or rescheduling to avoid the full fee (unless otherwise specified) being due.

 (Initial)

Please review, print, sign, and bring these documents to our first appointment, or email a scanned completed copy prior to our first appointment, if you prefer. Please indicate the clinician with whom you will be working; email addresses are provided so that you may send these forms to her/him if you choose: