

INFORMED CONSENT FOR ADULT THERAPY SERVICES

Ours is an organization with a commitment to providing quality individualized services. This consent addresses essential information about our service procedures and patient rights. A licensed professional will explain this information to you in your initial session. It is important for you to understand the policy information and treatment information identified below prior to the start of your sessions.

Psychological Services

Therapy is a cooperative effort between the therapist and the client. Research has indicated that therapy can stimulate significant changes in the participants' lives. In order to have the most success, you will have to be an active participant during sessions and work on areas discussed when you are outside of sessions. The process of therapy may arouse some uncomfortable feelings and emotions. Participation in therapy does not guarantee problem resolution. As with all medical and psychological treatments, there are benefits and risks. It is recommended that you understand the risks and benefits prior to proceeding. If you have any questions, please ask your therapist at any time during the therapy process.

Appointments

Appointments can be made by calling our office at 833-968-8255 option #1 or visiting our website @ www.incecounseling.com. We offer both in-person and virtual sessions. Sessions are scheduled for 45-50 min sessions unless otherwise indicated. The time scheduled for your session is designated for you. Please, give 24-hours notice when canceling or rescheduling. You will be charged **\$75** for any session not cancelled or rescheduled outside of the 24-hour window. This policy is to allow everyone who desire an appointment to have a fair chance at being granted an appointment. **Note:** Third-party payments will not cover or provide reimbursement for missed sessions; therefore, you will be invoiced for cancelations not in compliance with the Cancellation/No Show Policy.

Please, be punctual. **It is important to note that our sessions will end at 50 minutes after an hour, even if you arrive late.**

Professional Fees

Costs for sessions are currently as follows: \$225 Diagnostic Intake (Individual), \$200 for each follow up session (Individual), \$250 Diagnostic Intake (Couples), \$225 for each follow up session, and \$65 for group sessions (unless other arrangements have been made at the time of scheduling with the therapist). Exceptions to standard charges may be discussed and agreed upon by YOU (the responsible party) and Tamara Ince (Owner/Clinical Director). If a need arises that requires further testing (such as psychological testing, reports, consultation, and/or psychiatric evaluations), you will be informed during the session, and such cost will be your responsibility and may vary based on your choice of provider and your insurance benefit. We do not currently perform clinical testing. The client is responsible for all fees accumulated.

We do accept health insurance, please verify the co-payment ahead. If you change your insurance, be sure to contact your new insurance carrier to inquire about any change of fees in which you will be responsible. It is important for you, as a client, to be aware that it is not definite that your health insurance will cover the cost of services. You, the client, are responsible for knowing your health insurance plan. If your health insurance policy changes, it is your responsibility to notify our office of such changes and your co-payment and coverage may also change. If your insurance company decline reimbursement for the lack of coverage, or a break in coverage, you will be responsible for covering the cost of the session at the full self payment rate. If your health insurance policy covers the cost of mental health treatments and you choose to use your health insurance policy, the insurance group may require this office to share medical record information and diagnoses for their records/audit purposes.

Some health insurance companies require authorization for treatment. If authorization is denied, the client is responsible for fees accrued. Therefore, we will normally not engage sessions without the authorization required by your unique plan.

Under the circumstances that we do not accept your health insurance policy, we will supply you with a receipt for services upon your request. You can submit this receipt to your insurance company for reimbursement. Reimbursement varies based on your health benefit.

Payment must be made by (check, cash, EAP Authorization, or credit). The fee or co-pay is due at the time services are provided. Should your insurance carrier deny the claim, you will be required to pay the billed fees within 30 days after the date that the claim is denied. Fees for admin services and supplemental items are solely the responsibility of the client. Returned checks will result in an additional service fee of \$35.00, which will be invoiced to you.

Crime Victim Compensation Program (CVCP)

Ince Counseling & Consulting (Ince Counseling) provides counseling pursuant to the District of Columbia's Crime Victim Compensation Program to help innocent victims/witnesses and family members of violent crimes address the trauma and psychological impact of such violent incidents. It is an opportunity for patients to talk about their experience in confidence with a qualified, appropriately experienced professional counselor. Patients receiving psychotherapy services under this program should ensure that they complete the application with the Crime Victims Fund to avoid incurring out of pocket costs for counseling services. Please note that all fees for services will be billed to the Crime Victim Fund. Ince Counseling will accept the agreed upon reimbursement in exchange for the allotted amount of psychotherapy sessions. The patient must consult with their Crime Victim's Case Manager assigned to their case regarding coverage for any additional testing, evaluations, and/or additional referrals/recommendations for supplemental treatments not offered by ICC. Notwithstanding, patients under the CVCP program can elect to continue treatment with ICC after exhausting the CVCP program monetary limitations by using their personal medical insurance or other payment methods accepted by ICC.

***** Please note that all other sections of this consent form apply to patients serviced under the CVCP program except for the "Professional Services" paragraph.**

Initials: _____

Confidentiality

Our practice is committed to following the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. All information, discussions, and documents are confidential and privileged information for all patients. Under federal law, disclosure of information regarding services provided and information about a patient requires written consent of release to alternate or third parties.

The following are exceptions to the rules of confidentiality and will be understood by the patient involved.

1. When there is imminent danger to another person.
2. Under circumstances of suspected child, elder, or dependent adult abuse or neglect.
3. When disclosure must be made to medical professionals in the case of a medical emergency.
4. When the mental health professional is compelled by law to disclose client records.

Our office is a professional setting of mental health professionals. We may, at times, consult with colleagues/ mental health professionals, your primary physician or the subscriber of any psychotropic medication, but such will be limited to specific information related that that person's discipline. In the case we are seeking consultation around your case facts, your name will not be disclosed, and your identity will be kept confidential. Consults will only be used for the betterment of your treatment.

Professional Records

Service providers are required, by law, to keep medical records of psychological services provided. All records will be secured in a locked location following HIPAA standards. Records include, but are not limited to, documentation of attendance; purpose of treatment; any medical, social, and treatment history; evaluations and diagnoses; anecdotal notes of topics and discussions; copies of legal forms and consents; documents and copies of any forms or information shared with other professionals; and information provided by other professionals.

Our practice utilizes health information technology -Therapy Notes. Health IT involves the storage and exchange of health information in an electronic environment. We are committed to upholding privacy and security standards for the protection of electronic health information standardized by HIPAA. The Security Rule requires covered entities to maintain reasonable and appropriate administrative, technical, and physical safeguards for protecting electronic protected health information (e-PHI). Ince Counseling and Consulting LLC is committed to ensuring the confidentiality and integrity of all e-PHI created, received, stored, or transmitted. This includes protecting client information from potential security threats, maintaining privacy disclosure statements, and using only authorized technical devices that have security systems.

Patients have a right to copies of their files or to access copies of their files for other health care providers with a written request. These are professional records. There is a possibility that they may be misinterpreted and/or upsetting to untrained readers. Here at Ince Counseling, we recommend that you review the documents with your therapist or have them forwarded to another mental health professional for initial review. It is the right of the mental health professional to refuse access to your files, if access to the documents may prove to be harmful to the patient. If any therapist at Ince Counseling denies your request for access to your records, your rights will be discussed with you.

Clinic Hours

Our practice regular office hours are from (9 AM) to (8 PM) Mon-Friday and (10 AM) to (4PM) on Sat/Sun. Appointments during off hours may be arranged by agreement with your therapist.

Our clinicians do not provide emergency services but will attempt to fit you in the next available appointment if requested for non-emergency but pressing issues. Please call 1-833-968-8255 option #1 during the week, or email us at Info@incecounseling.com during hours when the office is closed or on weekends if you would like to schedule an appointment as soon as possible. If you experience an emergency, go to closest emergency center, or dial 911 for immediate assistance.

Patient Rights

You have the right to considerate, safe, and respectful care, in the absence of discrimination regarding race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy, therapist training, and therapist experience. You have the right to communicate your therapeutic needs if you feel dissatisfied or feel like any of your rights under this agreement have been violated in any manner. You have the right to request a change in service providers. In this case, your current service provider will assist in providing the needed information to the new service provider with written consent from the patient.

Termination of Treatment

Your participation in therapy is voluntary and may discontinue at any time. Generally, you will be the one who decides when therapy will end. When possible, I encourage you to make this decision in collaboration with me. Additionally, the therapist has the right to terminate treatment at any time due to lack of payment, verbal/physical abuse from the patient, refusal of the patient to comply with the treatment plan, the termination of medication by the patient without a medical doctor's consent, or a development that occurs outside the therapist's scope of competence. In the case of termination, the therapist will support the transition to a service provider for continued care. Therapeutic counseling can result in changes in relationships, emotional state, and the patient's behavioral pattern. There are circumstances that result in a lack of improvement. If the patient chooses to work with another therapist for on-going services, he/she has the right to terminate or not continue services.

Consent to Psychotherapy

I voluntarily agree to receive mental health services, assessments, and treatments with _____ on behalf of Ince Counseling & Consulting LLC. I further understand and agree that I will participate in the planning and treatment process. I understand that I have the right to terminate such care and services that I receive from the undersigned therapist at any time.

My signature affirms that I have read the above information and communicated with my mental health service provider. The information presented is understood and enables me to make an educated, voluntary consent to treatment.

Printed Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Signature of Therapist

Date