

Family Connection 2, LLC



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Informed Consent for Assessment and Treatment

Family Connection 2's goal is to provide quality mental health services to individuals, couples, and families in the surrounding communities. Please read the following statements and sign only after all questions or concerns have been answered:

General Information: The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process: You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Client Rights/Responsibilities: All clients have the right to be treated with respect and dignity by clinical and office staff. Clients have the right to express their personal concerns in a safe, comfortable environment, and to be counseled with appropriate and timely interventions. Clinicians will attempt to help clients resolve their concerns if possible. However, clinicians may not be able to resolve clients concerns in all cases. If participation in treatment does not fully benefit a client, or if the client's concerns fall outside the scope of practice, alternative referral resources will be provided. Clients have the right to read/review their clinical records at any time. Clients have the responsibility to attend and participate in therapy appointments as scheduled. Therapy sessions maybe discontinued if clients arrive under the influence of psychoactive substances, or if aggressive/disruptive behaviors are evident. Clients are responsible for cancelling scheduled appointments at least 24 hours in advance or clients will be charged a \$50 no show fee (cannot be billed to insurance) that will need to be paid prior to the next scheduled appointment. If repeated unscheduled absences occur, after multiple attempts of contact have been made, cases may be closed and/or referred to other providers. The intent of couple/family therapy is to foster healthy relationships between family members. Therefore, consistent with MFT code of ethics, activities such as custody evaluations, court testimonies, and letters of recommendation for parenting arrangements are not considered with this intent.

Termination: Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you

and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Fees: The fees are outlined in the Professional Counseling Fee Information form. Assessment sessions are billed at \$140 per hour. Individual therapy sessions are billed at \$125 per hour. Relational sessions are billed at \$150 per hour. *Please note that additional charges may be incurred for sessions over one billable hour, crises or interactive complexity, based on client needs. Insurance may only cover one billable hour per day. This is payable at the time of your session, unless your insurance is being billed, in which case you must pay your copayment and/or deductible at the session.

Court appearances are billed at \$125 per hour from time the therapist leaves the office until the time the therapist returns to the office. This fee cannot be billed to insurance and must be paid prior to the next scheduled appointment.

Appointments that clients do not attend and no attempts to cancel have been made, will result in a \$50 no show fee. This fee cannot be billed to insurance and must be paid prior to the next scheduled appointment.

General Limits of Confidentiality: Family Connection 2 and its staff members will attempt to keep clinical records confidential when possible. Except during the following circumstances, clinical information will not be shared with third party outside of Family Connection 2 without written informed consent from the client: (a) if the client is at imminent risk of physically harming themselves, another identifiable person or an identifiable building, (b) if child/elder abuse or neglect is suspected, or (c) if the release of clinical records is court ordered. Photocopies of records will only be released with appropriate written permission from all individuals involved in treatment or appropriate legal subpoena. A charge of \$0.50 a page will be assessed for photocopies of records.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Limits of Confidentiality for Couples/Families: During couples/family therapy, Family Connection 2 views the couple/family as the "client". In order for treatment-related information about the couple/family to be released, a written consent form must be signed by all members of the couple/family. During treatment of a couple/family, Family Connection 2 abides by additional limitations to confidentiality. Information learned in an individual session with one member of a couple/family may potentially be shared with the couple/family as part of the treatment process (no secrets policy). This policy is to help therapists treat the entire couple/family while preventing conflicts of interest between parties. Therapists will exercise clinical judgment regarding the need to bring information gained elsewhere into couple/family sessions.

Limits of Confidentiality for Minors: Ohio law permits minors 14 years or older to seek mental health treatment for up to 6 sessions or 30 days with parental consent. However, Ohio law explains that legal guardians of minors may view the clients' records if desired. Federal law prohibits the disclosure of substance abuse information to a third party, including the legal guardian of a minor, with informed consent of the client (unless the situation involves a medical emergency, child/elder abuse reporting, or imminent risk of physical harm to self or others).

Telephone Accessibility: If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available; however, I will attempt to return your call within 48 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

Social Media: Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication: I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. Electronic service delivery is defined in Ohio as "any form offered, rendered, or supported by electronic or digitally- assisted approaches, to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in person face to face therapy." (CSWMFT Ohio Laws and Rules, 2019, p.75).

If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

- (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
- (2) All existing confidentiality protections are equally applicable.
- (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
- (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
- (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences.

