Counseling Center at Heritage
HELPING YOU FIND YOUR WAY

Consent for Treatment

Patient Information

Name:_____ I Prefer to be called: _____

Address:_____City:_____State:_____Zip_____

Phone (_____)_____ Work Phone (_____) _____ Cell Phone (_____)_____

The best time to contact me is:_____ ☐ A.M. ☐ P.M. on my ☐ Home phone ☐ Work phone ☐ Cell phone

Date of Birth:_____ Social Security Number:_____

Check Appropriate Box: ☐ Minor ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

If Student, Name of School_____ City/State_____ ☐ FT ☐ PT

If under 14, who is the child's pediatrician? _____

Name of pediatrician's practice _____

Spouse or Parent's Name:_____ Employer_____ Work Phone_____

How did you hear about us? _____

Person to contact in case of emergency_____ Phone_____

Email Address_____

Responsible Party

Relationship to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other

Name:_____ Relationship to Patient: _____

Address:_____

City:_____ State:_____ Zip:_____ Phone: (____)_____

Employer_____ Work Phone (____)_____

SSN#_____ Date of Birth:_____

Please complete if client is under 18 years old

Name of Parent(s)/Guardian(s) child is living with:

_____

Cell Phone(s): _____

Name of Parent(s)/Guardian(s) with legal custody of child (***note: each parent with legal custody must sign a consent form***): _____

Should an emergency arise & Counseling Center at Heritage needs to reach you to reschedule your appointment, what number would you like to be called at:

_____

If this number has an answering machine or voicemail, would you like the Counseling Center at Heritage to leave a message? _____

If someone else answers the phone, would you like for the Counseling Center at Heritage to leave a message? _____

Therapy/Counseling:

It is hoped that the professional relationship between you and the Counseling Center at Heritage, LLC will be one where you receive the maximum benefit. Psychotherapy may be tremendously beneficial to some individuals while, at the same time, it is important to know that there are some risks. The risks may include the experience of intense and unwanted feelings such as sadness, anger, guilt, fear, or anxiety. Please remember that these feelings may be natural and an important part of the therapy process. Other risks may be recalling unpleasant memories and facing strong feelings and thoughts. When the "client" is a child, it is important to share with the therapist any changes in behavior, mood, or routines following therapy so that the therapist will know the best way to work with the child and so the child is not overwhelmed.

The Counseling Center at Heritage offers services for children, adolescents, adults, and families. Therapy for each individual is customized to meet the needs of our clients; therefore we cover a wide range of topics in counseling. We strive to work with our clients in a variety of ways to help them achieve their desired outcomes. Our center not only offers traditional therapy, but a wide variety of expressive arts therapies as well as play therapy for children.

Goals for therapy will range from person to person. Counseling Center at Heritage sees clients for a variety of reasons including social and mental health issues. Each of our therapists specialize in areas however all are trained to deal with all aspects. It is important to realize that the list is not all inclusive, but covers a number of common issues.

- To assist children affected by early trauma and loss
- To repair troubled relationships
- To improve communication, problem-solving, and coping skills
- To address child behavioral issues
- To manage family and parenting issues
- To balance work and family roles
- To treat sexual abuse, physical abuse, and emotional abuse

Initial Contact:

Children: The first meeting for a child will take place with the therapist and the parent(s)/legal guardian(s) of the child. The child will not be present for the first meeting. During this time, the counselor will take a background history of the problem as well as a developmental history with the parents/legal guardian(s). During this session, your counselor will work with you to establish treatment goals for the presenting issues.

Adolescents: The first meeting for an adolescent will take place with the therapist and the parent(s)/legal guardian(s) of the adolescent. The adolescent may or may not be present for the first meeting. This will be discussed at the time the appointment is made. During this time, the counselor will take a background history of the problem as well as a developmental history with the parents/legal guardian(s). During this session, your counselor will work with the parent(s)/legal guardians(s) to establish treatment goals for the presenting issues.

Adults: The first meeting will take place with the therapist and the client. During this time, your counselor will take a background history. Together, you and the therapist will identify strategies that can lead to success in the current difficulties you are facing.

Families: The first meeting will take place with the therapist and the parents/legal guardians. During this time, the counselor will take a background history of the problems, developmental histories of each of the children, and determine with you the goals and outcomes of therapy. Family work is strongly encouraged when possible.

Confidentiality:

Minors & Parents: While privacy in counseling is very important, particularly with adolescents, parental involvement is essential to successful treatment and this may require that some private information be shared with parents or guardians. The Counseling Center at Heritage therapist will inform the adolescent of information that needs to be divulged to parents prior to disclosure. In regards to children, parental involvement is also essential to successful treatment and this will require that some private information be shared with parents or guardians.

Children & Treatment Consent: To provide consent for treatment for a child you must either have sole legal custody or legal guardianship. If you share legal custody and your divorce decree notes that you must inform the other parent of health appointments, our services fall under this, and you must obtain a consent form from the other parent with whom you share legal custody. You may be in violation of a court order if you fail to inform the other parent of our services with your child.

Confidentiality & Patients' Rights: Confidentiality is your expectation that the information you disclose to your therapist at the Counseling Center at Heritage will be kept private, including the fact that you are a client at all. Please note that the Counseling Center at Heritage therapists do discuss cases in peer supervision (client names are not shared), and by signing you give permission for these discussions when consultation is to aid the therapists at the Counseling Center at Heritage in providing effective therapy. Peer supervision is clinical consultation with another professional who is also bound to keep client information confidential. As a general rule, outside of peer supervision, the therapists at the Counseling Center at Heritage will not disclose information regarding a client unless authorized to do so by the client in writing. One exception to this is if the Counseling Center at Heritage employs outside services to collect past due accounts; by signing this form you give permission for such disclosure if necessary. There are also legal exceptions to confidentiality; these are described in the attached Notice of Privacy Practices, The Health Insurance Portability and Accountability Act. HIPAA is a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information used for the purpose of treatment, payment, and health care operations. The law requires Counseling Center at Heritage obtain your signature acknowledging they have provided you with this information; by signing below you are certifying that you have been given a copy of the Notice. You may revoke this Agreement in writing and that will be binding on us unless: we have taken action in reliance on it; if there are obligations imposed on the Counseling Center at Heritage by your health insurer in order to process or substantiate claims; or if you have not satisfied any financial obligations. Please understand that all files are kept confidential. Your written consent is required for any release of information. There are important exceptions to confidentiality that are legally mandated. Exceptions include: (1) If your

therapist believes the client intends to harm him/herself or someone else; (2) if your therapist suspects child abuse, elder abuse, or neglect; and, (3) if subpoenaed and ordered to share confidential information.

Videotaping in Play Therapy

All play therapy sessions are video recorded. Videos of play sessions are obtained solely for training purposes. This information will not be released to anyone without prior written consent from parents/guardians. All tapes will be stored for three years following the completion of therapy in a locked cabinet in the Clinical Director's office and then destroyed. Clinical supervision for play therapists requires videotaping of counseling sessions for the purpose of training. Counseling sessions will remain confidential in terms of the information that is revealed during the process of supervision. In certain rare cases, confidentiality is overridden by particular legal requirements. That includes a) any form of child abuse, b) danger to one's self (suicide), c) danger to others (homicide).

Ending Therapy:

Ending therapy may occur at any time and be indicated by either the client or the therapist. If you are unhappy with therapy, please share your concerns and perhaps changes can be made to make therapy more helpful to you. It is not unusual for an individual to meet with more than one therapist before they find the "best fit." Please share your preferences your therapist and the Counseling Center at Heritage and we may be able to help you find a therapist who may be a better match for you. Generally, therapy ends when you have accomplished the goals you established at the beginning of therapy. If you stop attending sessions, Counseling Center at Heritage generally does not call out of respect for your choice. Do not interpret their not calling as your therapist not caring about you. If you decide at a later date that you are ready to become involved in therapy again, please feel free to contact the Counseling Center at Heritage and ask to resume therapy. We understand that sometimes it is just not the right time to devote the energy necessary for successful therapy.

Testifying:

Participating in court for custody or any other matter is not an expected service. If you are seeking therapy in any way related to a legal matter (current or anticipated), please inform your therapist. Should your therapist be court ordered, the rate is $300 per hour for all time related to responding to the court order regardless of whether your therapist is called to testify. This may include time reviewing notes and talking with attorneys, as well as any phone calls or letters/emails written on your behalf. If required to appear in court, your therapist must cancel all other clients for that day, even when your therapist is on "stand-by" status. You will be charged $2,500 for the entire day. The rate is the same for depositions of fact or expert witness, as well as testimony.

Individualized Education Plans (IEP) /504 Meetings:

Participating in IEP or 504 meetings on behalf of your child is a service your Counseling Center at Heritage therapist will assist in. Should you ask your therapist to be part of a meeting at your child's school, you will be charged for the hours your therapist is away from the office. This is likely an out of pocket expense and not covered by insurance.

Consent for Therapy:

Please sign below to indicate that you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. Your signature indicates that you have read this document & agree to its terms during our professional relationship.

MEDICAL RELEASE AUTHORIZATION: I authorize the release of any medical or other information necessary to process claims. I also request payment of benefits either to myself or to the party who accepts assignment. I understand that Psychotherapy Notes require a separate release of authorization.

NOTICE OF PRIVACY PRACTICES: I, _____, acknowledge receipt of HIPAA Notice of Privacy Practices. I have read, understood, and agree to the items on the Notice on Patient Privacy Practices. I am aware of the Counseling Center at Heritage's patient privacy practices and the implications thereof. THIS NOTICE DESCRIBED HOW MENTAL, BEHAVIORAL, MEDICAL AND OTHER HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

I have read and understand the policies and agree to the conditions. I agree to the statements herein. If minor patient, I certify that I have the legal right to consent to treatment.

_____ _____

Client **or** Parent/Guardian One Signature Date

_____

Printed Name

_____ _____

Parent/Guardian Two Signature (if applicable) Date

_____

Printed Name