

Informed Consent for Psychotherapy and Practice Policies

Cleveland Health and Wellness Center

(216) 777-8834

INFORMED CONSENT FOR PSYCHOTHERAPY AND PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS If you need to cancel or reschedule an appointment, please notify me at least 24 hours in advance. There is a cancellation fee for appointments that are missed or canceled with less than 24 hours notice (the fee is \$75 for missed psychotherapy appointments, and \$100 for missed psychiatry appointments). This is necessary because a time commitment is made to you and is held exclusively for you.

TELEPHONE ACCESSIBILITY If you need to contact me between sessions, please send me an email or leave a message on my voicemail. I am often not immediately available; however, I will attempt to respond within 1-2 business days. If an emergency situation arises and you are unable to reach me, please go to the local emergency room, call the national Crisis Lifeline 988, or the local 24/7 crisis hotline: (216) 623-6888.

GENERAL INFORMATION The therapeutic relationship is highly personal and at the same time, a professional and contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. I am happy to answer any questions that you have about these policies.

THERAPEUTIC PROCESS You have taken a significant step by deciding to seek therapy. At times, therapy can be empowering as you gain insight and learn skills to improve your functioning. However, therapy can also produce uncomfortable emotions such as anger, depression, anxiety, or shame. There is no guarantee that treatment will be effective for you. We will monitor your progress periodically, and if the treatments are not effective, we can try alternative treatments or make a referral to another specialist. I promise to listen to you carefully, to respond to your feedback, and to provide support.

THERAPEUTIC GOALS The goal of therapy is to improve your quality of life by developing coping skills, managing symptoms, and resolving conflicts. The process is highly individualized, and we will collaboratively develop treatment goals based on your needs.

CLIENT RIGHTS You have the right to receive high quality mental health care regardless of your race, ethnicity, national origin, religion, sex, gender, sexual orientation, age, or disability. To be treated with respect. To have your cultural, spiritual, and personal beliefs respected. To confidentiality, with the exception of the limitations outlined below. To be informed about the status of clinicians who are practicing under supervision. To change providers, gain a second opinion, or to refuse treatment. To have your concerns heard and resolved in a timely manner. If you have a concern or complaint about your treatment, please contact Clinical Director Elana Hunter, LPCC-S by phone at (216) 777-8834 or by email at Elana@chawc.org, or Business Manager, Megan Coe at megan@chawc.org.

CLIENT RESPONSIBILITIES You are responsible for providing accurate and complete information about your health. If any of your symptoms change, please provide updated information. For asking questions to gain clarification if information about a condition or treatment is unclear. For accepting the potential consequences of refusing treatment. For familiarizing yourself with your insurance benefits, and to meet your financial expectations. For attending scheduled appointments on time. For providing at least 24 hours notice if you need to cancel or reschedule. For respecting the rights and property of others.

INFORMED CONSENT FOR THE TREATMENT OF MINORS: I understand that services may also include, but are not limited to: intake; diagnostic assessment; screening for other co-occurring diagnoses, and psychotherapy interventions to help my child achieve their treatment goals. I understand that my child's provider will review my child's symptoms and behaviors in order to diagnose (or rule out diagnoses). I give consent for my child's provider to diagnose or treat my child. Examples of diagnoses that I consent to, as long as they are applicable to my child, with resulting treatment include, but are not limited to: depression, anxiety, attention-deficit hyperactivity disorder, obsessive compulsive disorder, gender dysphoria, gender-related condition, post-traumatic stress disorder, autism spectrum disorder, eating disorders, oppositional defiant disorder.

CONFIDENTIALITY The session content and all relevant materials of your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If you threaten or attempt to commit suicide, or if your therapist needs to contact emergency services because of an immediate and substantial risk that you could incur serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. Therapists are mandated to report reasonable suspicion of abuse or neglect of protected groups including: children under the age of 18, elders, persons with disabilities, and animals.
4. Therapists are mandated to report allegations against another licensed professional without breaching client confidentiality.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. If you are in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

I collaborate with a treatment team of licensed mental health professionals. We consult with each other to provide the best care for our clients. Information about your treatment may be shared in this context.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

UNPAID BILLS If you need help paying your bills, we will work with you to create a zero interest payment plan. If we are unable to reach you, or if bills remain unpaid after three months of attempts to reach you, bills may be turned over to a professional collection agency.

COURT If you are involved in a legal case and your mental health provider is subpoenaed, you are responsible for the testimony fee and time spent on documentation for court. Please be advised that choosing to subpoena your providers means that they can only testify to the facts of the case and to their professional opinion which might not be in your favor. Fees for preparation of records, phone calls, depositions, and time required to give testimony, are billed at \$200 per hour for therapists and \$400 per hour for psychiatrists. You are also responsible for any attorney fees and costs incurred by the provider as a result of the legal action. Court appearances cost a minimum of \$1000, and a retainer in that amount is due in advance. If the case is reset with less than 72 business hours notice, then you will be responsible for a \$500 fee (in addition to the retainer).

SOCIAL MEDIA Due to the importance of your confidentiality and the importance of minimizing dual relationships, I am not ethically allowed to accept friend or contact requests from current or former clients on any social networking site.

MINORS If you are a minor, your parents are legally entitled to information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TELEMEDICINE If you choose to use Telemedicine for some or all of your treatment, you need to understand that:

- You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment.
- I use a secure HIPAA-compliant video conferencing platform and secure email, however confidentiality cannot be guaranteed over electronic communication.
- There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved access to services, better continuity of care, and reduction of lost school/work time and travel costs. When using information technology in mental health services, potential risks include, but are not limited to the inability to make visual observations, and the possibility of technical difficulties.

TERMINATION Ideally, termination will take place after you have reached your goals.

- If services are terminated before you have reached your goals, or if you request another provider, our office can provide you with a list of qualified professionals to treat you. You may also choose someone on your own or from another referral source.
- If you are disengaged from services without prior discussion and I am unable to reach you, for legal and ethical reasons, I must consider the professional relationship discontinued. Your case could also be closed or transferred if you miss or late cancel three times within a one year span. If this

happens, you may be eligible to return for services in the future.

BY SIGNING I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.