



Insight Wellness & Counseling

## Client Informed Consent

**COUNSELING** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Clients may be asked to do certain “homework exercises” such as reading, changing behaviors, and otherwise acting in their own best interest. Clients are entirely responsible for their own actions and will always make their own final decisions regarding counseling. Much of the work done will be to resolve issues and will depend on the client’s honesty, and willingness to do the things needed to move forward even if it is painful and difficult. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

**CONFIDENTIALITY:** All in person or telephone interactions, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

### **EXCEPTIONS TO CONFIDENTIALITY:**

- **Abuse of Children and Vulnerable Adults:** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities. Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.
- **Collaboration:** The counseling staff works as a team. Your therapist may consult with other counseling staff to provide the best possible care. These consultations are for professional and training purposes.
- **Courts:** A court order, issued by a judge, may require the Counseling Services staff to release information contained in records and/or require a therapist to testify in a court hearing.
- **Duty to Warn and Protect:** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.
- **Minors/Guardianship:** Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records.
- **Insurance Providers (when applicable):** Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

**TERMINATION:** Our therapists reserve the right to terminate therapy at their discretion, for reasons including but not limited to untimely fee payment, noncompliance with treatment recommendations, conflict of interest, failure to participate in therapy, or if the client’s needs are outside the therapist’s scope of practice or competence. Clients also have the right to terminate therapy at their discretion. Upon either party’s decision to terminate, the therapist will usually recommend the client participate in at least one termination session to facilitate a positive termination experience and allow both parties to reflect on the work that has been done. The therapist will also attempt to ensure a smooth transition to another therapist by offering referrals to the client. If a client has not attended a session in over three months, our therapists will consider the client to have self-terminated and the he or she will no longer be considered an active client.



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**CANCELLATION POLICY**

We appreciate prompt arrival for appointments. Please notify us if you will be late; depending upon the therapist’s schedule it may be necessary to reschedule your appointment. Late arrival may shorten the length of the therapy session, in this case the full fee will still be charged. In cases of extreme tardiness, the therapist may not have time to see the client that day; this will be treated the same as a cancelation without 24-hour notice. If you fail to cancel a scheduled appointment, we will not be able to use this time for another client. Less than a 24-hour cancelation notice effects consistency of patient care and creates inefficient scheduling for our practitioners. A credit card charge will be made directly to all clients who do not show up for an appointment, or do not cancel an appointment with at least a 24-hours’ notice unless it is due to illness or an emergency.

**I understand that I will pay in full for appointments. The rate is \$150 for a 50-minute intake session. I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of Insight Wellness & Counseling.**

\_\_\_\_\_  
Client Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

**Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____
Cardholder Name (as shown on card): _____	
Card Number: _____	
Card Expiration Date (mm/yy): _____	Authorization Code: _____
Cardholder ZIP Code (from credit card billing address): _____	

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date