**Connections Counseling, LLC**
**900 Corbitt Drive**
**Wilmore, KY 40390**

**Alex Clark, M.A., M.Div., LMFT #169304 – 859-806-9813**
**Rhealynn Clark, M.A., LPCC #102212 – 859-509-8468**

# Informed Consent

1. **Counseling Approach**
   We will utilize Emotionally-Focused Couples Therapy (EFT/EFCT) as it is an evidenced based intervention specifically designed to for couples counseling. Your care may also include elements of Christian faith if so desired.

2. **Goals**
   Specific goals will be developed and mutually agreed upon. The goals may be specific (change in behavior, improved relationships), or more general, such as addressing emotional and relationship issues by fostering greater emotional awareness, regulation, and expression, leading to stronger bonds and improved communication. The length of therapy depends on the complexity/severity of your problems as well as your desire to move through symptom reduction and continue improving the connection in your relationship or marriage.

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. 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:**

| | Yearly Gross Income | Hourly Fee |
|---|---|---|
| _____ | $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, or if you fail to keep a scheduled appointment, you will be required to pay a portion of your hourly rate.

5. **Benefits and Risks of Therapy**
   Therapy can be beneficial in a variety of ways. You 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 partners or the partners and the therapist may occur. We can usually resolve such disagreements, so long as this enables your therapeutic process to continue. Therapy may also elicit uncomfortable thoughts, feelings, or memories.

6. **Confidentiality**

Therapy is most effective when a trusting relationship exists between the counselor and the client(s). Privacy is important in securing and maintaining that trust. Information shared in session will be kept confidential. Information shared to the therapist by one partner is not limited to the therapist and one partner, as we will operate under a "no secrets" policy. 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.

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

- When there is risk of imminent danger to a 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. **Legal Proceedings**

It is our policy not to testify in court custody/divorce hearings. If you are coming for help during a stressful time in your life or your family's life, then the therapist's work is directed toward helping you or your family in therapy. Participating in court proceedings is often counterproductive to the therapeutic process. By setting this policy at the beginning of therapy, the therapy room is kept as a safe place for all to work through emotions. By signing this informed consent, I/we agree not to subpoena 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.

10. **Telehealth**

Prior to providing telehealth services, clients may 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

10. **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.

Partner #1 name (printed): _____

Partner #1 signature(s): _____

Partner #1 Date: _____

Partner #2 name (printed): _____

Partner #2 signature(s): _____

Partner #2 Date: _____

Email address (for Square invoices and correspondence):_____