

Informed Consent

COOKS COUNSELING

'WHERE YOU CAN FIND HOPE AND HEALING'

PRACTICE POLICIES

Fees:

Self-pay fees are determined on a sliding scale. The amount will be according to a client's household annual income. **Insurance:** We do accept insurance, however, it is your responsibility for obtaining prior authorization for treatment from your insurance carrier. You are responsible for co-payment amounts, deductibles, and any treatment not paid by insurance. The co-pay and/or deductible is due prior to services being provided. Your insurance carrier is not responsible for any No-Show / Late Cancellation charges. Your signature allows Cooks Counseling to bill and be assigned payment directly from EAP and insurance.

We accept cash, check, and most major credit cards. We can bill your credit/debit card for each session without you presenting your card if you choose to complete a "Pre-Authorized Healthcare Form". In the event you will not be able to keep a scheduled appointment, please call at least 24 hours in advance or you will be assessed a No-show/Late Cancellation fee of \$50.00. If you have completed a Pre-Authorized Healthcare Form, this fee will be charged to that card, if applicable.

Court appearances, letters, and other paperwork

Court appearances are billed at \$200 per hour with a minimum charge of eight (8) hours, for a total of one thousand six hundred (\$1,600) dollars. Since the client-therapist relationship is built on trust with the foundation of that trust being confidentiality, it is often damaging to the therapeutic relationship the therapist to be asked to present records to court, testify whether factual or in an expert nature, in court or deposition. It is requested that only in extreme cases the therapist be asked to present to the court either records or testimony. Court appearance will likely result in the need to terminate therapy and refer you to another therapist. In cases when the therapist is ordered to testify about his/her counseling with you, the therapist will be monetarily compensated as stated below.

In the event that it is necessary for the therapist to testify before any court, arbitrator, or other hearing officer to testify at a deposition, whether the testimony is factual or expert, or to present any or all records pertaining to the counseling relationship to a court official, the client agrees to pay the therapist for his or her services, including travel, preparation, and necessary expenditures at the rate of \$200 per hour, rounded to the nearest half hour. These expenditures include but are not limited to copies, parking, meals, and the like. The client agrees to pay the \$1600 two weeks prior to the appearance, presentation of records, or testimony requested. All additional expenditures will be billed after the court appearance.

Other letters and paperwork requested by the client will be assessed a charge of \$50 per hour, rounded to the nearest hour, with a minimum of 1 hour. This does include letters to court officials or attorneys, short-term disability paperwork and any other documentation requested by the client. This does not include copies of your bill, missed work or school letters, Release of Information Forms, or other documents used in the day-to-day operation. It is the responsibility of Cooks Counseling, PLLC, to alert you of any additional charges assessed at the time of your request.

Emergencies:

Cooks Counseling, PLLC, maintains a 24-hour voicemail system to be used after hours. After hours calls and messages will be returned the following day. For immediate assistance please dial 911 and/or visit your nearest hospital emergency room.

Records and Confidentiality:

Any or all of our communication may become part of the clinical record. What you say in session is strictly confidential with the following exceptions:

- 1) You authorize a release of information with your signature
- 2) I determine that you are a danger to yourself and/or others
- 3) I am ordered by a court to disclose the information
- 4) You disclose sexual contact with another health professional
- 5) You disclose knowledge or founded suspicion of ongoing child or elder abuse.

Please remember that in any suit for money damage for mental distress or for conservatorship of children, whatever is disclosed in a therapeutic session could be revealed in the context of the lawsuit, and the counselor cannot be subpoenaed into court to testify.

If participating in couples counseling, do not disclose anything to me that you do not want revealed to your partner, as this puts the therapist in a compromising position. If I determine any secret to be detrimental to the therapeutic process, I do reserve the right to terminate our counseling relationship.

RELEASE OF INFORMATION

I authorize release of information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation and professional communication.

REFERRALS

If at any time, or any reason, you are dissatisfied with my services, please let me know. If you or I believe that a referral is needed, I will provide some possible referral sources that may be better able to meet your needs .

THERAPEUTIC RELATIONSHIP

Counseling Relationship:

Sessions last approximately 45-50 minutes. While the sessions may be intimate psychologically, our relationship is a professional rather than a social one. Our contact will be limited to counseling sessions only except in the case of emergency when you may contact me via phone. Please do not invite me to social gatherings, offer me gifts, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling sessions. You will be better served if our sessions concentrate exclusively on your concerns.

Effects of Counseling:

You may, at any time, initiate a discussion of positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationship, your job, and/or understanding yourself. Some life changes could be distressing for a period of time. The exact nature of changes cannot be predicted.

Client Rights:

Some clients achieve their goals in only a few counseling sessions while others may require additional sessions. As a client, you are in complete control and may end our counseling relationship at any time. I would ask that you participate in a final session. You also have the right to discuss modification of any of my counseling techniques or suggestions that you might believe to be harmful.

My services will be provided in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know.

Conditions for Ongoing Counseling:

If you have been in counseling or psychotherapy during the past seven (7) years, I request you sign a release so I may communicate with and/or receive copies of records from the professional(s) from whom you received mental health services. While you are in counseling with me you agree not to maintain or establish a professional relationship another mental health professional unless you first discuss that with me and sign a release that enables me to communicate with the other mental health professional(s). If you decide to maintain or establish a professional relationship with another mental health professional against my advice, I may consider this your decision to change counselors and reserve the right to terminate your counseling with Cooks Counseling.

I reserve the right to postpone and/or terminate counseling of clients who come to sessions under the influence of alcohol or drugs.

