

## PowerofChoice PLLC

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Please read through the following informed consent agreement. What follows is a basic understanding between client and therapist. In general, what are listed below are the responsibilities and obligations of your therapist, and also some expectations of you as the client. This document also contains important information about our professional services and business policies. Do not sign the informed consent unless you completely understand and agree to all aspects. If you have any questions, please bring this form back to your next session, so you and your therapist can go through this document in as much detail as is needed. When you sign this document, it will represent an agreement between us.

### Psychotherapy

- **Voluntary Participation:** All clients voluntarily agree to treatment, and accordingly may terminate any time without penalty. Counseling involves a large commitment of time, money, and energy, so you should be thoughtful about the therapist you select. In the first couple of sessions, you should be deciding whether your therapist is right for you. If you feel it is not a good match, then your therapist will be happy to assist you in finding a new therapist.
- **Client Involvement:** All clients are expected to show up to appointments on time, prepared to focus on and discuss therapy goals and issues, and will not attend while under the influence of mood altering chemicals. All clients are expected to be open and honest so your therapist can assist you with your goals. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for therapy to be most successful, you are encouraged to work on things we talk about both during our sessions and at home. Inconsistent attendance can negatively affect your therapy progress.
- **Therapist Involvement:** Your therapist will be prepared at the designated time, (barring emergencies), and will be attentive and supportive in meeting the therapy goals and do everything possible to assist you in achieving a greater sense of self-awareness and work toward helping you resolve problem areas.
- **Guarantees:** Although the majority of people do get better in therapy, some do get worse. Accordingly, your therapist makes no guarantee of results. It is not possible to guarantee results such as: becoming happier, saving marriages, stopping drug abuse, becoming less depressed, and so forth.
- **Risks of Therapy:** Just as medications sometimes causes unexpected side effects, counseling can stimulate painful memories, unanticipated changes in your life, and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases client's symptoms become worse during the course of therapy, occasionally necessitating hospitalization. Another risk of therapy is that throughout the process of therapeutic change it is not uncommon for clients to reach a point of change where they may feel they are different and no longer able to be the same person they were upon entering therapy. At times these feelings can be unsettling.
- **Benefits of Therapy:** The benefits of therapy can include: a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, symptomatic relief, and improved self-esteem.
- **Alternatives to Traditional Therapy:** can include: stress management, twelve step programs, peer self-help groups, bibliotherapy, and support groups.
- **Credentials and Qualifications:** Counselor at Power of Choice are logical consultants a variety of degrees in the field of psychology such as: Masters or Doctoral Degrees in Psychology, Licensed Marriage and Family Therapist, Psychiatry, or Licensed Independent Clinical Social Worker. In each case your counselor or physician is licensed by the state of Minnesota to provide psychotherapy or the practice of medicine, based on their training and education.
- **Counseling Approach & Theory:** Your therapist generally uses a therapy approach that includes a Cognitive-Behavioral and Humanistic orientation to counseling. Your counselor focuses largely upon client responsibility in therapy, building a relationship with clients, creating a nurturing environment conducive to change, exploration of

past events and how they continue to affect you today, analysis of underlying belief systems and their relation to inadequate functioning or hindrance to change, and implementation of specific emotional, cognitive, and behavioral techniques designed to aid in change toward specified goals.

- **Colleague Consultation:** In keeping with standards of practice, your therapist may consult with other mental health professionals regarding care and management of cases. The purpose of this consultation is to ensure quality of care. Your therapist will maintain complete confidentiality and protect your identity by not using real names or any identifying information.
- **Meetings and Length of Therapy:** Once we have agreed to work together, we will usually schedule one appointment every 1-2 weeks at a time we can agree upon. Session length most insurance plans cover is 45 minutes. Occasionally sessions may run as long as 55-60 minutes. Because our meetings are your time, you are expected to come to each session with a sense of what it is you would like to discuss or work on during that particular session. Length of therapy is quite variable based on client motivation, number and severity of issues to resolve, and work efforts outside of therapy sessions. On average, many people feel they have obtained what they were looking for in 10-25 sessions. For some it is fewer and for others it may go longer.
- **Young Children in the Waiting Area:** We are not able to assume responsibility for the care of young children during therapy sessions. Having young children is generally disruptive to the counseling process, and we ask that you arrange for their care so you may come alone. If you have difficulty arranging child care elsewhere, please talk with your therapist. Children old enough to be responsible for themselves may wait in the reception area.
- **Confidentiality and Privilege:** The information and content shared in therapy will remain confidential, except as noted in the next section: Exceptions to Confidentiality and Privilege. Your information will not be shared with anyone without your written consent. Your information is also privileged, which means that your therapist is free from the duty to speak in court about your counseling unless you waive that right, or a judge orders it.
- **Exceptions to Confidentiality and Privilege:** As a mandated reporter in the state of Georgia, Washington your therapist is legally obligated to violate confidentiality under the following circumstances:
  - When the therapist has reason to suspect that the client has been, or is currently, involved in the abuse or neglect of child
  - When the therapist has reason to suspect that the client has been, or is currently, involved, in the abuse or neglect of vulnerable adults
  - If a client is pregnant and taking street drugs
  - If the client reports sexual misconduct by another counselor
  - If a client is a serious danger to themselves, i.e., if suicidal
  - If a client is a serious danger to someone else, i.e., if homicidal
  - If the courts order copies of records
  - Another time when confidentiality has limitations is for minor clients. Parents and guardians have legal right to access a minor client's records
  - Minor clients do have the rights to complete confidentiality in obtaining counseling for pregnancies and associated conditions, sexually transmitted diseases, and information about alcohol or drug abuse
- **Custody Issues & Therapy for Minors:** It is the policy of IPC that for minor children, where legal custody is split (joint) between parents or guardians who are no longer married or cohabiting, we need authorization and signature from both parents on our Informed Consent and Confidentiality Notice prior to the child being seen. These forms can be downloaded from our website and completed prior to arrival.
- **Ethical Guidelines:** Your counselor follows the American Psychological Association (APA) ethical guidelines, as well as those rules dictated in the MN Board of Psychology Practice Act. Copies of these materials can be obtained from: American Psychological Association 750 First Street NE Washington, DC 20002 1-800-374-2721
- **Medical Records:** The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of the records unless we believe that seeing them would be emotionally damaging, in which case we will send them to a mental health professional of your choosing. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. We recommend you review them in your therapist's presence so we can discuss the contents. All client records include: a data sheet filled out prior to therapy, a chronological listing of appointments and fees, a copy of signed releases, copies of any correspondence regarding your case, a copy of the signed informed consent packet materials, and a copy of all therapist notes. All records will be maintained by your therapist in a secured area for a period of seven years from the time of service

termination. As a client you have a right to access your records. You also have a right to contest material in your records and it will be duly noted in your record. You do not have a right to alter your records or dictate information be removed. You have the right to access and view your record, but you do not own the records, they are property of

- ***Counseling and Records for Minors:*** If you are under 18 years of age, please be aware that the law provides your parents the right to review your treatment records as well as obtain information from us about your diagnosis, progress, and treatment. It is our policy to request an agreement from parents that they agree to avoid unnecessary review of records and involvement in your treatment with us. If they agree, we will only provide them general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern.
- ***Supporting Vendors:*** In the course of operating our mental health clinic we contract with various external vendors such as an accountant, information technology (IT), claims clearinghouse, and an electronic health record (EHR) vendor. In all these cases we have a HIPAA business associate contract in place with our vendors. This means they understand the federal HIPAA guidelines for confidentiality and agree to abide by those regulations set forth and maintain the same level of confidentiality that healthcare professionals are bound to in the event they should encounter patient information. Careful steps are taken with our accountant and IT vendor to ensure they rarely encounter any client information. Our claims clearinghouse and Electronic Health Record (EHR) is used to submit medical claims electronically and maintain patient records. In both cases, bank level security and encryption is used to protect client information. Their systems are also electronically automated and vendor support rep's are only accessed if a data input error occurred. Support staff of the claims clearinghouse and EHR vendor have restricted access and are not able to access patient narrative notes.

- ***Professional Fees:*** All clinicians will perform an initial diagnostic session which is more expensive. Follow up therapy sessions or medication management visits are less expensive. Fees vary for other services provided such as testing or psychiatry. A fee schedule for services can be provided at your request. If you are utilizing health insurance benefits, your health plan may have a contracted rate with your therapist or doctor that differs from the usual and customary fees listed in our fee schedule.
- ***Health Insurance:*** You should be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis for benefits to pay for services. Sometimes we are required to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Although all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. In some cases, they can share the information with national medical information databanks. It is important to remember that you always have the right to pay for services yourself to avoid the potential problems described above. Please keep us informed of changes in your financial status and insurance or

medical assistance eligibility. You may be responsible for charges incurred if your coverage has changed or lapsed and you do not inform us in advance.

- **Phone Availability:** We are often not immediately available by phone. Because of other obligations, we are currently only returning phone calls in the evening. We will also not answer the phone when we are with a client. When we are unavailable, you are able to leave us a voice message and we will make every effort to return your call the same day you have called, with the exception of weekends and holidays. If you are difficult to reach, we encourage you to leave us times when you will be available. We also encourage the use of an after hours crisis counseling agency where a counselor is able to assist you with any problems.
- **Emergency & Interruption of Therapy:** In the event of any mental health or substance abuse emergency, we encourage you to contact the after hours crisis service (crisis Connection: 612-379-6363) or call 911. When we are on vacation or plan to be unavailable for a brief period of time, we will provide you with the name and number of another therapist you can contact with questions or come in to see as needed. In the event of a longer interruption of therapy we will make appropriate referrals as needed.
- **Termination:** Either the client or the therapist may end therapy at any time. Your voluntary involvement allows you to discontinue at any time. If your therapist feels you are no longer benefiting from therapy or your therapist feels there is a conflict in values they may discuss termination. If you desire additional counseling your therapist will provide you with a referral competent to address your issues.

#### Financial Agreement and Terms

- **Billing and Payments:** You will be expected to pay for each session at the beginning of our meetings, unless we have agreed on other arrangements. In the case of health insurance, you will be expected to provide any deductible or co-payments prior to our session meetings. Keep in mind that it is you (not your insurance company) that is responsible for full payment of fees. Therefore, it is very important that you find out exactly what mental health services your insurance policy covers.
- **Copays & Co-insurance:** My signature below indicates that I understand and agree to pay for any copays at the beginning of my session on the date it is provided. If I am utilizing health plan benefits, I understand that I am responsible for any amount my insurance does not cover. Deviation from this agreement must be arranged with Innovative Psychological Consultants, LLC directly.
- **Cancellation, No Show or Late Arrival:** In general, all clients must provide the therapist a minimum of 24 hours notice in the event of a cancellation, which does not include weekends. This means if you have an appointment at 1:00pm on Monday, you will need to have cancelled by 1:00pm on the Friday prior. Clients will be charged for appointments that are not canceled at least 24 hours in advance and for all no shows. Insurance companies do not pay for missed appointments, therefore, you will be responsible for the full amount charged. Clients arriving late will not be provided an extension of time beyond what they were scheduled so as not to disrupt other client appointments. No reduction in fees will result from shortened sessions due to a client's late arrival. Additionally, if a client misses two appointments, your therapist has the option to terminate services and refer you to another clinic for services
- **Account Balance Maximum:** Whenever a client's account reaches an outstanding balance of **200** and no payments have been made or received toward the account, additional counseling services will be suspended. Services will remain suspended until client begins making payment toward their account. If no payments are made, services will remain suspended and/or clients may be referred to alternate providers for services.
- **Collections:** If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. In most collection situations, the only information released regarding a client's treatment is his/her name, the nature of the services provided, and the amount due. Accounts turned over to collections may be subject to future requirements such as providing a retainer for future services.

# Client Satisfaction Survey

At Power of Choice Consultants we are committed to growth and the improvement of service delivery. Your feedback is welcome and appreciated. Thank you for taking the time to fill out this survey. The information you provide will help guide us in making changes for future clients who will receive counseling with us. You are welcome to remain anonymous.

In the section below please rate your experience by selecting one of the following numbers: (1 = poor, 2 = fair, 3 = average, 4 = good, 5 = excellent, NA = Not applicable). Choose the number that best describes how you felt about each particular item.

- \_\_\_ 1. The counselor returned my initial call within 24 hours
- \_\_\_ 2. I was able to get an appointment that was convenient to my needs
- \_\_\_ 3. I was able to get an appointment in a timely manner
- \_\_\_ 4. I felt the location was convenient and easy to find
- \_\_\_ 5. I felt the office was professional and relaxing
- \_\_\_ 6. I was treated in a professional and courteous manner
- \_\_\_ 7. The therapist heard my concerns and answered my questions
- \_\_\_ 8. I felt that I could trust my therapist
- \_\_\_ 9. I felt my therapist cared about me and really wanted to help
- \_\_\_ 10. I felt that the counseling was helpful and worthwhile
- \_\_\_ 11. I would recommend Power of Choice Consultants to others
- 12. Counselor name: \_\_\_\_\_
- 13. The thing that most helped me resolve my problems was: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14. Please provide any other feedback you have about your therapy experience:  
\_\_\_\_\_  
\_\_\_\_\_

Name (Optional) \_\_\_\_\_

Please return to: [estriew.lane@outlook.com](mailto:estriew.lane@outlook.com)

**Power of Choice**

**LLC: Informed Consent Agreement**

As the client, my signature below indicates that I have been provided a copy of the *Informed Consent for Therapy Agreement*. My signature below confirms my understanding of all the rules and responsibilities of both the client and the therapist, in addition to understanding the financial terms and agreements. My signature constitutes my agreement and compliance to this document. I, as well as my clinician, will abide by the stipulations listed herein.

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If applicable)

\_\_\_\_\_  
Date