

## LIFE COUNSELING, LLC

94-1221 Ka Uka Blvd., Ste. B202, Waipahu, HI 96797, (808) 226-9442

### INFORMED CONSENT

1. You have the right to ask questions about any procedures used during therapy; if you desire, I will explain my approach and methods to you. If I see a child under the age of 18, custodial parents/guardians have a right to information shared in the session, though exercising this right may be detrimental to the therapeutic process, and so may decide to allow confidentiality between the child and the Therapist.
2. You have the right to decide not to receive therapeutic assistance from me; if you desire, I will provide you with the names of other qualified professionals whose services you might prefer.
3. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. I ask that you contact me by phone or in writing if you make such a decision without consulting me.
4. You have a right to review your records in the files. Please refer to the HIPAA handout for specific details.
5. One of the most important rights involves **confidentiality**: within limits of the HIPAA law, information revealed by you during therapy will be kept strictly confidential and will not be revealed to any other person or agency without your written permission. Additionally, when more than one family member or a couple is being seen in therapy, the Therapist views the family/couple as the client. Therefore, releases of information for family/couples' sessions require the written approval of every consenting member of the family/couple who was present at any time during the treatment.
6. If you request it, any part of your record in my file can be released to any person or agency you designate. I will tell you at the time whether or not I think releasing the information in question to that person or agency might be harmful to you in any way.
7. You should also know that there are certain situations in which I am required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, I am not required to inform you of my actions in this regard. These situations are as follows: a) if you threaten grave or bodily harm or death to another person, I am required by law to disclose this information to the appropriate authority; b) If a court of law issues a legitimate Court Order (signed by a Judge), I am required by law to provide the information specifically described in that order; c) If you reveal information relative to child abuse, child neglect, or elder abuse, I am required by law to report this to the appropriate authority; d) If you are in therapy by order of a Court of law, the results of the treatment ordered must be revealed to the Court; and e) If you are seeking payment through an insurance company, I will be required to reveal confidential information to them (each insurer is different).

8. You have the right to know about the possible harmful results of therapy. In my years of psychotherapeutic service delivery and supervision, the only clear harm I have witnessed has resulted from clients' insistence on using medical insurance for psychotherapy. Harmful events included (but are not limited to): denial of insurability when applying for medical and disability insurance due to DSM-IV-TR diagnosis (mental illness diagnosis, which are usually required for reimbursements under medical insurance); company (mis) control of information when claims are processed; loss of confidentiality due to the large number of persons handling claims; loss of employment, and repercussions of diagnosis in situations which require truthfulness about "mental illness," including driver's licenses applications, concealed weapon permits, and job applications.

9. Therapy will seek to meet goals established by all persons involved, usually revolving around a specific presenting problem. A major benefit that may be gained from participating in therapy includes a better ability to handle or cope with marital, family, and other interpersonal relationships. Another possible benefit may be a greater understanding of family, marital and personal goals and values; that may lead to a greater maturity and happiness as individual and increased relational harmony. Other benefits relate to the probable outcomes resulting from specific concerns brought to therapy. In working towards these potential benefits however, therapy will require that consistent efforts be made to change and may involve the experiencing of significant discomfort. Therapeutically resolving unpleasant events and relationship patterns can arouse intense feelings. Seeking to resolve problems can similarly lead to discomfort as well as relationship changes that may not be originally intended.

10. Please note that the quickest way to get ahold of me is by text or e-mail. Voice messages will be returned at my earliest convenience.

11. You are required to keep me informed of any changes to your insurance. Having insurance does not necessitate payment and you will be financially responsible for any balances that your insurance does not cover.

### **FEES and Length of Therapy Sessions**

1. If you are running late for your appointment, please text or phone me. Your appointment spot will be held for a period of 15 minutes. After that period, I reserve the right to cancel the spot and charge you for a missed session.

2. I do not automatically engage in participating in Court hearings or proceedings. There are special circumstances under which this may be discussed.

3. Session times normally last between 45 - 50 minutes, with the exception of the initial evaluation which generally lasts approximately one hour.

4. For after hour emergencies, please go to your nearest emergency room, contact the Crisis Hotline at (808) 832-3100 or call 911.

5. Forms of payment that are accepted are: Cash, Check or Charge. For any returned checks, a fee of \$30.00 will be assessed.

6. If you miss two sessions in a row or consistently cancel scheduled sessions, I will not be obligated to schedule future appointments and will give you referrals to other qualified professionals.

7. Payment is due at the beginning of each session, and no balance will be carried. You are responsible for cooperating with your insurance company to support prompt payment if insurance is being used. If you are paying out-of-pocket, you agree to pay \$\_\_\_\_\_ for each session.

8. You understand that the Therapist has the right to seek legal recourse to recoup any unpaid balance. In pursuing those measures, the Therapist will only disclose biographical information and the amount owed, in order to ensure confidentiality.

**NOTICE REGARDING ADDITIONAL FEES NOT COVERED by INSURANCE**

1. Missed appointments and Late cancellations (without 24 hours of advance notice): \$50 for holding an appointment slot. This is not a fee that your insurance company will cover.

2. Written Reports/Letters/Forms: Pro-rated at my hourly rate. Fees are discussed in session.

3. After Hour Phone Calls (Non-Emergency) or consultative phone calls with other professionals: Pro-rated at my hourly rate. Fees are discussed in session.

4. Any meetings, tele-conferences or Court hearings that I am requested to attend will be charged at my pro-rated hourly rate. Fees are discussed in session.

I agree to all of the above terms.

Client: \_\_\_\_\_ (Print)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

Therapist: \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)