



Office of SoulSpring Counseling Inc.

Informed Consent for Psychotherapy

Client Name: _____

Client's Legal And Ethical Rights To Informed Consent For Psychotherapy

It is every client's legal and ethical right to receive "informed consent" before entering into a psychotherapeutic relationship with a Licensed Psychotherapist. You have the right to review with your therapist the nature and expected duration of therapy, the risks and benefits of the therapeutic relationship, the explanation of fees and payment policies, including the involvement of third party payers, and discussing the limits of confidentiality. You have the right to enter into the therapeutic relationship voluntarily, without any coercion from the therapist or any other outside influence. You have the right to ask questions related to informed consent at any time during the therapeutic process, and you have the right to terminate therapy at any time. Generally, informed consent is obtained during the first session. However, if during the first session, the client is in crisis, and the therapist determines that reviewing informed consent would be contraindicated to assisting the client during the initial session, the therapist is to obtain informed consent as soon as possible thereafter.

The Nature and Duration of Therapy

Psychotherapy is a voluntary relationship whereby the therapist is trained to employ a variety of interactive techniques to assist the client to resolve emotional, cognitive, relational, or behavioral problems according to the goals set collaboratively by the client and the therapist. Theories utilized in therapy include, but are not limited to: Neo-Freudian, Cognitive-Behavioral, Existential, Person-Centered, Gestalt, Solution-Focused, Family Systems, Dialectical Behavioral Therapy, Psychodrama, Play Therapy Techniques, and 12 Step focused. Interventions commonly used in therapy include, but are not limited to: active listening with reflective feedback, assignment of homework, psychodrama, and validation of client's feelings and perspectives coupled with occasional gentle confrontation. Much of this is what is colloquially known as "talk therapy". Psychodrama and Play Therapy Techniques are considered "experiential therapies", the benefits of which are to tap into the client's physical experiences in addition to their cognitive, emotional, and spiritual aspects of being. All theories and interventions applied are designed to help the client achieve his or her therapy goals in a way that respects the autonomy and personhood of the client. As the therapist-client relationship evolves, the nature and intensity of the intervention is likely to evolve to continue to meet the needs of the client.

Clients can expect each session to last approximately 50 minutes. The duration and frequency of the therapeutic relationship is dependent upon the needs and goals of the client as well as the therapist's ability to effectively address those needs in the therapeutic relationship. Once the therapist believes she has an accurate understanding of the client's presenting issues, the therapist may review this assessment with the client, offering an approximate expected timeline of the therapeutic relationship, the goals of therapy and the sequencing of objectives. It will likely take at least one session and often more before the therapist can reasonably complete this assessment and review with the client. If the therapist determines that the needs of the client are of a nature or intensity beyond what the therapist is trained to provide, the therapist may refer the client to another therapist or seek out consultation with another provider with more experience in the given area of need.



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Please note that the nature of an outpatient therapeutic relationship implies that the client is able to self regulate emotions and self manage behavior while residing in his or her own home. If you have a psychiatric emergency, it is best you dial 9-1-1 to have your needs met with the greatest urgency. Otherwise, a message may be left on voicemail at (561) 463-3078 and your call will be returned as soon as possible and within one business day. Office hours are during the following times, by appointment only:

Monday – Friday:	9:00 am to 8:00 pm
Saturday:	By appointment only

Requests for urgent appointments can be accommodated as scheduling permits.

Risks and Benefits of Psychotherapy

Clients have a right to know their diagnosis, if any, and have it explained to them, including all symptoms and reasons the diagnosis is given. Psychotherapy is not an exact science, but there are evidenced-based therapies available to treat each given diagnosis. It is the therapist's responsibility to diagnose accurately, understand the therapies available to treat each diagnosis, and utilize evidenced-based therapies and/or refer to other treating professionals who also specialize in treating the diagnosed disorder. Research on effective therapies continues to evolve, and therapists are responsible for continuing their education to keep abreast of new treatments.

For some disorders, such as severe Depressive and Anxiety disorders, the most effective treatments often include medication in addition to psychotherapy. However, most clients do benefit with medication alone or psychotherapy alone to treat these disorders. Other disorders, such as Schizophrenia and Bipolar Disorder, generally necessitate the use of medication to effectively treat the symptoms. Most clients with these disorders will have great difficulty with self care and self regulation without the use of medication. Psychotherapy is also helpful to assist the client with medication compliance and learning other life skills to optimize client functioning. Other milder or personality disorders respond best to psychotherapy, and medication may not be necessary. Some clients with adjustment or other mild mood disorders may spontaneously resolve themselves without any treatment at all. The therapist is responsible to discuss the client's diagnosis and treatments that are most effective for each client. Clients who are actively abusing mood-altering substances or who experience severe eating disorders are not suitable for outpatient counseling in an office setting alone. Such clients will be referred to a level of care that is appropriate for their needs.

Fees and Financial Policies

Fees for service are due at the time of each session. Please see attached Fee Schedule for more information. Fees are set at \$____ per one 50 minute session, and are payable by check, cash, money order, or credit card. Checks and money orders may be addressed to SoulSpring Counseling Inc. When applicable, fees may also be charged to third party payers, such as insurance companies. With client

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permission, the therapist may obtain available coverage offered by the client's insurance provider and review this information with the client. Such information includes, but is not limited to: copay, coinsurance, deductibles, amount of deductible met, and number of sessions allowed by the insurance provider. The therapist utilizes Premier Billing Solutions to submit insurance claims on behalf of the client for both in and out of network providers. The client is responsible for all fees not paid by insurance providers. The client wishing to utilize their insurance provider, or other third party payer, must sign a Release of Information allowing the therapist permission to bill and communicate with their third party payer as needed. This will be covered under separate form.

If you are utilizing your insurance policy to pay for your services, the following information will be reviewed with you during your first session with your therapist:

- Deductible/Amount Remaining: _____
- Copay: _____
- Coinsurance: _____
- Max Out of Pocket/Amount Remaining: _____
- # of Visits: _____

Clients are responsible to give 24 hours notice if they need to reschedule or cancel their appointments. The therapist will make reasonable efforts to confirm the client's appointment at least 24 hours prior to its schedule. This reminder is provided as a courtesy only. Clients will be billed **\$50** for any appointments that are changed within 24 hours of their schedule. Should a client fail to show and fail to give notice and miss his/her appointment for non-emergent reasons, the client will be billed for the entire fee for the session. The reason for this is without proper notice, the therapist will not be likely to schedule another client in the missed appointment slot. An emergency may be defined as a car accident, sudden illness to self or family, psychiatric crisis, and the like.

All telephone calls that are non-emergent and that last longer than 5 minutes will be billed at \$100/hour at a prorated rate. All forms and reports that are completed by the therapist at the request of and on behalf of the client will also be charged \$100/hour at a prorated rate for time to complete. The therapist reserves the right to refuse to complete any forms/reports that are deemed unwarranted.

COLLECTIONS:

All balances are to be forwarded to collections if payment arrangements are not made with our office promptly.

ASSIGNMENT OF BENEFITS AND PAYMENT AGREEMENT:

I hereby assign all pertinent insurance benefits to which I am entitled to SoulSpring Counseling Inc. (Provider). This assignment will remain in effect until revoked by me in writing. A photocopy of this



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assignment is to be considered as valid as an original. I further authorize SoulSpring Counseling Inc. to release all information necessary to secure payment.

I understand that the health insurance policies are an agreement only between an insurance company and the insured. I clearly understand that all services rendered to me personally are charged directly to me and that I am financially responsible for payment if not paid by my insurance company. I have read, understand, and accept the payment instructions given to me at this time of my first visit.

This release also permits the office of SoulSpring Counseling Inc. to confirm scheduled appointments in the following manner: home phone, answering machine, voice mailbox, cell phone, or text, unless otherwise specified. _____ Initials

Limits of Confidentiality

The therapeutic relationship is confidential and subject to Federal HIPAA laws. Simply stated, with few exceptions, what is discussed between the therapist and the client is protected and by law the therapist is not permitted to disclose such information except under legally sanctioned circumstances. The limits of client confidentiality are as follows:

- When the client presents as a danger to self or to others. This includes threats of harm to self, to others, or a client's psychic break from reality such that the client has lost self control to the extent the client presents as a danger to self or to others
- When the client discloses information that suggests another vulnerable person is at risk of harm and may be in need of protection. Such persons include, but are not limited to: a minor child, an elderly person, a pregnant woman, or a person with a mental or physical disability. Please note: Psychotherapists are mandated reporters according to Florida law. It is not our responsibility to determine IF abuse is occurring. However, we are mandated by law to report to the appropriate authorities if there is reason to suspect abuse or if such abuse is directly reported by another person
- When a medical or psychiatric emergency has occurred and the proper referrals are made to care for the client's immediate needs
- If a client decides to file a lawsuit against the therapist or if the client commits a crime on the therapist's property
- When the client has signed a Release of Information authorizing limited and necessary disclosure to the identified party to whom information will be released
- The parent or a legal guardian of any non-emancipated minor has the right to inspect the minor client's records
- When a client chooses to utilize a third party payer, such as an insurance provider, a Release of Information will be obtained in a separate form to grant permission for necessary and/or requested disclosure. This release of information is necessary to bill third party payers.



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Sometimes, third party payers require copies of records or discussion of client progress to determine if further treatment is medically necessary and/or covered under the client's plan.

Notice of Privacy Practices

Clients have the right to inspect their records at any time. If the client suspects that information contained in their record is errant, clients have the right to make a note in their records stating as such. However, information contained in the client's record may not be changed or removed once it is placed in the record. Clients have a right to know when disclosures have been made to outside entities during the time period 6 years prior to client's request. Therapists are required to maintain records for a minimum of 7 years, after which records may be destroyed.

I, _____, acknowledge that my therapist has reviewed informed consent with me, given me opportunities to ask questions, and has made a written copy available to me. I understand that psychotherapy is a voluntary relationship. I acknowledge that the nature, duration, risks and benefits of psychotherapy have been explained to me. Additionally, I acknowledge that fees, limits of confidentiality, and privacy practices have been explained to me. I understand that I can review informed consent with my therapist at any time.

Client Signature

Date

Parent or Guardian Signature

Date

Therapist Signature

Date