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Office Policies and Informed Consent for Counseling Services

Welcome to counseling. The practice is owned and operated by myself, Lori Losen, LPC, RPT. This letter is an agreement between us for treatment and to inform you about the practice policies and procedures. I welcome questions – both now and throughout our time together.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law. Most of our communications are confidential, but the following limitations/exceptions exist: (a) you give me consent to release information; (b) I have reasonable suspicion that you are a danger to yourself or someone else; (c) you disclose abuse (physical, sexual, emotional), neglect, or exploitation of a child, elderly, or disabled person; (d) you disclose sexual contact with another mental health professional; (e) I am ordered by a court to disclose information; (f) you involve me in a lawsuit; (g) I need to release specific information in order to receive compensation for services rendered; (h) I am otherwise required by law to release information.

The Counseling Relationship

In the beginning, we will be getting to know each other. I see our work together as a collaborative process, so I rely on your open communication with me to do my job well. Together we will pay attention to how you are progressing toward your goals, and how you are feeling in your communication with me as we go along.

I recommend that you make an appointment for a physical exam with your family doctor or pediatrician if you have not done so recently. Some problems that seem psychological may be a medical condition which may be making your problems worse. If you sign a consent form, I will consult with your doctor so we can all work together on your goals.

During the time we work together, we will meet weekly, or as scheduled, in sessions lasting approximately 50 minutes. I recommend that you arrive five to ten minutes prior to your scheduled appointment as there may be paperwork to complete. I will wait for 20 minutes after the scheduled time. If you have not arrived for the appointment within 20 minutes of the scheduled time, then I am not required to wait longer, but a no-show fee will be due. If you are present at your scheduled appointment time and I do not come to the waiting room for you, you are welcome to knock on the office door after 5 minutes.

Although our sessions may be very intimate psychologically, ours is a professional relationship rather than a social one. Our contact will be limited to the counseling sessions. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or ask me to relate to you in any way other than in the professional context of the counseling sessions. You will be best served if our sessions concentrate exclusively on your goals and concerns. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first. I will not, however, divulge the nature of our relationship. I will respect your wishes and follow your lead. We may need to discuss any complex or unexpected situations that arise for any reason in the course of treatment that relate to any type of dual relationship.

Process of Therapy/Evaluation and Scope of Practice

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in you experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc., or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according to the problem that is being treated and my assessment of what will best benefit you. These approaches include, but are not limited to, cognitive-behavioral, developmental (adult, child, family), humanistic, directive and nondirective play therapy and psycho-educational. **I provide neither custody evaluation recommendation nor medication or prescription recommendation nor legal advice, as these activities do not fall within my scope of practice.**

Remember that with children, in particular, behaviors generally worsen before they improve due to the depth and nature of the therapeutic process. I can tell you more about the stages of counseling with you as we progress.

TREATMENT PLANS: Within a reasonable period of time after the initiation of treatment, I will discuss with you your working understanding of the problem, treatment plan, therapeutic objectives, and your view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

TERMINATION: After the first couple of meetings, I will assess if I can be of benefit to you. I do not work with clients who, in my opinion, I cannot help. In such a case, I can give you referrals that you can contact. If you request it and authorize it in writing, I will talk to the psychotherapist of your choice in order to help with the transition. If at any point during psychotherapy I either assess that I am not effective in helping you reach the therapeutic goals or if I perceive you as non-compliant or non-responsive, we will discuss the termination of treatment and conduct closure(s) sessions. You also have the right to terminate therapy at any time. I ask that you discuss this in advance so we can plan for closure as indicated above. I reserve the right to postpone and/or terminate counseling of clients who come to their session under the influence of alcohol or drugs. I also reserve the right to discontinue counseling of clients who do not comply with the medication recommendations of their psychiatrist or physician. I maintain the right to discontinue services if there are circumstances that warrant the termination. These may include: parents refusing to attend family sessions regularly, **three (3) no shows and/or late cancellations**, you expect treatment that I am not trained or qualified to provide, lack of progress toward goals and aggressive or threatening behaviors toward myself or other workers at the private practice.

Session Expectations

Your session is reserved for you. In the event that you will be unable to keep an appointment, please notify my office at least 24 hours in advance, so that someone else may utilize this time. **In the absence of your notification, you will be responsible for my full fee of \$90.00 due before or at your next session.** This fee will not be reimbursed by your insurance company. More notice is appreciated, as it frees potential slots for other clients. Exceptions to the 24-hour requirement are made for dangerous driving and serious illness.

There are times that we may have a missed appointment because you had it on the wrong day/time or I had it in the wrong day or time. I will provide you with a card with your appointment written on it if you request it. I do not provide phone call reminders. I expect you to know and remember your appointment or to call if you are unsure of the time and day. If I provide you with a series of days and times that might work, do not assume that these are your times until we have spoken and confirmed the final date and time either by phone or email.

There will be times that appointment misses and mistakes will happen. I will wait to hear from you or contact you to clarify the nature of the missed appointment and your intentions to reschedule or look for other services. Please call me and let me know if you

have decided to not return. If, however, I have not heard back from you and we have not had a session in 15 days, I will close your file by sending you a letter of closing. You can call to come back at any time but appointment availability will always be a factor.

Fees/Payment Expectations

In return for the current fee, I agree to provide counseling services for you. If the fee is a hardship for you, please let me know. Cash, personal checks, money orders or VISA/Mastercard/American Express, and HSA accounts are acceptable. I will provide you with a receipt for your submission for reimbursement from your health insurance company if I do not accept your insurance. **The fee for each session, or the insurance co-payment for which you are responsible, will be due and must be paid at the end of each session.** Co-payments are part of the contract with the insurance company and I must collect all co-payments to fulfill the obligation of that contractual agreement.

Insurance

This office accepts many forms of health insurance. However, I ask that you call prior to attending your first session to find out if I am on your insurance panel and what the conditions are for your co-pay, deductible, or co-insurance. You will want to ask how many sessions you are entitled to for the year. You will be responsible for the payment of the session if your insurance does not pay for the session(s). If your account is unpaid and there is no written agreement on a payment plan, I can use legal or other means (courts, collection agencies, etc.) to obtain payment.

For billing purposes and for authorization of sessions, I may be required to submit information about you (symptoms, diagnosis, treatment plans, dates of attendance). It is against the law for insurers to release information about our office visits to anyone without your written permission. Although I believe the insurance company will act morally and legally, I cannot control who sees this information at the insurer's office.

E-mails, Cell Phones, Computers, Faxes and Social Media

I want you to know that most of your insurance billing is done online through secured insurance sites. I follow the HIPAA and HITech guidelines to ensure your confidentiality. This includes having my computer encrypted and password protected. My computers have a firewall, virus protection and are backed up regularly. I do want you to know that if there is ever a breach with my security that might affect any of your confidential records that I will be informing you of such.

Please know that texting, cell phone communication, faxes and emails are not always private for various reasons. I use text communication for scheduling/canceling appointments only. If you communicate confidential or private information via unencrypted email, texts, or e-fax, or via phone messages, I will assume that you have made an informed decision, and will view it as your agreement to take the risk that such communication may be intercepted, and I will honor your desire to communicate on such matters. **Please do not use texts, e-mails, or faxes for emergencies.**

I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites is likely to compromise your privacy and confidentiality. For this same reason, I request that clients not communicate with me via any interactive or social networking websites.

Children and Adolescent/Adult Expectations

My policy is that no children under 12 years of age will be left alone in the waiting room without a parent/caregiver supervising them. When I ask for a session with the parents alone, no children can be in the session unless there has been a prearranged discussion about their care. I do not want to expose children to information that may not be safe for them to hear.

Adolescents can sometimes come to session on their own if they live locally, as long as their parent(s) consent and assume the responsibility of their safety getting here and getting home. I cannot assume responsibility for their welfare outside of the office. The parents also have to stay involved and engaged in their teen's treatment despite their teen's growing independence. Regular parent check-ins are important to ensure treatment is on track and information is shared adequately around progress and concerns.

I ask that if your child is in treatment, that a parent/caregiver bring them to the session as we assign the first 10 or 15 minutes of the session to "Talk Time" where we are checking in on progress and concerns from the parent/caregiver's perspective. I prefer, if possible, if there is more than one parent or caregiver, that you take turns bringing their child to treatment so that each of them gets a chance to discuss treatment progress and concerns. It is also helpful if each parent take turns paying the co-pay if you are divorced or separated. It helps to encourage shared responsibility for the child's treatment. I can provide parents a written check-in form in the waiting room to give feedback as well, if you want to share more sensitive information that would not be appropriate for talk time with your children. I will talk to you more and can provide you with literature on the type of therapeutic interventions that I use with children that includes play therapy.

Waiting Room Expectations

A courtesy reminder is to supervise your children in the waiting room. Please remind your children to clean up the waiting room and the toys that they were playing with before you leave the office. Please supervise your younger children in the bathroom to ensure that it remains clean after each use. Thank you for your consideration and respect for this shared space.

At no times, can anyone entering this office have a weapon on their person.

Please do not bring any pets to the office as a courtesy to other clients and their families.

General Communication and Emergencies

You may call my cell number if you have any problems that may impact your appointments. Please leave a message and I will get back to you as soon as possible. On a rare occasion, a message may get lost.

If there is a mental health emergency on weekends, holidays, vacations, or sick days that I am unavailable, or after 6:00 p.m. until 8:00 a.m., that you feel needs **immediate attention**, please contact the Help line number at **570-829-1341**. You may also go to the nearest emergency room or dial 911. **Do not leave a message by phone, text or email if you have a mental health emergency, as I may not be able to get back to you immediately.**

You may call me between 8:00 a.m. and 6:00 p.m., Monday through Friday with mental health emergencies (excluding holidays and possible days off in which case I will leave a message on the answering systems indicating my exact days off and return date and time). During those hours that I am available, please remember that I cannot always take a call immediately but I will get back to you as soon as possible. I try to check my messages several times a day. If there is an immediate health or physical threat to your well-being, please contact 911 or your local police number.

If you are calling to talk about mental health issues and problems that bring you to counseling, please be aware that I will be charging you for the time that I am on the phone with you. It is \$15.00 for every phone call at or over 15 minutes on the phone. This cannot be billed to your insurance and you will be responsible for it at the next session. Discussions about issues will be only discussed on the phone or at sessions and not through email. You may schedule an extra session if time is available in our schedules.

Court Appearances/Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that, should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you nor your attorney(s), nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested unless otherwise agreed upon.

I do not appear in court as it is in conflict with my role that must maintain safety, trust and clear boundaries from the legal system. I am not a custody evaluator so it is not my role to speak to your custody issues in terms of who is fit as a parent. Many times my clinical impressions could possibly create an unfavorable view rather than the one you may be looking for against a spouse, partner, grandparent, etc. I must remain multi-partial to all family members due to my theoretical and educational background.

Please understand that I can refuse to accept you for services if I feel there may be a need for a qualified therapist experienced in court investigation and testimony. I can do neither as I am not qualified.

If it does come to the fact that you have called me to court, I will charge you my current hourly rate for any time spent traveling to, waiting at court, copying records, conferring with attorneys or testifying. Please be aware that this will be paid out of pocket and not charged to your health insurance.

Clinical Consultation

Clinical consultation between me and other professionals ensures that I provide the highest quality of service to you and your family. Each client's identity remains completely anonymous and confidentiality is maintained.

Family Counseling

I will keep confidential (within the limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members, and I reserve the right to terminate our counseling relationship if I judge any secret or issue to be detrimental to the therapeutic progress.

I try to keep any discussion of problems with children only in front of the parents or caregivers. For children from 3 to around 12 years old, the time in the room is kept in pretend and imaginary play under the guidelines of my clinical training and theoretical framework. Problems, concerns and child/family progress will be reviewed with parents on an at least a monthly basis (every fourth session will be with parents only, in most cases). When more than one client is involved in treatment, such as in cases of family therapy, I will release records only with signed authorizations from all the adults (or all those who legally can authorize such a release) involved in treatment.

Clinical Records

All of our communication becomes part of the clinical record. Adult client records are disposed of 10 years after termination of the counseling relationship. Records of minor clients are disposed of 10 years after the client's 18th birthday.

In case of my death or inability to perform my duties, I have assigned responsible individuals to contact my clients about my absence, help refer you to services as needed, and to close files, store them appropriately for the required time, and to dismantle my office as predetermined by my professional will. They are bound by the same confidentiality standards as I would be in the performance of their duties.

Protected Health Information

When I assess, diagnose, treat, or refer you, I will be collecting what the new Federal Law (HIPPA) calls Protected Health Information (PHI) about you. I need this information to decide what treatment is best for you and to provide that treatment.

By signing this form, you are agreeing to let me and the staff here to use your information here and share it with others. **I will obtain your written or verbal consent before sharing information with others except for the purposes of billing your insurance or collecting a fee.**

After you have signed this consent, you have the right to revoke it (by writing a letter telling me you no longer consent), and I will comply with your wishes about using or sharing your information from that time on. Understand though, I may already have used or shared some of your information and cannot change that fact.

By my signature, I verify the accuracy of this disclosure statement and acknowledge my commitment to conform to its specifications.

Printed Name of Client or Child

Date

Signature of Client or Legal Guardian/Parent if child
Is under 14 years old

Signature of Clinician

Received Document: Yes ___ No ___

Communication preference(s):

___ Texting for appointments only

___ Cell phone message

___ Landline message

___ Email _____

Please initial all that apply above

Anonymous Clinical Supervision _____ Yes _____ No