

Informed Consent For Psychotherapy Treatment

Welcome to Joyful Living Family Counseling LLC! This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents before signing it.

Information about Your Therapist:

Joyful Living Family Counseling LLC is owned by Heather Young, M.A., N.C.C., L.P.C. Mrs. Young received her Master of Arts in Counseling Degree from Denver Seminary, is a Nationally Certified Counselor and a Licensed Professional Counselor in the state of Colorado #5324. She has specialized training in several evidence based therapies including; Dialectical Behavior Therapy (D.B.T.), Functional Family Therapy (F.F.T.), Emotionally Focused Therapy (E.F.T.), Eye Movement Desensitization and Reprocessing (E.M.D.R.), and Motivational Interviewing (M.I.). Mrs. Young also has over 150 hours of Substance Abuse training, Parent Coaching with Parenting the Strong Willed Child, ASSIST suicide prevention, and disaster crisis response intervention. Mrs. Young has an eclectic professional orientation, using techniques from multiple counseling specialties to meet the very unique needs of her clients. If you wish, she is willing to provide more information about her clinical background, experience, education, special interests, and professional orientation.

Please note, the therapists at 7000 E Belleview Ave. Suite 350. Greenwood Village, CO. 80111, share office space, but are not considered a group practice. Each therapist's practice is separate, and each is solely and entirely responsible for any liabilities resulting from that practice.

Professional Fees:

The fee for service is **\$150.00** per 50 minute therapy session. Mrs. Young does reserve the right to periodically adjust the fee and will notify you in advance so that you can make the appropriate accommodations. In addition to sessions, I charge this amount, on a prorated basis, for other professional services such as phone calls, preparation of treatment summaries, consultation with other professionals with the client's permission, email exchanges, and all other time spent performing services that the client might request of this therapist. Any services that is 15 minutes and under is considered part of my counseling service. Mrs. Young starts billing after the first 15 minutes and on a prorated basis to the nearest 15-minute mark after that. If you require my participation in legal proceedings, please be prepared to pay for my professional time, including preparation, transportation cost, and the cost of printing/copies.

Fees are payable at the time that services are rendered. Please ask if you wish to discuss a written agreement that specifies an alternative payment procedure.

If for some reason you find that you are unable to continue paying for your therapy, please inform this therapist. Mrs. Young does not want finances to be a barrier to healing and is will help you to consider any other options that may be available to you at that time. Mrs. Young does offer an income based sliding scale that is available to all clients if needed.

Appointment Scheduling and Cancellation Policies:

Consistent attendance to therapy sessions, greatly contributes to a successful outcome. If an appointment is missed, or canceled with less than 24 hours notice, you may be charged half of the agreed upon fee for that missed session. Exceptions may be made if you are sick or have an unavoidable emergency.

Insurance:

This therapist is paneled with Value Options, Mines and Associates, and Compsych insurance companies. If your insurance falls outside of these companies and you still wish to pursue counseling with Mrs. Young, you will pay out of pocket for services. Mrs. Young would be happy to provide you with the paperwork that you would need to collect out-of-network reimbursement for your counseling sessions. Please check with your insurance company prior to our first session to identify their out-of-network policy. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions, which then become part of your medical record. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage and for obtaining prior authorization for treatment from your insurance carrier.

Delinquent Accounts:

You understand that you are responsible for all charges incurred and that services must be paid in full at the time of each visit, unless other arrangements have been made in advance. Should your account become delinquent, you agree to pay interest at 1.5% per month, and if it becomes necessary for the account to be referred for collection action, you agree to pay the actual balance due plus any collection expenses of 30-50% of any balances owing, and any attorney's fees.

Risks and Benefits of Therapy:

Psychotherapy is a healing process in which clients can understand places in their lives that they have become stuck emotionally, overcome their fears or insecurities, cope with stress, understand past trauma, define their symptoms, develop a genuine sense of self, identify triggers, improve relationships, establish a stable routine, define personal wellness goals, develop a plan for coping with crisis, and eliminate destructive behaviors. Thus, the benefits of therapy could include stress reduction, an increase in positive thinking and feelings, improved interpersonal relationships, increase in self confidence, increased capacity for intimacy and experiencing joy in life. Such benefits require substantial effort on the client's part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors.

Psychotherapy may also have the risk of discomfort from remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which I will challenge your perceptions and assumptions, and offer different perspectives. Some times in the process, clients may feel worse prior to feeling better. This is because personal change is hard! It takes strength, courage, dedication, passion, and motivation to accomplish our goals.

Due to the complexity of each client's unique situation, this therapist cannot predict the exact length of therapy or guarantee a specific outcome. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should discuss with her any concerns you have regarding your progress in therapy.

Treatment Plan:

This therapist believes that therapy is a partnership between herself and the client to accomplish the client's stated goals. Therefore, she will spend some time with her clients discussing the client's stated reason for coming to therapy, ideas about the source of the issue, develop therapeutic objectives, and methods in which these goals can be accomplished. During the course of therapy, this therapist will draw on various treatment approaches according, in part, to the problem that is being treated and her assessment of what will best benefit you. These approaches may include but are not limited to Cognitive Behavioral Therapy (CBT), Functional Family Therapy (FFT), Dialectical Behavior Therapy (DBT), Emotionally Focused Therapy (E.F.T.), Eye Movement Desensitization and Reprocessing (E.M.D.R.), Motivational Interviewing (MI), developmental, and/or psycho-educational techniques.

Termination of Therapy:

You may discontinue therapy at any time. If therapist or client determines that therapy is not benefitting the client, either person may initiate a discussion of treatment alternatives. Otherwise, the length of therapy depends on the specifics of each client's situation, treatment plan and progress achieved. Inactive clients will be terminated after 60 days of no contact with therapist.

Collaboration with Other Professionals:

In order to provide quality services, this therapist does collaborate with other professionals in a client's life, such as family members, a physician, psychiatrist, past therapists, and/or other mental health professionals. Clients will be asked to complete a release of information authorizing these exchanges; in some cases, services may not be provided without this.

In addition, this therapist participates in consultation meeting with other therapists to receive ongoing support in providing the best care possible. During these consultation meetings, she will use only her client's initials to ensure the privacy of her clients. By signing this form, you indicate that you consent to therapist receiving consultation regarding the approach to your treatment.

Records and Record Keeping:

This therapist does complete progress notes every time that she meets with you and complies with the law regarding documentation of therapy services. These notes constitute the clinical and business record, which by law, she is required to maintain. Such records are the sole property of the therapist. Should you request a copy of the records, such a request must be made in writing. The right is reserved to provide a treatment summary in lieu of actual records. The right is also reserved to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Records are maintained for ten years following termination of therapy. After ten years, your records will be destroyed in a manner that preserves your confidentiality.

Psychotherapist-Patient Privilege:

Psychotherapist-patient privilege is a legal term indicating the special relationship between therapist and patient/client in the eyes of the law. It is similar to the attorney-client privilege or the doctor-patient privilege. This legal concept is designed to protect the privacy of the client and is typically maintained in a court of law. However, there are times that a therapist might be asked to provide private information about a client's treatment. If this therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, she will assert the psychotherapist-patient privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. However, Mrs. Young will ultimately comply with all court orders.

Should this therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, you agree to reimburse her for any time spent for preparation, travel, or other time in which she has made herself available for such an appearance at the usual and customary hourly rate for such services of \$150 per hour, including drive time. In addition, if the chart is subpoenaed, a fee of 25c per page will be applied.

Therapist Availability / Emergencies:

Clients may call this therapist's confidential voicemail at any time and leave a message with the client's name, number, and the nature of the call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday through Friday). Please understand that this therapist is not able to provide continuous 24-hour crisis services. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or go to the nearest emergency room.

Acknowledgement

By signing below, client(s) acknowledge that client(s) have reviewed and fully understand the terms and conditions of this Agreement. Client(s) have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to client(s)' satisfaction. Client(s) agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the therapist. Moreover, client(s) agree to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Print Client's Name

Date

Client, Parent or Responsible Party's Signature

Date

Client, Parent or Responsible Party's Signature

Date