**Informed Consent Agreement**

Welcome to Counseling. It is my intention to provide you with confidential counseling designed to help each individual achieve their personal goals. My services and programs aim to cultivate self-awareness, interpersonal skills and well-being. All services are conducted in a manner that is positive, collaborative, empowering and respectful of the diversity of my clients. **This document will provide you with important information about my services and your rights as a person receiving counseling.** **Please read all of the information carefully, ask any questions so that I may address your concerns and sign the final page.**

**Counseling Services offered include:**

* Individual, couples, family and group psychotherapy
* Older teen and adult psychotherapy
* Therapeutic Yoga Group
* Consultations

**Focus of Practice:**

* Adaptation and adjustment to issues related to:
* Loss (relationships, jobs, chronic illness, death), grief and bereavement
* Life’s major turning points
* Depression
* Anxiety
* Self-esteem
* Relationships
* Stress management and relaxation
* Optimal well-being

**What happens during the first counseling session?**

In the first counseling session we will explore and assess ways in which you might make positive changes regarding the concerns that brought you here. As your counselor, I will consider how your personal characteristics, including race, culture, gender, sexual orientation, religious, and spiritual beliefs, affect the way you feel and think about your concerns and how you might be most successful in resolving them. My goal is to provide you with the best possible services.

**What are my responsibilities in counseling?**

I believe that counseling is most effective when the client and counselor collaborate on resolving the client’s concerns. The counseling process includes a willingness to challenge yourself to think about issues in new ways, be honest with yourself and your counselor, and follow through on tasks and goals discussed in session.

**What is meant by confidentiality?**

All of the information about your contacts with me will be kept confidential with the following exceptions, as well as those required of me by law, if any:

* In the event of possible suicide or homicide, professionals, family members or other persons directly involved may be notified without your permission, if you or another person(s) is in life-threatening danger or crisis.

* If you report being a perpetrator of physical, emotional or sexual abuse towards a child, disabled person or elderly person, or if you report immediate knowledge of such abuses by another person, I am required by law to immediately report such information to the proper agency with or without your permission.

* In certain legal situations, including court order, I may be required to disclose information as necessary to comply with the law in that situation.

* In crisis situations or when hospitalization is immediately required.

* In order to receive payment from you.

*If a situation occurs where it is necessary to contact a third party, I will make every effort to fully discuss the reasons for the disclosure and will limit the information that is revealed to what is necessary in my professional judgment.*

If you would like to release information about your contacts with me to another person, such as a medical professional, I will ask you sign a consent form. Please be advised that once this information is released, I cannot guarantee that it will remain confidential.

If you apply for employment in certain agencies of the United States government you may be asked to sign a release allowing me to provide information about your contacts with me. This information could include such information as diagnosis, medications taken, prognosis, and potential for counseling concerns to affect work performance. By signing this release, you are consenting to have me release pertinent information to government officials.

**Are there any risks to the counseling process?**

It is possible that during the counseling process you might experience uncomfortable feelings. However, psychotherapy/counseling has been demonstrated to have many benefits and clients often report significant improvements in the problems for which they sought help.

**Do mental health professionals consult with each other?**

In order to provide clients with the best care, mental health professionals may consult with each other concerning the services they provide.

**What are your office hours/length of appointments/fees?**

Counseling sessions are by appointment only. The first individual, couples or family session will last 50-60 minutes and subsequent sessions will be 50-55 minutes. The session fee is $108. If you are late to your appointment, this will not extend your session time into someone else’s appointment. Group counseling/psychotherapy sessions will be 60 or 90 minutes with a fee per series as stated in my Counseling Services registration form. Non-group fees are due at the time service is rendered. Group fees are due on or before the start of the group session series unless other payment arrangements are agreed to. In accordance with my **Cancellation Policy**, if a session is missed or cancelled with less than 24-hours notice, you will be responsible for payment in the amount of a full session fee. Notification is not considered to be complete until you receive a call back, text or email back from this therapist confirming receipt of your message canceling your appointment. This fee should be paid immediately or a bill will be mailed or emailed directly to all clients who do not show up for or do not cancel an appointment with proper advance notice, and this amount must be paid before being able to schedule a future appointment. If you plan to use insurance, you are responsible for learning about and informing me of the specifics of your mental health coverage. Please verify whether a referral is needed. If you use insurance, I may be asked to release information related to symptoms, diagnosis, treatment plan and progress toward goals. You will be asked to sign a form granting permission to share this confidential information with your insurance company.

**Miscellaneous fees**

The following is a list of services that generate an additional fee, which will be your responsibility to pay at the time of your request: letters: $100, report for court or other legal entity: $250, to appear in court: $500 plus $125 per hour beyond 4 hours.

**How can I give my counselor feedback about my experience in counseling?**

Please let me know how you feel about your counseling experience. I may ask you to complete some brief feedback forms during your sessions to make sure that you are on track toward meeting your goals or this may be done verbally. All information of this nature will be confidential.

**E-mail and phone policy**

I cannot ensure that e-mail is truly confidential. Also, I am not always able to check e-mail on a timely basis. The same is true for text messages. If your concern requires a timely response it is best to leave me a message on my phone. I check messages Monday through Thursday between 9 am and 8 pm. Generally, I do not check for messages in the evening (after 8 pm) or on weekends (from Thursday 8 pm until Monday 9 am). If you leave a message and would like a call back, please leave details as to where and when you can be reached. You will know in advance when I plan to be absent from the office. When I am away from the office, I generally do not check messages.

**Emergency information:**

In the event of a crisis or emergency, call 911 or go directly to your local emergency room:

Possible locations include:

Lehigh Valley Health Network:

* Lehigh Valley Hospital – Cedar Crest & I-78, Allentown, Pa. 18105-1556

610-402-8111

* Lehigh Valley Hospital – 17th and Chew Streets, Allentown, Pa. 18105-7017 610-969-2226

* Lehigh Valley Hospital – Muhlenberg, 2545 Schoenersville Road, Bethlehem, Pa. 18017

484-884-2521

St. Luke’s University Health Network:

* St. Luke’s University Hospital Bethlehem Campus, 801 Ostrum Street, Bethlehem (Borough of

Fountain Hill) PA 18015

610-954-4500

* St. Luke’s University Hospital Anderson Campus, Emergency & Urgent Care, 1872 St. Luke’s

Blvd., Easton, PA 18045

484-503-3000

* St. Luke’s Hospital Allentown Campus, 1736 W. Hamilton Street, Allentown, PA 18104

610-628-8383

* St. Luke’s Quakertown Hospital, 1021 Park Avenue, Quakertown, PA 18951

215-538-4500

I have read and understood the information listed above.

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Client signature Date