**Informed Consent for Therapy Services**

**AMY ENKLING COUNSELING, LLC**

**THERAPIST-CLIENT SERVICE AGREEMENT**

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and your rights as a client about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations that are important that you understand. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign this document, or at any time in the future.

PSYCHOLOGICAL SERVICES  
Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

In therapy, there are both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness; because the process of therapy often requires discussing the unpleasant aspects of your life. However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. But, there are no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

INDIVIDUAL THERAPY SESSIONS Our initial session will involve defining your needs and goals for us working together. By the end of this assessment of your needs, we will both have a clear picture of what we can benefit from working on together; and I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals. We can collaborate on which objectives will be the most beneficial for you. The objectives for reaching your goals can be adjusted at any time during our sessions. You have the right to evaluate this information, and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, please feel free to bring them up so we can discuss them whenever they arise. If your doubts in our working together persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

TELEMENTALHEALTH COUNSELING SERVICES My telephone and connection is secured for your privacy during a telephone session. I highly suggest that you also secure your connection with a pass code. For online video sessions, I use a HIPPA-compliant platform for your confidentiality. If possible, I would like to meet with you in person for our initial session.

APPOINTMENTS  
Individual appointments will ordinarily be 60 minutes in duration, once per week, at a time we agree on--although some sessions may be more or less frequent as needed, or based on what we agree upon together. Group appointments are either 60 or 90 minutes in duration. The time scheduled for your individual counseling appointment, your group counseling appointment, or your telephone or video counseling appointment is assigned to you and you alone. Once we have had our first session together, and this agreement is signed, if you find you need to cancel or reschedule a session, my policy is to have 24-hours notice. If you miss a session without canceling, or cancel or reschedule with less than a 24-hour notice, my policy is to collect the amount of your payment for your session. This is in place due to working by appointment only, if someone may have wanted to come in for an appointment, or is on my waiting list that may be in need of an appointment time. The fee for canceling without 24-hours notice, rescheduling, or not showing for your appointment is your regular session fee. If paying by credit card, the aforementioned fee will be automatically charged the day of your session time. [unless we both agree that you were unable to attend due to circumstances beyond your control].

If you are able to cancel prior to 24-hours of your scheduled session time, and we are able to communicate and reschedule your session within the same week, you will then not lose your session, nor your fee for your session. If we have a late start to your appointment, we will still need to end on time to accommodate for an appointment time following yours.

PROFESSIONAL FEES  
For individual sessions, in-person, by secure video, or by telephone, the standard fee for each session is $175.00. If we find more time is needed at the end of your hour session, I can prorate the additional time if it is open to do so. The fee for your initial intake and assessment session is $250.00. Payment is due at the time of your session. Payments can be made by cash, check, or by Health or Flex Savings Accounts, along with credit and debit cards through IVY Pay. IVY Pay is an application used via phone to store your card information, session date, and time. IVY Pay is a secure source for ensuring your confidentiality, being HIPPA compliant, specifically for therapists. You will receive a receipt via text message through IVY Pay. For more information on IVY Pay, please visit [www.talktoivy.com](http://www.talktoivy.com). If paying by check, please be sure to have your payment amount in your account to forego additional reimbursement to me for any checks returned to my office for any bank fees that I incur. As mentioned above, in addition to your appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for additional sessions time, or other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings, or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

INSURANCE I am not a participating provider for insurance plans. I keep receipts of your sessions on file. I will supply you with a receipt of payment, or a Superbill, for insurance company reimbursement services upon your request. You can then submit this to your insurance company for reimbursement of my services. Please note that not all insurance companies or entities will reimburse for out-of-network providers, yet many will. I am an in-network provider for BayCare Life Management, providing EAP services. If you are affiliated with one of BayCare Life Management Assistance Programs, you will be able to use your Assistance Program benefits.

PROFESSIONAL RECORDS  
I am required to keep appropriate records of the therapy services that I provide. Your records are maintained in a secure location at all times. If you are self paying for sessions, no diagnosis is required to go on any of your records I keep, and there is no limit as to how many sessions we have. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your reasons for coming to therapy and/or your diagnosis if needed for insurance reimbursement on a Superbill, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others , if you sign a release of your personal information, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you request to review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file, or any part of your file, be made available to any other health care provider with your written request and signed consent to release information.

CONFIDENTIALITY My policies about confidentiality are strictly adhered to. The only time I disclose confidential information is if you state plans to harm yourself, harm another, or if I am court ordered to turn over your records. For me to speak with another person to collaborate about your services received from me to any other entity or professional, you will need to sign a release of information indicating what exact information you wish to be disclosed to any given individual. Some examples are: someone you are receiving medication from, a parent or guardian, spouse, emergency contact, or a legal representative. This is strictly for collaboration of services on your behalf, or for your safety. Please remember that you may reopen the conversation at any time during our work together, and decide if you no longer want the information you identified to be disclosed to any individual you list on the release of information form(s) you previously signed.

CONTACTING ME  
I am not always immediately available by telephone. I make it a practice to not answer my phone if I am with another client, or otherwise unavailable. At these times, you may leave a message on my confidential voicemail, and your call will be returned as soon as possible. At times, it may take a day or two for non-urgent matters. If possible, I will answer you back by text messaging for a more quick response. If, for any number of unforeseen reasons, you do not hear from me, I am unable to reach you, you feel you cannot wait for a return call, or if you feel unable to keep yourself safe, please go to your Local Hospital Emergency Room, or call 911. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of a mental health professional who can assist you in my absence if needed.

TEXTS AND EMAILS Amy Enkling Counseling, LLC does not conduct counseling or address counseling-related issues via text or e-mail. When your appointment reminders are sent via text message, I do not mention that you are receiving counseling services for your confidentiality. You are welcome to submit thoughts, concerns, or other content related to your counseling sessions by e-mail or text. However, personal or counseling-related content received by text or e-mail typically will not receive a written reply, but rather be addressed in your next face-to-face, video or telephonic session. This is also for your confidentiality.

OTHER RIGHTS  
If you are unhappy with what is happening in therapy, or anything related to our session meetings, I hope you will talk with me so that I can respond to your concerns. Any comments will be taken seriously, and handled with care and respect. You may also request that I refer you to another therapist, and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy, and about my specific training and experience. You have the right to expect that I will not have social relationships with you as my client.

CONSENT TO PSYCHOTHERAPY  
Your signature(s) below indicates that you have read this Agreement, and agree to its terms.

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Signature of Client(s) or Personal Representative

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_