

# INFORMED CONSENT

## **Welcome to PRINCIPLE SKILLS RELATIONSHIP CENTER.**

7710 N. Union Blvd., Suite 202, Colorado Springs, CO 80920  
719-494-7412; [www.principleskills.com](http://www.principleskills.com)

The following information is known as **Informed Consent** and is intended to assist you in making your counseling experience as productive and comfortable as possible. This document contains important information about professional services and business policies. Although this document is lengthy, **please read this form carefully**, in its entirety, and note any questions or concerns you may have. We will discuss these before beginning therapy. After you and I both sign this document it will constitute a legally binding agreement between us. Your initials under each section indicate that you have read, understand and agree to the information in that section.

### **Therapy Process/Benefits and Risks:**

As a collaborative process, therapy requires your active effort and honesty in order to achieve your desired outcome. Your clinician will periodically ask for your feedback on therapy and expect that you will respond honestly. Most people experience improvement or resolution to the concerns that brought them to counseling, however, we are not able to guarantee a particular outcome.

There are some risks, including increased levels of awareness that may cause discomfort for you or your family members. You may find yourself having to discuss very personal information, which you may find difficult or embarrassing. You might experience some anxiety or depression during and after such conversations. While therapy is intended to alleviate problems, change is often difficult and requires time to adjust. As you learn more about yourself, you might experience increased conflict with friends, co-workers and family members. Sometimes, it may seem the problems get worse before they get better. This is a common experience in the change process. Your clinician may ask you to do things that, at first, seem awkward or uncomfortable. Change sometimes requires trying new ways of doing things. You will always be free to move at your own pace. Your clinician will challenge you and your old ways of thinking and doing, but cannot offer any promise about the results you will experience. Your outcome will depend on

many factors. If you choose to not pursue therapy for your problems, you may experience a worsening of your symptoms, an improvement over time, or no change.

If your clinician believes that your problems require knowledge that they do not have, they may consult with more experienced therapists to supplement their own knowledge or refer you to work with someone who has specific training or experience in a needed area. Your clinician will discuss any such referral with you before acting.

At the beginning of therapy, we will create a treatment plan together. That is, we will consider what you would like to change, what we will do to change it, how we will know when you are succeeding, and approximately how long it will take, where possible. We will periodically review this plan to measure progress and to update it as needed.

## Client Initial:

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## Emergencies:

If you need immediate help or have a psychological emergency, please call 911, the National Crisis Line **(800) 784-2433**, or go to your nearest hospital emergency room. We are not “on call” therapists, but we do check our messages regularly and strive to respond in a reasonable time, usually within 24 hours or 1 business day.

If you need to set up a consult between sessions, please call (719) 494-7412 for the business voicemail and we will try to respond within 48 hours from receipt of your message, except over weekends or holidays. If you have not received a response in this time frame, please try calling again. The cost for between session consults will be billed at the regular billing rate, and are to be used in addition to, not in place of, your regular appointment.

We are also able to schedule a telehealth/video session through our HIPPA complaint software, Simple Practice, if needed. Just let your therapist know

of your need or desire to do so and they will assess the appropriateness of using telehealth for your situation. We will need the forms for telehealth consent and emergency contacts to be completed prior to providing telehealth. If your therapist is unavailable, please leave a message in the general business voicemail as well.

## Client Initial:

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## Fees/Cancellations:

Appointments are scheduled to begin on the hour or half hour. Initial Assessments are typically 75 minutes. Regular Individual sessions are typically 50 minutes, and all **Couples sessions are 75 minutes**. We must end each session promptly. **A working phase of therapy is typically weekly or every other week**. It will be important to consider how to accommodate into your schedule a working phase of therapy in order to accomplish your goals in a timely manner.

Please see your clinicians "Mandatory Disclosure" for rates applicable to sessions with that therapist.

The client's portion of the fee, when applicable, must be paid in full at each session. Fees may be paid in cash, personal checks, HSA cards or credit cards. You are primarily responsible for all payments for service. If a 3<sup>rd</sup> party payor does not pay as expected, you will be billed for the remaining fees. Credit cards are kept on file in your client portal and charged the day of your session.

Time spent on **client requested** letters, reports, or extended sessions will be prorated at the regular billing fee. This includes the reading of emails or text messages sent between sessions.

Except for unpredictable emergencies and unique circumstances (discretion is given by the therapist) payment will be expected for all missed appointments. Clients who do not give **24 hours** notice of cancellation will be charged the **full counseling fee**. No-show and cancellations will not be billed to ecclesiastical leaders or other third party payors, but are the responsibility of the client.

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Please understand that time set aside for your appointment is dedicated to you. There are often people waiting to be seen, so missed appointments not only effect your care but also the availability for others to receive care. Repeated cancellations may result in the termination of therapy, referral to another provider, or arrangements made for a payment plan. If consecutive payments are missed, we will suspend scheduling of future appointments until the account is brought up to date. Any checks returned for insufficient funds will incur a \$30.00 charge.

## Client Initial:

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**Confidentiality:** Trust is the foundation of a healthy therapeutic relationship. We strive to provide a safe atmosphere where you can explore personal issues. 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 consent, except where disclosure is required by law. You should be aware of the exceptions to the Privacy Rule of HIPPA which include:

A reasonable suspicion of abuse, neglect or exploitation of a child, dependent, or vulnerable adult. We are mandated by law to make a report to appropriate protective agencies.

When you present or threaten grave bodily harm to others or to property. We have a legal duty to warn those threatened, and to contact law enforcement. When you express a threat to national security or public safety we are required to make a report as well.

When you are actively suicidal or threaten significant bodily harm to yourself. We have a duty to obtain help from others to do what is necessary to keep you safe.

Disclosure may be required pursuant to legal proceedings, if ordered by the court. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the therapy records and/or testimony by your therapist. Also, in a custody dispute, your records may be open to the court, by order of a judge.

If you bring any public charges against your clinician, we are permitted to disclose private information as needed to defend ourselves.

If there has been a divorce and you are seeking therapeutic services for your child(ren), please bring with you to the first session a copy of the court order detailing who can/must consent for therapeutic services for the minors involved.

**Client Initial:**

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Record keeping of client mental health information involves paper documentation and typed notes from therapy sessions into Simple Practice software, which is a HIPPA compliant platform. In order to maintain strict privacy and confidentiality, notes, client forms and files (disks, thumbnail drives, etc.) are protected by passwords and locks where applicable. Written notes are shredded/destroyed once entered into the client record.

Any communication between us via **social media, including email or texting**, is not a guaranteed secure medium for purposes of transmitting privileged information. Professional advice will not be provided via the internet or texting. Any inquiry or contact with us through the website or office via the internet should not be considered a substitute for telephonic, written, or in-person communication. If you send a message by email or text, **you acknowledge/agree that you may be compromising confidentiality** by using such means of communication. Emails will be addressed in session. **All communication, via email or text, are subject to the “no secrets” rule when therapy is for couples.**

Clients with professional inquiries are requested to contact the office in person or by telephone. We also request that you not communicate with your clinician via texting, other than for scheduling, confirmation or cancellations. We request that you not communicate with us via social media, including Facebook, Instagram, Snapchat or any other social media platform. Again, we cannot protect your confidentiality via these means of communication. We expect that you will take reasonable steps to protect your own privacy and the safety of confidential information. We will discuss any misunderstandings resulting from use of technology.

**Client Initial:**

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**Litigation Limitation:**

Our professional expertise and time is best spent assisting clients in the therapeutic setting rather than participating in legal proceedings. Therefore, you agree that should you be involved in legal proceedings, neither you nor your attorney will call on your clinician or the agency to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested. If, for any reason, we are summoned to court on your behalf, our fees will be substantially higher than our regular fees. Time charged to you will include all time spent in preparation of any documents, statements, and “door to door” for travel, and appearance in court or depositions, as well as any and all other expenses incurred as a result, including the loss of time to meet with clients. Agency fees for any and all involvement in litigation proceedings are \$300/hour for reports, communication, case, review, legal consults, door to door travel costs, etc. Depositions, either by phone or in person, are \$500/hour. If you choose to involve me in litigation, contrary to this agreement, it may result in termination of therapy with Principle Skills Relationship Center. We will provide referrals to the best of our ability.

**Client Initial:**

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**Completion of Therapy:**

Therapy is complete when you assess that you have adequately met your goals and believe that you can maintain growth/progress on your own. Most clients find it helpful to have an ending or termination session to bring closure to therapy, assess progress made, and explore issues related to separation and loss. This ending session is an important part of the therapeutic process. Throughout treatment we will regularly discuss your progress towards the therapeutic goals and plan for the ending session. At times, it may be necessary to refer you to another therapist. Reasons for this may include: a need for specialized care outside the scope of your therapist’s training, discomfort/not a good fit between client and clinician, need to supplement the work being done in order to attain client goals most effectively or inability to schedule sessions in consistent and regular manner. Termination of therapy may also occur as the result of non-payment of fees.

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Client Initial:

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## Consent to Treatment:

My signature below affirms my informed and voluntary consent to enter therapy (and/or have my child enter therapy). I affirm that prior to becoming a client of Principle Skills Relationship Center, I was given sufficient information to understand the nature of therapy, including the possible risks and benefits. I understand the office policies and procedures. I have had an opportunity to ask questions and have had my questions answered satisfactorily. I consent to psychological services for myself (or for my child).

**Print Client Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_