

Informed Consent

1. Counseling Approach

We use a variety of interventions to assist you. Depending on your needs, we may use Cognitive Behavioral Therapy, various Trauma and Attachment Therapy Modalities, Play Therapy, PCIT, TheraPlay, Sand Tray Therapy and/or Emotion Focused Therapy, or other therapies as needed. Your care may also include elements of Christian faith as appropriate.

2. Goals

Specific goals will be developed and mutually agreed upon. The goals may be specific (change in behavior, improved relationships), or more general (less anxiety, better self-esteem). The length of therapy depends on the complexity/severity of your problems.

3. Fees

Fees are on a sliding scale basis, and are due via cash, check, debit card, or credit card at the time of the session. HSA/FSA payments are also available. We do not bill insurance, but at your request, we can provide you a receipt that you can use to file your own claims. We cannot guarantee that an insurance company will reimburse you for services. A \$40 fee will be charged for checks that are returned for insufficient funds. Services thereafter will be on a cash or debit/credit card only basis. Your fee for services will be based on a sliding scale according to your family's gross yearly income. Yearly income includes income such as child support payments, maintenance (alimony), and disability payments. Sessions are billed on an hourly rate for the first scheduled hour, and in fifteen-minute increments thereafter. Most sessions will last one hour, but there may also be times where Rhealynn or Alex can decide to provide additional time to complete the therapeutic work in session that day. At Rhealynn or Alex's discretion, sessions can be scheduled on Saturdays with an increased fee.

Please check on the line below to determine the hourly fee for services:

<u>Yearly Gross Income</u>	<u>Hourly Fee</u>
_____ \$0 to \$59,999	\$85.00
_____ \$60,000 to \$69,999	\$95.00
_____ \$70,000 to \$79,999	\$105.00
_____ \$80,000 to \$89,999	\$115.00
_____ \$90,000 to \$100,000	\$125.00
_____ \$100,000 and above	\$135.00

4. Sessions

Sessions will begin and end on time. If you arrive late for a session, your session time will be shortened and your normal fee will be expected. Please call 24 hours in advance if you need to change or cancel your appointment. Your appointment time has been reserved just for you. If you do not provide a 24-hour notice, you will be asked to pay for the missed session at the beginning of your next appointment. There will be a fee for a missed session.

5. Benefits and Risks of Therapy for Minor Children

Therapy can be beneficial to your child in a variety of ways. Your child will receive emotional support, learn to understand feelings and problems, and be encouraged to try out new solutions to old problems. While therapy may provide significant benefits, it may also pose risks. Occasionally, a disagreement between parents and/or a disagreement between parents and counselor regarding the best interests of the child may occur. We can usually resolve such disagreements or agree to disagree, so long as this enables your child's therapeutic process. Therapy may also elicit uncomfortable thoughts, feelings, or memories.

6. Confidentiality for Minor Children

Therapy is most effective when a trusting relationship exists between the counselor and the child. Privacy is important in securing and maintaining that trust. Specific details of the information children share with their therapist in sessions can be shared with parents, but parents using that information in a negative interaction with the child can impair the child's trust in the safety of the therapeutic space. We will encourage children to be honest and forthcoming and to maintain an emotionally safe environment.

There are specific exceptions to confidentiality which include, but are not limited to:

- When there is risk of imminent danger to your child, we are required by law to take necessary steps to attempt to prevent such danger.
- When there is suspicion that a child is being abused or is at risk of abuse, we are mandated to take steps to protect individuals by informing the proper authorities.
- If there is known danger to another person, we are required by law to inform law enforcement.
- When we are ordered by a judge to disclose information, even after asserting professional privilege.
- You sign a release of information and authorize us to talk to someone else.
- You file a complaint or lawsuit, and while defending ourselves, Rhealynn, Alex, or Connections Counseling as an agency may disclose personal information.

7. Children and Legal Proceedings

It is our policy not to testify in court custody/divorce hearings. If you are bringing your child for help during this stressful time in your family's life, then the therapist's work is directed toward helping your child in therapy. Participating in court proceedings is often counterproductive to your child's therapy process. By setting this policy at the beginning of therapy, the therapy room is kept as a safe place for your child to work through emotions. In some cases, at our discretion, we may agree to write a report about your child's progress in therapy. By signing this informed consent, I/we agree not to subpoena or ask for copies of my child's records for legal proceedings, or ask for court testimony/evaluations from Rhealynn Clark, Alex Clark, or Connections Counseling as an agency. I/we also agree to instruct our attorneys not to subpoena Rhealynn, Alex, or Connections Counseling as an agency or refer to Rhealynn, Alex, or Connections Counseling as an agency in a court filing. In the event that we are asked to appear in court or provide a deposition, there will be a fee of \$200.00 per hour which includes travel time to and from the location requested.

8. Benefits and Risks of Therapy for Adults

Counseling may involve discussing relational, spiritual, psychological, and/or emotional issues that may be distressing. There is no guarantee of outcomes as a result of participating in upcoming sessions. At any point during the counseling process, we may deem it in your best interests to be referred to another professional. If you are involved in violence, substance abuse, or have threatening behavior, we may discontinue your therapy and give you an appropriate referral. You have the right to discontinue counseling at any time.

9. Confidentiality for Adults

The therapist will keep everything you say completely confidential, with the following exceptions:

- You sign a release of information and authorize us to talk to someone else.
- We determine that you are a danger to yourself or to others.
- You report information about the abuse of a child, elderly person, or a disabled individual who may require protection.
- You report information regarding someone else being in imminent danger.
- When we are ordered by a judge to disclose information even after asserting professional privilege.
- You file a complaint or lawsuit, and while defending themselves, Rhealynn, Alex, or Connections Counseling as an agency may disclose personal information.
- In couple and family guidance, we do not view confidentiality as applying between a couple and/or family members and will use clinical judgment regarding sharing information.

We will not reveal your identity as a client to others. Therefore, we will not address you first if we meet you somewhere in public. We will decline any social invitations, as once we engage in our role as your counselor, we will always remain in that role in order to best preserve confidentiality. These guidelines are not meant to be discourteous in any way. They are meant for your long-term protection.

10. Telehealth

Prior to providing telehealth services, adult clients or parent/guardian(s) of a minor shall be required to produce a valid photo identification. Also, an initial assessment will be completed to determine if telehealth is an appropriate delivery of treatment. Telehealth may not be appropriate if there are, or likely to be, recurrent crises or emergencies, or if there is, or likely to become, a risk of harm to self or others. Telehealth services may be terminated at our discretion if we deem it is in your best interests to be referred to another professional or in-person care. You have the right to discontinue telehealth services at any time. Telehealth services will be synchronous and conducted via a HIPAA compliant platform with built in information encryption and security. In case of technological difficulties, the therapist will call the client to arrange alternate methods of delivery.

11. Emergency Care

If you have an emergency, please call 911 or go to your local emergency room. We do not provide crisis stabilization or after-hours care. You can contact us between sessions via phone or email, and we will respond at our earliest convenience. If you cannot reach us and have an emergency, please call 911 or go to your local emergency room.

12. Child Care and Safety on the Premises

No provision is made for child care. If your child/children is not participating in a session, please make other arrangements for his/her care. Connections Counseling is not responsible for any accidents or injuries to children who are unsupervised by their parents on the property.

13. Homework

Homework is an important part of the growth that you will make and may be given at each session attended.

14. Documentation Requests

We can provide written summaries of assessments, therapeutic progress, or other reports as needed. There is a fee associated with this service. All documentation and client information is stored securely behind 2+ sets of locks.

15. Communication and Social Media Policy

We do not engage with active clients via social media platforms. Communication is maintained through the therapeutic relationship while clients are participating in services with us. You can contact us between sessions via phone or email, and we will respond at our earliest convenience. If you cannot reach us and have an emergency, please call 911 or go to your local emergency room.

Please sign below that you have read, understand, and agree to comply with the above policies.

Name (printed):_____ Signature:_____ Date:_____

Name (printed):_____ Signature:_____ Date:_____

Name (printed):_____ Signature:_____ Date:_____

Name (printed):_____ Signature:_____ Date:_____

Name (printed):_____ Signature:_____ Date:_____

Name (printed):_____ Signature:_____ Date:_____

Email address (for Square invoices and correspondence):_____