**INFORMED CONSENT FOR TREATMENT**

Welcome to my practice. You have rights and responsibilities as a client seeking to engage in counseling with me. Furthermore, the federal Health Insurance Privacy and Portability Act (HIPPA) entitles you to certain protections of confidentiality. You will be provided a Notice of Privacy Practices with this form.

**Hours of Operation:** I will answer my phone during office hours if possible. Please leave a message and I will make every effort to return your call the same day. Please keep in mind that I do not work every day. I am available for appointments at varied times

**Background and Training:** I graduated from Radford University School of Social Work with my MSW in 2009. I received my BSW in 2008 from Radford University. I have worked at a domestic violence shelter with women and children, an assertive community treatment program with adults diagnosed with severe mental illness and co-occuring disorders, substance abuse, intensive in home, mental health supports, and day treatment. I am here to support you in gaining self awareness for positive results. I accept individuals of all ages with a variety of presenting concerns. I will provide compassion and encouragement on your journey to healing. I specialize in treating adults and children experiencing domestic violence, trauma, attachment concerns and secondary infertility. Other specializations include child/adolescent behavioral concerns, depression, grief/loss and relationship concerns. I also do career coaching. I use a variety of therapeutic interventions based on the individual's needs. You can find more information about me and my practice at [www.anchortohope.org](http://www.anchortohope.org)

**Philosophy:** I accept in my practice only clients whom I believe have the capacity to resolve their own problems with my assistance. The foundation of the healing process is the therapeutic relationship, which is based on trust, respect, honesty, confidentiality and effort. As people learn more about their strengths and weaknesses, they usually become more accepting of themselves and others and feel more empowered to accomplish their goals. As the client, you are responsible for setting the goals you want to accomplish and can terminate counseling at any time. My responsibility is to help you accomplish these goals in the shortest time possible. We will discuss diagnoses and estimated length of treatment during the first or second session. If counseling is successful, you should feel better about yourself and be able to face life’s challenges in the future without my support or intervention. I cannot guarantee results.

**I ask that you be as honest and as open as possible in discussing your concerns. If you are unclear about anything regarding your therapy, please ask questions.** Psychotherapy can be very helpful for some individuals but it is not without some risks. These risks may include the experience of intense and unwanted feelings, such as sadness, anger, fear, guilt or anxiety. It is important to remember that these feelings may be natural and normal and are an important part of the therapy process. Other risks might include: recalling unpleasant life events, facing unpleasant thoughts and beliefs or possible alteration of an individual’s relationships. I will make every effort to minimize potential risks and hazards which are not helpful to the therapeutic process. Often in therapy, major life decisions are made, including: decisions involving families or friends, changes in relationships, or changes in your jobs or careers. These decisions are a legitimate outcome of therapy as a result of an individual’s calling into question some of their beliefs and values, recognizing their strengths, increasing their self-acceptance, alleviating symptoms and problems or learning more helpful coping skills.

**Professional & Administrative Fees Therapy Sessions & Related Fees:** ATHC makes every effort to provide affordable health care. Our office fee for an initial session is $125. Additional therapy sessions are $100-$115. If you have health insurance, please bring your insurance card to your first appointment. ATHC requires that you make your co-pay and any unmet deductible fees at the time of your office visit. Please note that ATHC cannot guarantee your insurance coverage or benefits. In the event that your insurance company does not cover any or a portion of the services rendered, you will be responsible for payment. Please see the "Patient Responsibilities" section below for additional information related to insurance. In addition to individual therapy appointments, there are fees for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 5 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing other services you may request.

**\_\_\_\_\_Please initial that you understand and agree**

**Court Appearances & Legal Matters**: If you become involved in legal proceedings that may require the participation of your therapist at ATHC, please let your therapist know as soon as possible. Because of the difficult and time consuming nature of legal involvement, ATHC charges $200 per hour for preparation and attendance at any legal proceeding. Please be aware that you will be expected to pay for all professional time involved in legal proceedings, including preparation and transportation costs, even if called to testify by another party. A 48 hour advanced notice is required for any cancelation or postponement of a legal proceeding. You will be responsible for all fees incurred if less than 48 hours' notice is provided. Insurance will not reimburse for these fees.

\_\_\_\_\_\_**Please initial that you understand and agree**

**Requests for Letters**: Therapists are sometimes asked to write letters on behalf of their patients. For letters pertaining to legal matters, ATHC charges a base fee of $75, with the final amount varying based on the length and complexity of the letter. The charges for all other letters will be determined on a case-by-case basis, depending on the scope of the letter. Please be aware that insurance will not cover these charges, and ATHC must receive payment before the letter can be delivered.

\_\_\_\_\_\_ **Please initial that you understand and agree**

**Requests for Forms:** ATHC charges a minimum of $15 to fill out a form at the request of a patient. If the form is long or complex, the therapist may request that you schedule an appointment and complete the form as part of your session. Please be aware that insurance will not cover these charges, and ATHC must receive payment before the form can be delivered.

\_\_\_\_\_\_ **Please initial that you understand and agree**

**Record Requests**: If you request a copy of your clinical record, you are responsible for the following cost-based fees associated with processing that request: a. Handling and processing fee: $10 per request b. Photocopy (pages 1-25): 50 cents per page c. Photocopying (pages over 25): 25 cents per page I agree to these charges

\_\_\_\_\_\_ **Please initial that you understand and agree**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have had the opportunity to review the Informed Consent, and have had any questions answered. I understand I may withdraw from treatment at any time, but if I decide to do this, I will discuss my plan with this therapist before acting on it. I/We understand and agree to these policies. I consent to receive counseling/treatment for myself and/or my child.

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Client Signature Date

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Client Signature Date

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