

INFORMED CONSENT FORM

THE COUNSELING PROCESS: The counseling process is a partnership between you and a clinician (“clinician”) to work on areas of dissatisfaction in your life or assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. This involves keeping scheduled appointments, listening to the clinician, being honest with the clinician, discussing the counseling process with the clinician, and completing outside assignments agreed upon with the clinician. Counseling can have both benefits and risks. While counseling can be of benefit to most people, the counseling process is not always helpful. The counseling process also can evoke strong feelings and sometimes produce unanticipated changes in one’s behavior. It is important that you discuss with a clinician any questions or discomfort you have regarding the counseling process or any behavioral changes you may be experiencing. Your clinician may be able to help you understand the experience and/or use different methods or techniques that may be more satisfying.

COUNSELING: is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

CONFIDENTIALITY: Confidentiality is essential to effective counseling. believe that for counseling to work best, you must feel safe about sharing personal information about yourself with your clinician. When you share information about yourself with your clinician, he or she will respect the importance of that information. Counseling records are destroyed 7 years after your last contact with us in a way that protects your privacy. Under most circumstances, all information about you obtained in the counseling process (including your identity as a client) is confidential and will be related to other parties only with your expressed written consent. However, it is because of the strength of the belief in the importance of you feeling safe about sharing information about yourself with your clinician that we want to inform you about the circumstances in which we may share information about you without your consent.

- Information Released to other professionals involved in your treatment. Most commonly, this would be the other members of the counseling staff at HC, or your medical providers
- If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize their release to other parties.

- If you are reasonably suspected to be in imminent danger of harming yourself or someone else.
- If you disclose abuse or neglect of children, the elderly, or disabled persons. 6
- If you disclose sexual misconduct by a therapist.
- To qualified personal for certain kinds of program audits or evaluations.
- In criminal proceedings. • In legal or regulatory actions against a professional.
- Upon the issuance of a court order or lawfully issued subpoena
- Where otherwise legally required The above is considered to be only a summary.

If you have questions about specific situations or any aspect of the confidentiality of clinician records, please ask your therapist. *All interactions with your therapist, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that your therapist release specific information about your counseling to persons you designate.

CONSULTATION: When appropriate, therapists consult with a psychiatrist regarding any medication concerns discussed on behalf of the client or to gain psycho-education regarding medications.

COUNSELING RECORDS: Counseling records are stored in locked files and/or electronically on a secure server that is only accessible by your therapist. Upon request, you may review your counseling records. In order to ensure the information contained is clearly understood, you will be asked to arrange an appointment with your therapist to go over the information. Appropriate fees will be charged for making copies of client records.

COUNSELING DECISIONS: Frequency of sessions, number of sessions, goals, type of counseling and any alternative counseling methods will be discussed and negotiated between you and your therapist. You are encouraged to regularly discuss your progress and review your goals with your therapist. If you have questions about recommendations or the approaches used by therapist, please discuss your questions or concerns with the therapist. If you feel these recommendations are not appropriate, you may refuse to accept them. If you feel you are not making satisfactory progress toward your goals, please discuss this with your therapist, if you are

not able to resolve questions or concerns you have about the progress of counseling, the process of referring to another provider will be implemented.

ACCESS TO SERVICES: Please call (585) 340-7046 for current information about hours of operation. If you are in imminent crisis, please call 911 or visit your local emergency room.

ELECTRONIC COMMUNICATION: As a reminder, electronic communication (e.g., email, texts, faxes) is not a secure form of communication. Because confidentiality cannot be assured, the use of electronic communication is discouraged in regard to communications with your therapist. When necessary, electronic communication may be used for scheduling appointments but should not be used for counseling purposes or major forms of communication. The suitability of any clinical consultations or recommendations can only be determined through counseling sessions. electronic communication is not appropriate for emergency or time-critical situations. The fastest way to contact therapist is by phone. Please call your clinician directly if your message is time-critical. If it is after office hours and you are in imminent crisis, please call 911 or visit one of your nearest emergency rooms.

COUNSELING APPOINTMENTS: Your therapist can be expected to respect you as an individual and to convey this respect by keeping appointments or contacting you if a change in times is necessary, by giving you his/ her complete attention during sessions, and by avoiding interruptions during sessions. On rare occasions however, sessions may be interrupted if the clinician is called to respond to a crisis. It is also expected that you will be prompt for appointments, and that you will call in advance if you will be more than a few minutes late or have to miss an appointment.

FEES: Fees are charged for services rendered on behalf of your therapist. The fee schedule is as follows if you are opting to not bill your insurance company (e.g., pay out of pocket):

- Intake/Assessments/Evaluations (60 mins up to 120 mins): \$115-\$220
- Individual sessions, online or face to face (45 mins or 60 mins): \$85-\$115

Court appearances: \$100

Group sessions: \$45 per session

NO-SHOW/LATE CANCELLATION CHARGE: The prompt arrival for appointments is appreciated. Please notify your therapist at (585) 340-7046 for any late arrivals. ***IF a client does not provide notice within 24 hours of his/her scheduled appointment, the \$50 fee will be charged to the client's account and will be asked to pay this balance prior to scheduling***

his/her next appointment. Clients may leave a message on therapist voicemail to cancel an appointment; however this message must be left at least 24 hours before the scheduled appointment.

CLIENT SATISFACTION SURVEY: Your therapist will periodically administer satisfaction questionnaires in the course of your treatment to gain feedback regarding services and areas of improvement.

Consent: I certify that I have read, understand and agree to abide by the information, terms and conditions contained in this Informed Consent for counseling services form. I have had the opportunity to discuss any questions about the information contained in this form, or any other aspect of counseling. I hereby give my consent to Demetric L. Pentelton, LMHC, CASAC to evaluate, provide counseling services and/or refer me to others as needed.

Signature of Client

Signature of Therapist

Signature of Client's Guardian (if applicable)

Date