

Cope Counseling & Coaching LLC

Informed Consent Service Agreement

Welcome to Cope Counseling & Coaching LLC. 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 patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

I. COUNSELING SERVICES

Counseling is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in counseling, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. As your counselor, I have responsibilities to you, as well. These rights and responsibilities are described in the following sections.

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counseling often requires discussing unpleasant aspects of your life. However, counseling has been shown to have benefits for individuals who undertake it. Counseling 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. Counseling requires an active effort on your part. In order to be most successful, you will have to work on things we discuss outside of our sessions.

The first 1-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer some initial impressions of what our work might include. At that point, we will discuss your counseling goals and create an initial plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have any questions, we should discuss them whenever they arise.

II. APPOINTMENTS

Appointments are 50 minutes long, and the frequency of appointments will be determined by you. If you need to cancel or reschedule a session, I ask that you provide 48 hours advanced notice. If you miss a session without canceling, or cancel with less than 48 hours notice, my policy is to keep the fee you already paid (unless we both agree that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the fee as described above.

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You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time.

III. PROFESSIONAL FEES

The standard fee for a 50-minute session is \$150 for individual, couples and family counseling. You are responsible for paying the fee when scheduling your session.

In addition to appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for 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.

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.

IV. INSURANCE

To set realistic counseling goals and priorities, it is important to evaluate your resources available to pay for your counseling. If you have a health insurance policy, it may provide some coverage for out-of-network mental health treatment. I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

V. PROFESSIONAL RECORDS

I am required to keep appropriate records of the counseling services that I provide. Your records are maintained in a secure location in the office. I keep brief records noting that we met, your reasons for seeking counseling, the goals and progress in counseling, topics we discuss, any records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file.

VI. CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices provided to you.

VII. PARENTS & MINORS

While privacy in counseling is crucial to successful progress, parental involvement can also be essential. For children 14 and older, I request an agreement between the child and parents to share general information about attendance and progress, as well as a summary upon completion of counseling. All other communication requires the child's agreement, unless I feel there is a safety concern. In this case, I will make every effort to notify the child of my intention to disclose information and handle any objections raised. (See the Adolescent Consent Form).

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VIII. CONTACTING ME

The best way to contact me is via email: david@copecounselingandcoaching.com and/or phone: 603-562-8889.

I am often not immediately available by telephone. I do not answer my phone when I am with clients 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.

If, for unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency Room or call 911 and ask to speak to the mental health worker on call.

IX. OTHER RIGHTS

If you are unhappy with what is happening in counseling, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another counselor and are free to end counseling 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 counseling and about my specific training and experience. You have the right to expect that I will not have social or sexual relationships with clients or former clients.

X. CONSENT TO COUNSELING

Your signature below indicates that you have read this Agreement and agree to their terms.

Client Name

Signature of Client/Client's Legal Representative

Date