



Before we start counseling together, there are a few things that you ought to know about the process and about the office. Legally, this is called “Informed Consent.” This information will help you understand better what to expect and will explain some limitations about what we will be doing.

CONFIDENTIALITY

Of course, all of our work together – our conversations, your records, and any information that you give – is protected by something called legal *privilege*. That means that the law protects you from having information about you given to anyone. This office respects your privacy, and we intend to honor your *privilege*. However, there are some exceptions to your privacy that you should understand.

If I believe there is a risk you might harm yourself or cause harm to someone else, I may be required to contact the authorities and / or the other person to give them the opportunity to protect you or themselves. If you are abusing children or elderly people, or disabled adults, I must notify the authorities so they can protect these others from harm. Also, if you become involved with any lawsuit in which your mental health is an issue – for example, a custody dispute or an injury lawsuit in which you claim compensation for emotional pain and suffering – then the court or the lawyers may insist upon, and may obtain your information from me. Similarly, you would lose the protection of your privilege if you file a complaint against this office with the licensing board. By your signature below you authorize this office to designate an appropriate custodian to assume responsibility for your record in the event of your counselor’s death or disability.

The financial part of our relationship also imposes some confidentiality limits. If you are using insurance or another third party payer, this office must share certain information with them, including (but not limited to) your diagnosis and the times of your visits. If there is a managed care company, they may require us to provide additional information, such as your symptoms and your progress. Some third party payers may require more extensive, and frequent, written documentation. You should also understand that insurance and managed care information is often stored in national computer bases. By your signature below, you authorize this office to provide information to your insurance or managed care company or to other applicable third party payers, to the extent necessary for them to pay for your services. If we find ourselves in a dispute with you over billing, this office may only provide the information necessary to clarify and to collect any outstanding balance. This office reserves the right to utilize the services of a collection agency should the need arise, however it is our hope that this right will not have to be exercised.

SIDE EFFECTS AND OTHER POTENTIAL UNPLEASANTNESS

You should know that counseling is not always easy. You may find yourself having to discuss very personal information. You could find those conversations difficult and / or embarrassing, and you might be very anxious during and after such conversations. As you learn more about yourself, you might encounter increased conflict with friends, co-workers, and family members. It is possible that you might become somewhat depressed or anxious. Counseling is intended to alleviate those problems, but sometimes at first, as you get to the root of some things, you may feel them even more acutely than in the past. You may also be asked to do some things that might, at first, make you feel uncomfortable or

awkward. Sometimes counseling requires trying new ways of doing things. You will always be free to move at your own pace, however. We will work with you to make changes, but we cannot promise anything about the results you will obtain. Your outcome will depend on many things. In short, no therapist can “fix” or “cure”... however, we can help by facilitating change.

This office specializes in general adult issues. If we believe that your problem(s) requires knowledge that we do not have, we may refer you for a consultation with someone with specific training or experience. We will discuss any such referral before any action is taken. Towards the beginning of treatment we will create a treatment plan with you. That is, we will look at what you would like to change, what we will do to change it, how we will know you are succeeding, and how long this may take. Every now and again, we will review the plan to see if it needs to be updated in any way.

OFFICE POLICIES

Largely, appointments begin at the top of each hour. Counseling sessions usually last 50 minutes, and we must end each session promptly. Payment is due at the time of your appointment. Cash and checks are accepted as payment. A full fee must be charged even if you are late, or if you cannot make your appointment and you do not cancel the appointment twenty-four hours in advance. Your insurance will not pay for missed sessions; you must pay for those yourself. This office will charge a \$30.00 fee for any check returned for any reason.

The telephone is largely answered twenty-four hours a day by an electronic answering system. Throughout the day, Monday through Friday, messages will be checked regularly, and whenever possible we try to return phone calls the same day. If we have not returned your call within twenty-four hours, please call again as your message may have been lost. Messages left after 5:00 pm will not be checked until the following day at approximately 7:30 am. If you have an emergency after 5:00 pm, call 911 or go to an emergency room to seek immediate professional assistance.

While email continues to be a regularly used method of communication, it is important to be aware that e-mail communication can be relatively easily accessed by unauthorized people, and therefore can compromise the privacy and confidentiality of such communication. E-mails, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Due to this, should you chose to send an email to your therapist, please limit the information you supply and contact the office with any professional inquiries that you may have. E-mail will be checked frequently throughout the work day, but please understand that professional advice will not normally be given via e-mail. Your signature below indicates that you understand and accept that e-mail is likely a non-confidential form of communication.

It should also be known that no gifts, tips, or gratuities shall be accepted by your therapist. This includes handmade or purchased items.

RIGHTS AND OTHER PERTINENT INFORMATION

You have the following rights whether or not you consent to evaluation or treatment:

- You have the right to refuse evaluation or treatment at any time;
- If you elect to refuse recommended mental health evaluation or treatment, you will be informed of the possible consequences of refusing;
- You have the right to review, ask questions about, and offer suggestions related to your mental health treatment. Your suggestions may or may not be followed; and

- You have the right to inquire as to the qualifications of your provider to render a specific evaluation or treatment.

You should be informed about the following:

- The nature and character of the proposed evaluation or treatment;
- The reason for the recommended evaluation or treatment;
- What other options you may have other than the recommended treatment; and
- The possible risks and benefits of the recommended evaluation or treatment and of other options (including no treatment).

Place an X in the box next to the statement that applies to you:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have read or have had explained to me the information on this form. I have asked questions about anything that was not clear to me. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have been informed about my rights to consent or not to consent to evaluation or treatment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree to receive and participate in a mental health evaluation at this time. |
| <input type="checkbox"/> | <input type="checkbox"/> | I agree to receive and participate in mental health treatment at this time. |
| <input type="checkbox"/> | <input type="checkbox"/> | At this time I take responsibility for my choice of mental health provider and the financial responsibility that goes with receiving services. I also agree to notify Dr. McCall at any time that I might choose to discontinue services so that he can appropriately close the file, be assured of my well-being and if required, make a referral to another provider. |

Please know that this information is to help you understand some things about counseling that not everyone knows. If you have questions at any time during your interactions with this office, please ask.

I understand that the information and the checked boxes are correct.

Signature

Date

Signature of clinician

Date

If "No" to any of the last three questions:

I decline these services/responsibility because: _____
