



HAVEN

COUNSELING COLLECTIVE

Informed Consent Form

FEES FOR SERVICES

Your payment is due at the beginning of each treatment session unless otherwise arranged. Please have your check made out to Haven Counseling Collective before the session begins. We also accept cash and credit cards; please fill out the credit card payment consent form if you like to use a credit card as your payment method.

Session fees will be adjusted annually. Session fees will increase per session hour for all clients to account for increases in market value and inflation. The adjustment will reflect the norm for similar services and providers in the area.

INSURANCE REIMBURSEMENT

Our services are often covered by mental health insurance policies, but we do not personally submit the paperwork to the company. We will provide you with a bill at the end of each month, which you can submit to your respective provider. The insurance companies then may issue a reimbursement check to the policyholder. It is up to the insurance company as to whether they pay for services provided by a licensed Marriage and Family Therapist. Patients are responsible for payment at the time of treatment. It is your responsibility to know the type of coverage you carry and the limits of your coverage.

Medicare provider status: All providers at Haven Counseling Collective are Opted-Out providers. This means we are not contracted with Medicare. Medicare will not reimburse you for the cost of our services. If you are a Medicare beneficiary, we will need to enter into a private contract for therapy services in order to proceed with treatment.

CONFIDENTIALITY

All information disclosed within your therapy sessions, including case notes and records, will be treated as confidential. There will be no information revealed to anyone not present in therapy without the client's permission or permission from a legally authorized representative.

EXCEPTIONS TO CONFIDENTIALITY

By law there are some exceptions to confidentiality. Our therapists are mandated to report any suspected child, elder or dependent adult abuse and any situation where the patient threatens violence to an identifiable victim. All actual or suspected acts of such abuse will need to be reported to the appropriate agency. In addition, if you present a danger to others or yourself, we are permitted to break confidentiality in order to protect you or a victim.

NO SECRETS POLICY (for couples/families)

When a couple enters into counseling, it is considered to be one unit. This means that my alliance is to the couple "unit," and not to either partner as individuals. I find this is particularly important in creating a space where both partners can feel safe. Therefore, I adhere to a strict "No Secrets" policy. This means that I will not hold secrets for either partner. This policy is intended to allow me to continue to treat the couple by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated.



Rest. Restore. Reconnect.

On occasion during the counseling process, individual partners may be seen for individual counseling session. In this case, the individual session is still considered as part of the couple's relationship. Information disclosed during individual sessions may be relevant or even essential to the proper treatment of the couple. If an individual chooses to share such information with me, I will offer the individual every opportunity to disclose the relevant information and will provide guidance in this process. If the individual refuses to disclose this information within the couple's session, I may determine that it is necessary to discontinue the counseling relationship with the couple. If there is information that an individual desires to address within a context of individual confidentiality, I will be happy to provide referrals to therapists who can provide concurrent individual therapy. This policy is intended to maintain the integrity of the couples/marital counseling relationship.

WORKING WITH ASSOCIATES

All Associate Marriage and Family Therapists and Associate Clinical Social Workers at Haven Counseling Collective are supervised by Amanda P. Schubert, M.S., MFT, License No. 87046 and/or Heather L. Stirnus, M.S, MFT, License No. 91134 and regularly discuss your case in supervision.

PSYCHOTHERAPY PROCESS

Your commitment and investment in therapy will be the greatest determinant of how much you will benefit from this type of treatment. The maximum benefits of therapy occur when sessions are attended regularly, and you are honest during those sessions. The goal of therapy is that your symptoms will begin to abate, and you will start to feel better. However, as we begin to address your issues and explore their origins together you may find that you feel worse before you feel better. Therapy may sometimes involve remembering unpleasant events or dealing directly with difficult situations and may arouse intense or unexpected emotions. This actually may be a sign that the therapy is working, and we are making progress. I encourage you to ask questions about therapy, interventions and progress.

CANCELLATION POLICY

In order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and attended regularly. Appointments canceled with less than 48 hours' notice will be charged a cancellation fee at the price of the therapy hour unless rescheduled for another time the same week. Rescheduling appointments is preferred over cancellation due to the need to maintain momentum.

TERMINATION POLICY

Your therapeutic relationship with a therapist continues as long as he or she is providing professional services and until you inform him or her that you wish to terminate therapy. It is customary that the patient agrees to meet with the therapist at least once before stopping therapy. You have the right to end therapy at any time. We encourage you to discuss your desire to terminate therapy at least two weeks in advance to allow time for closure. As part of our therapy, we will discuss your progress and will help you decide upon the best time to end therapy.

CONTACTING THE THERAPIST

Between therapy appointments, you can leave a message or contact a therapist by phone.

I often correspond with client's by cellular phone texting and e-mail. E-mails and texting are confidential, however these technologies are not guaranteed of privacy. Please indicate below with a circle and your initials whether you authorize contact by mobile phone and email.

YES / NO Initial _____



Rest. Restore. Reconnect.

AGREEMENT

I have read the above agreement and understand that I am responsible for payment of all professional services provided and I agree to pay at the **beginning** of each session. I may pay by check, credit card or cash. I will be provided with a monthly statement of services if I request it. I may submit the charges to my insurance company for reimbursement.

I agree to pay for missed sessions when I am unable to give 48 hours advance notice and reschedule within the same week. My signature below represents my Informed Consent for treatment and acknowledges my responsibility for payment of professional services provided.

SIGNATURES:

ADULT CLIENT _____ DATE _____

ADULT CLIENT _____ DATE _____



Rest. Restore. Reconnect.