



Solutions For Life, Inc.

Counseling, Life Coaching, and Consulting

Helping you discover Solutions for your life one session at a time.

Informed Consent & Agreement For Psychotherapy Services

This document is intended to provide important information to you regarding your treatment and business policies. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents before signing it. You may have questions about me, my qualifications, therapy, or anything not addressed here. It is your right to have a complete explanation for any questions you may have, now or in the future. Please feel free to ask questions or share any concerns that may arise. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you.

Consent for Treatment: I consent to participate in therapy with the therapist who signs this agreement with me. I understand I need to actively participate in the process and be honest about my feelings and actions. I understand I may experience uncomfortable feelings as a part of this process. I will discuss my goals, objectives and methods of my treatment plan with my therapist. I understand this plan may be modified over time. I understand I may discuss the benefits, risks, alternatives, and nature of the treatment at anytime during my sessions with my therapist. I have the right to be treated with respect and dignity during counseling. I will not be subjected to any verbal, physical, or emotional abuse by anyone on staff. I am aware I may terminate therapy at any time without consequence, but I will still be responsible for payment for the services I received.

Risks and Benefits of Therapy: Psychotherapy is a process in which we will discuss a myriad of issues, events, experiences and memories for the purpose of creating positive change so that you can experience your life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties you may be experiencing. Psychotherapy is a joint effort between us. Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors. Participating in therapy may result in a number of benefits to you, including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which your therapist will challenge your perceptions and assumptions, and offer different perspectives. The issues presented by you may result in unintended outcomes, including changes in personal relationships. Sometimes a decision that is positive for one family member is viewed quite differently by another. You should be aware that any decision on the status of your personal relationships is your sole responsibility.

During the therapeutic process, many people find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should discuss with your therapist any concerns you have regarding your progress in therapy. Due to the varying nature and severity of problems and the individuality of each patient, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

Discussion of Treatment Plan: It is the therapist's intention to provide services that will assist you in reaching your goals. Your first few sessions will involve an evaluation of your needs. Your therapist will discuss with you their working understanding of the problem, treatment plan, therapeutic objectives and their view of the possible outcomes of treatment. Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of therapy, your therapist will draw on various treatment approaches according, in part, to the problem that is being treated and their assessment of what will best benefit you. Solutions For Life, Inc. believes therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. You should evaluate this information along with your own opinions of whether you feel comfortable with your therapist. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you have doubts that persist, or you could benefit from any treatment that your therapist does not provide. Your therapist has an ethical obligation to assist you in obtaining those treatments.

Termination of Therapy: The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determine that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. It is best to discuss this in a planned termination session if at all possible.

Appointment Scheduling and Cancellation Policies: Sessions are typically scheduled to occur one time per week. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. Scheduled appointment times are reserved especially for you. While some client cancellations are inevitable. If an appointment is missed (no show), or canceled with less than 24 hours notice, you will be charged the full regular session fee of _____ for that missed session. Exceptions to this policy is sole the discretion of your therapy, who will take into consideration the reason for the cancelation.



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Returned Checks: There will be a \$25.00 service charge on all returned checks.

Delinquent Accounts: You understand that you are responsible for all charges incurred and that services must be paid in full at the time of each visit, unless other arrangements have been made in advance. Should your account become delinquent, you agree to pay interest at 1.5% per month, and if it becomes necessary for the account to be referred for collection action, you agree to pay the actual balance due plus any collection expenses of 30-50% of any balances owing, and any attorney's fees.

Fees: The fee for the first diagnostic session is _____ and _____ per 50 minute session thereafter. Solutions For Life, Inc. reserves the right to periodically adjust the fee. You will be notified of any fee adjustment in advance.

Fees are payable at the time that services are rendered. Please ask if you wish to discuss a written agreement that specifies an alternative payment procedure.

If there is a need for telephone contact, with you or a third-party, other than for scheduling purposes, you understand that you are responsible for payment of a _____ fee (on a pro rata basis) for any calls lasting longer than 15 minutes. That fee also applies for the therapist's attendance to meetings with other professionals you have authorized, preparation of records, or treatment summaries, and the time spent performing any other service(s) you may request of your therapist.

Patient Litigation: Solutions For Life, Inc. therapists will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. Your therapist has a policy of not communicating with patients' attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any patient's legal matter. Your therapist will generally not provide records or testimony unless compelled to do so. Should your therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse your therapist for any time spent for preparation, travel, or other time in which your therapist have made themselves available for such an appearance at the usual and customary hourly rate for such services of \$150 per hour.

Professional Consultation: Professional consultation is an important component of a healthy psychotherapy practice. As such, your therapist regularly participate in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, your therapist will not reveal any personally identifying information regarding you or your situation.

Collaboration with Other Professionals: In order to provide quality services, Your therapist often may need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. You will be asked to complete a release of information authorizing these exchanges; in some cases, your therapist may not be able to provide services without this.

Records and Record Keeping: Your therapist may take notes during sessions, and will also produce other notes and records regarding your treatment. These notes constitute your therapist's clinical and business records, which by law, your therapist is required to maintain. Such records are the sole property of Solutions For Life, Inc.. Should you request a copy of your therapist's records, such as request actual records. Solutions For Life, Inc. reserves, under North Carolina law, to provide you with a treatment summary in lieu of actual records. If you wish to see your records, we recommend you review them in the presence of your therapist; so your therapist can discuss the contents with you. Solutions For Life, Inc. also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Solutions For Life, Inc. typically maintains records for ten years following termination of therapy. After ten years, your records will be destroyed in a manner that preserves your confidentiality.



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Confidentiality: The information disclosed by you verbally and in writing is generally confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited the list below:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or if a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service agency and legal authorities.

Prenatal Exposure to Controlled Substances

Mental health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to fetal development.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

If any of the above situations present themselves your therapist is required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm himself/herself, your therapist may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

Psychotherapist-Patient Privilege: The information disclosed by you, as well as any records created, is subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between Therapist and Patient in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the patient is the holder of the psychotherapist-patient privilege. If your therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, your therapist will assert the psychotherapist-patient privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. ***You should be aware that you might be waiving the psychotherapist-patient privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding.*** You should address any concerns you might have regarding the psychotherapist-patient privilege with your attorney.

Therapist Availability / Emergencies: You may leave a message for me at any time on my confidential voicemail at 704-649-9078. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday-Friday). ***Please understand that as a solo, outpatient practitioner, your therapist is unable to personally provide continuous 24-hour crisis services. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance, or go to the nearest emergency room, and /or call the Mecklenburg County Crisis 704-566-3410 (select option 1) Call this number for immediate crisis support.*** If your therapist will be unavailable for an extended period of time. Your therapist will provide you with the name of another therapist to contact, if necessary.



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Acknowledgement

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the Therapist. Moreover, I agree to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client's Name (please print)

Signature

Today's Date

Client's Name (please print)

Signature

Today's Date

Therapist's Name (please print)

Signature

Today's Date

Confidentiality with Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is your therapist's policy to request an agreement from parents that they agree to give up access to your records. If they agree, your therapist will provide them only with general information about your work together. Unless your therapist feels there is a high risk that you will seriously harm yourself or someone else. In this case, your therapist will notify the parent(s) or legal guardian of their concern. Before giving them any information, your therapist will discuss the matter with you, if possible, and do their best to handle any objections you may have with what your therapist prepared to discuss

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Minor's name

Date of Birth

Parent's Name (please print)

Signature

Today's Date