

## **INFORMED CONSENT FOR COUNSELING**

### **Introduction**

Welcome to Columbus Counseling Services. I am committed to providing a caring and professional relationship for all clients. My goal is to contribute to the personal development of each client in the most effective and time efficient manner possible. As we read through the following information place a check mark in the margin next to anything that you would like to discuss before beginning counseling. If, at any time, you have questions about the counseling process please feel free to discuss them openly.

### **Nature of Counseling Services**

Counseling is not easily described because it varies greatly depending on the counselor, the client, and the particular concerns being addressed. Typically the process involves regularly scheduled sessions - usually 60 minutes in length. Duration and frequency may vary depending on individual needs and the complexity of the concerns.

Like most doctor - patient relationships counseling requires active participation and cooperation from the client - both during and between sessions. In fact, I find that most of the change happens in between the sessions. It's what people do during all the other hours of the week that really makes a difference.

Counseling has both benefits and risks. Potential benefits include improved emotional stability, better social and family relationships, increased productivity at school or work, more effective problem solving, and the resolution of internal conflicts. Possible risks may involve increased awareness of distressing emotions (i.e., sadness, anxiety, anger, frustration, guilt, loneliness, etc.) and the recall of unpleasant or traumatic events. While it is difficult to predict or guarantee specific outcomes, I will do my best to help you minimize the risks and maximize the benefits.

You have the right to stop attending at any time, however, if you would like to do so it is important to discuss your plans before withdrawing from counseling. I realize that no single agency or counselor can meet the needs of every client. I will be happy to give you the names of other professionals if you would like.

### **Procedures and Methods**

Counseling usually starts with an evaluation that may last from 2 to 4 sessions, and involves the use of interviews and questionnaires to understand the history and context of your concerns. During the evaluation we will be deciding if the services you require can be provided, and if enough trust and confidence can be established for you to feel comfortable discussing your personal concerns.

### **Scheduling**

If you decide to participate in counseling, we will usually schedule a one-hour session per week at a mutually agreed time. This appointment will be reserved for you as a "standing appointment" (i.e., if you miss one week, you will have the same appointment time the following week). If you are unable to attend a scheduled appointment, you are expected to call in advance to cancel. A fee of **\$25** may be charged if you do not show up and do not call to cancel. This fee is not covered by insurance.

### **Between Session Contacts**

My appointment hours are from 10 a.m. to 8 p.m. Monday through Thursday, from 10 a.m. to 5 p.m. on Friday, and 10 a.m. to 2 p.m. on Saturday. If you feel that you need to speak with me between sessions please do not hesitate to call me at (706 323-9494). If I am not available, you can leave a confidential voicemail message. I try my best to return phone calls within the same day. A fee of **\$25** is charged for conversations that last more than 10 minutes. Insurance policies do not cover phone sessions.

## **Emergencies**

If you feel that you are experiencing extreme emotional distresses or are in danger of harming yourself or others please call my office (706 323-9494) or my cell phone (706 761-2199) immediately. If your call is not answered immediately, call:

- Your primary care physician,
- the hospital emergency room,
- the Contact Helpline at 211 or,
- the Police Department at 911.

## **Insurance Considerations**

It is important to carefully consider all the terms of your insurance policy before deciding to use insurance to pay for counseling services. Escalation of the cost of health care has resulted in increasingly complex rules about insurance benefits. Insurance companies often require advanced authorization before paying for services, and are more and more oriented toward short-term approaches designed to resolve only specific problems that directly interfere with daily functioning. Most insurance companies also require you to authorize release information such as dates, times and types of services, diagnostic labels, problem descriptions, treatment plans, session notes, and progress summaries. Even when these conditions are met, insurance companies sometimes deny payment because they decide that the services were not necessary or not covered by your policy.

It is important to understand that use of insurance benefits includes the assignment of a mental disorder diagnosis. While considered confidential (Protected Health Information), assignment of such a diagnosis can interfere with your ability to obtain other types of insurance, and even negatively affect your eligibility for certain types of employment. You would, for instance, be required to check “yes” on any application that asks if you have ever been treated for a mental disorder.

The fee for “self-pay” clients is **\$80.00** per session.

## **Fee Payments**

As a service to clients, I will bill insurance companies, and accept their reimbursement rate as payment in full. I cannot, however, guarantee payment collection. If payment is denied, the person who signed the *Agreement to Participate in Counseling* will be responsible for fees not paid after 60 days.

All payments are expected, by check or cash, at the beginning of each session. Because, by the end of the session I am not thinking about money, and I sometimes forget to ask.

## **Health Insurance Portability and Accountability Act Policy Limits of Confidentiality**

### **Introduction**

In general, the contents of counseling (both verbal and written information) are considered confidential and cannot be released to another person without written permission from the client or his or her guardian. It is my policy not to release or receive any information about a client without a signed consent form. Certain exceptions to this policy are required by legal and ethical codes, and are intended to protect others from harm.

### **Duty to warn and protect**

If a client is threatening serious harm to him or herself or to another person, I am required to take protective action that may include notifying the police, warning intended victim(s), or seeking hospitalization for the client.

### **Abuse or neglect**

If I suspects that a minor (or vulnerable adult) is being abused or neglected I am required to report the information to an appropriate social service or law enforcement agency.

### **Judicial Proceedings**

In legal matters in which a client's emotional condition is an important element a judge may order me to testify about the treatment or release the records.

### **Information given to parents**

When clients are under eighteen years of age parents or guardians have a right to access the client's records.

### **Group, marital or family counseling**

In group, marital, or family counseling, the counselor cannot guarantee that all participants will maintain the confidentiality of the session(s). When records contain information about more than one client, the information may be released only if all parties give their written permission. One person cannot waive the confidentiality rights of others.

### **Professional Consultations**

It is occasionally helpful or necessary to consult about a client with another professional to determine the best course of action. In such instances only information about the counseling is disclosed. Names and other identifying information are not revealed. The consulting professional is also expected to keep the matter confidential.

### **Professional misconduct**

When health care professionals must report misconduct by other health care professionals, a legal or disciplinary hearing may be held. In such instances, disclosure of related records might be required in order to confirm or refute the alleged misconduct.

### **Third-party reimbursement**

Before paying for services, insurance companies and other third-party payers may require release of information such as described in the section above on Insurance Considerations.

### **Collection of fees**

When fees for service are not paid in a timely manner, collection agencies may be used. The contents of the services are not disclosed. If a debt remains unpaid only the amount owed, date(s) of service, and name of the creditor may be reported.

### **Phone contact between sessions**

When I need to contact clients for purposes such as appointment cancellations or reminders, I try to preserve confidentiality. Please let me know where I may reach you by phone and how you would like me to identify myself. For example, you might want to be called at home but not at work (or vice versa) or you might want me to leave only my first name and not mention the name of the agency or the reason for the call.

## Agreement to Participate in Professional Counseling

Please initial where appropriate:

\_\_\_\_\_ I have been given a copy of the *Informed Consent for Counseling and Limits of Confidentiality* documents. I have read and understood the information. I have had an opportunity to ask questions, and I agree to participate in a professional counseling relationship.

\_\_\_\_\_ I agree to pay **\$80.00** per session, by cash or check made payable to Lawrence P. Meisel, Jr., Ed.D.

\_\_\_\_\_ I authorize the release of my medical or other information necessary for Dr. Meisel to receive reimbursement from my insurance company.

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Signature of Person Receiving Counseling

Date

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Signature of Person Receiving Counseling

Date

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Signature of Parent or Guardian

Date

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