



## Informed Consent

Welcome to The Heights Counseling and Wellness, LLC. This document contains important information about your therapist's professional services and business policies. We believe that by being well informed you can achieve the most optimal counseling outcomes. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

### **COUNSELING/THERAPEUTIC SERVICES**

Counseling is not easily described in general statements. It varies depending on the personalities of the counselor and patient, and the particular problems brought forward. There are many different methods I may use to deal with the problems that you hope to address. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very selective when choosing a therapist. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion. You have the right to stop services at any time for any reason. When the client is a minor the parents or legal guardian have the right to speak for the minor. You have the right and responsibility to choose the services and clinician that are best for you. If you believe you are not getting what you need, please notify your clinician and he/she will work with you to change your service plan or identify another clinician who may be able to meet your needs.

### **MEETINGS/SCHEDULING**

I normally conduct an evaluation that will last from 2 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although some sessions may be more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation. If you are more than 15 minutes late for a scheduled appointment, the appointment will be canceled and you will be charged for the full session.

### **PROFESSIONAL FEES**

My hourly fee is \$120 per clinical hour – this includes 50 minutes of face-to-face time and ten minutes for documentation and preparation. I also charge this amount for other professional services you may need, though I will break down the hourly cost if I work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 10 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. [Because of the difficulty of legal involvement, I charge \$200.00 per hour for preparation and attendance at any legal proceeding.]

### **BILLING AND PAYMENTS**

You will be expected to pay for each session at the time it is held. Payment schedules for other professional services will be agreed to when they are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due.

### **INSURANCE REIMBURSEMENT**

At this time, I do not accept any insurance plans. I currently serve as a Licensed Professional Graduate Counselor (LGPC) in the District of Columbia. If interested, it is the responsibility of each client to inquire with their insurance company regarding reimbursement for LGPC services in DC. At the end of each session, I will provide a receipt upon payment for the session.

### **Emergencies**

I am often not immediately available by telephone. When I am unavailable, my telephone is answered by a voicemail system. I check my voicemail at least once a day, during business hours. I will make every effort to return your call within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are experiencing a life threatening emergency, hang up and dial 911 or go to your nearest emergency room immediately. If you are experiencing suicidal thoughts or plans, an additional resource available is the 24-hr National Suicide Prevention Hotline, 1-800-273-8255.

### **PROFESSIONAL RECORDS**

The laws and standards of my profession require that I keep treatment records. You have rights regarding these records. You should be aware that, pursuant to HIPAA, I keep Protected Health Information (PHI) about you including your reasons for seeking therapy, a description of the ways in which your problem impacts your life, your diagnosis, the goals that we set for treatment, your progress towards those goals, your medical and social history, your treatment history, any past treatment records that your therapist receives from other therapists, reports of any professional consultations, your billing records, and any reports that have been sent to anyone, including reports to your insurance carrier. In addition, your therapist will also keep a set of Psychotherapy Notes.

Except in unusual circumstances that involve danger to yourself and/or others or where information has been supplied to your therapist confidentially by others, or where I believe seeing your clinical record may be emotionally damaging (in which case I will be happy to send them to a mental health professional of your choice), you may examine and/or receive a copy of your Clinical Record, if you request it in writing.

Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents. [I am sometimes willing to conduct a review meeting without charge.] In general, patients will be charged an appropriate fee for any time spent in preparing information requests.

These rights are further defined in our Notice of Privacy Practices.

### **CONFIDENTIALITY**

In general, the privacy of all communications between a client and their therapist is protected by law, and I can only release information about our work to others with your written permission. You have the right to confidentiality. But there are a few exceptions. See our Notice of Privacy Practices for a complete list. The most common **exceptions** include:

- a. **CHILD, ELDER, OR DISABLED PERSON ABUSE.** We are required by law to report any known or suspected cases.
- b. **IF SOMEONE IS ABOUT TO KILL OR HARM SOMEONE ELSE** we are required to do our best to warn the intended victim and notify the appropriate law enforcement authorities.
- c. **IF A CLIENT INTENDS TO HARM HER/HIMSELF** we will let others know as much as is needed to keep the client safe.
- d. **HOSPITALIZATION FOR MENTAL ILLNESS** may require that information be provided to the hospital so that they can provide you with the treatment you need.
- e. **CERTAIN COMMUNICABLE DISEASES MAY HAVE TO BE REPORTED** to the health department by law. Though the list does not include mental health conditions it is possible, although unlikely, that we might be the first to know of a medical condition that falls under the reporting requirements.
- f. **IN THE CASE OF A MEDICAL EMERGENCY** (for example, heart attack) we will release medical information to paramedics and/or the hospital that is necessary for treatment.
- g. **COURTS MAY REQUEST OR REQUIRE RECORDS.** Often subpoenas can be "quashed" or canceled. In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. Your clinician will tell you more about this if or when it becomes an issue.

h. IF YOU ARE PART OF A LAWSUIT THAT INVOLVES YOUR MENTAL HEALTH CONDITION, we might be required to provide certain information to a court of law or judge.

i. OTHER PROFESSIONALS - As a Licensed Graduate Professional Counselor, I am under the supervision of a Licensed Clinical Social Worker, and may consult with her regarding our sessions. I make every effort to avoid revealing the identity of my patient. The supervisor is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

**Client's Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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**Therapist:**

Kristen Lundquist

Licensed Graduate Professional Counselor in the District of Columbia

License #LGPC00462

**Therapist's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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