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**SOME THINGS YOU SHOULD KNOW ABOUT COUNSELING (AKA INFORMED CONSENT)**

Before we start counseling together there are some things that you ought to know about the process and about our 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 us – is protected by something called legal privilege. That means that the law protects you from having information about you given to anyone. Our office respects your privacy, and we intent to honor your privilege. However, there are some exceptions to your privacy that you should understand.

If we believe there is a risk you might harm yourself or to someone else, we may be required to contact the authorities or the other person to give them the opportunity to protect you. If you are abusing children or elderly people, or disabled adults, we must notify the authorities, so they can protect others from harm. Also, if you become involved in 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 us. Similarly, you would lose the protection of your privilege if you file a complaint against us with the state licensing board. By your signature below you authorize our office to designate and 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, our office must share certain information with them, including (but not necessarily 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. You should also understand that insurance and managed care information is often stored in national computer databases. By your signature, below, you authorize our office to provide information to your insurance and managed care companies to the extent necessary for them to pay for your services. If we find ourselves in a dispute with you over billing, our office may only provide the information necessary to clarity and to collect any outstanding balance.

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. We may ask you to do some things that might, at first, make you feel uncomfortable or awkward. 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.

If we believe that your problems require 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 with you before we act.

RIGHTS AND RESPONSIBILITES OF INDIVIDUAL SERVED

I UNDERSTAND THAT I HAVE THE RIGHT TO:

* Have access to treatment regardless of race, religion, sexual orientation, ethnicity, age or disability
* Be informed of treatment procedures used
* Be informed of cost and limitations of services
* Voluntarily participate in activities as part of the treatment process
* Know the identification of the staff providing my care

I UNDERSTAND THAT I AM RESPONSIBLE FOR:

* Taking an active role in the outcome of my care
* Keeping appointments and notifying the therapist 24 hours in advance when you are not able to do so. I understand that I will be charged a fee of $25.00 for any appointments that I do not show up for or call the day before to change
* Assuring the financial obligations of my care are fulfilled as promptly as possible. I understand that I am responsible for any amounts not covered by my insurance company
* Being respectful of the property of others and of NACF

OUR OFFICE POLICIES

Counseling sessions usually last 50-60 minutes, and we must end each session promptly. Payment is due at the time of your appointment. We can accept cash, checks, or credit cards for your payment. Our office must charge a full fee even if you are late. We will charge a $25.00 fee for missed appointments that are not canceled twenty-four hours in advance. Your insurance will not pay for missed sessions; you must pay for those yourself.

Our telephone is answered twenty-four hours a day by an electronic answering system. Through the day, we check messages regularly, and whenever possible we try to return phone calls the same day. We do not check messages after 5:00p.m. If you have an emergency after that time, call 911, or go to an emergency room.

When your counselor is out of our office for several days, the messages you leave may be answered by any of our staff. They will probably not have discussed your case with that person, but he or she will make every effort to be helpful to you in your counselor’s absence.

If Harrison School district is out due to weather, our office will also be closed unless a staff member has contacted you to inform you otherwise.

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This information is to help you understand some things about counseling that not everyone knows. If you have any questions or concerns before we begin – or at any time – please