

Licensed Educational Psychologist #2894
Licensed Professional Clinical Counselor #1007
5200 Warner Ave. Suite 201

Informed Consent and Disclosure Statement

My Responsibilities to You as Your Counselor

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in counseling with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

4. If you tell me of the behavior of another named health or mental health care provider that informs me that this person has either a) engaged in sexual contact with a patient, including yourself or b) is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board. I would inform you before taking this step.

II. Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis in order for services to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-5*; I have a copy and will be glad to let you borrow it and learn more about what it says about your diagnosis.

IV. Other Rights

You have the right to ask questions about anything that happens in counseling. I am always willing to discuss what I am doing, and to look at alternatives that might work better. Feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I am not the right counselor for you. You are free to leave counseling at any time.

Your Responsibilities as a Counseling Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting.

Rates and Insurance**Rates**

My current rate is \$150 per 50-minute session with reduced rates potentially available depending on circumstances and openings. Payment is due at each session by cash or check.

Insurance

Services for counseling may be covered fully or partially by your health insurance. If you have PPO insurance, you may be eligible to be reimbursed at an out-of-network rate. It is your responsibility to find out what coverage you have and if it has any limits / limitations. I do not submit claims directly to your insurance company, but upon request, I can give you a "superbill" which you can then submit to your insurance company for any reimbursement you are eligible for. Some questions you may wish to ask your insurance company ahead of time when trying to determine coverage are:

- Does my policy provide mental health insurance benefits?
- Is there a deductible? Have I met it yet?
- How many counseling sessions does my plan cover per year
- What counts as an out-of-network provider?
- How much reimbursement would I receive when using an out-of-network provider?
- Does my primary care physician have to give approval /refer me?

Rescheduling and Cancellation Policy

Counseling requires regular attendance for it to be effective, and if you call ahead to cancel, I may be able to reschedule you for another time during the week. If you don't attend a scheduled appointment without calling to cancel at least 24 hours before the scheduled appointment time, you'll be charged the same as what you pay for a normal session.

Client Consent to Counseling

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$150.00 per session. I understand my rights and responsibilities as a client, and my counselor's responsibilities to me. I agree to undertake counseling with Alison Englar-Carlson, Ph.D. I know I can end counseling at any time I wish and that I can refuse any requests or suggestions made by Dr. Englar-Carlson.

Signed: _____

Witness: _____