

## *Welcome to Discoveries Counseling*

Please take a few minutes to read and complete the paperwork we are providing. We hope it will answer many of your questions or concerns, and if you need any clarification, please don't hesitate to ask!

**First and foremost, we want to acknowledge your *courage* for reaching out for counseling attending this first session. Many people have never done counseling before or have had difficult experiences. We aim to make you as comfortable and heard as possible, while helping you make the changes you are looking for in your life.**

**COUNSELING:** Counseling has both benefits and risks. We will be working with you to minimize any discomfort (experiencing uncomfortable feelings such as guilt, anger, anxiety frustration, anger, loneliness, or helplessness) as the process of counseling can include discussing unpleasant or unwanted aspects of your life. During these less pleasant times, please note that we are committed to keeping you safe, heard, and not judged. The benefits of counseling may include reduction of stressful feelings, increased satisfaction in relationships, greater personal awareness and insight, increased skills for managing stress, and resolution to specific problems. If you are not experiencing help in these ways, please bring this up with your counselor.

**APPOINTMENTS:** Appointments are most typically 55 minutes in duration. Our goal is to always be ready to see you right at your appointment time. Sometimes, if the person before you has had a difficult session or for other reasons, your appointment may begin a few minutes late. Thank you for your understanding and we will make all efforts to give you a full 55 minute session. You are welcome to invite significant others, family members, or important family members to join a session. If you think this will be a good idea, please talk to your counselor to plan. We have a 24 hour No-show/cancellation policy – it is addressed in detail within this paperwork.

**PAYMENT:** The usual and customary fee for your counseling session, if **self-pay**, is \$110.

Payment options include: Cash or Check (preferred), Credit Card, HSA or FSA cards. Plan to pay your out of pocket expense at your counseling session each time.

If you are using **health insurance**, you will generally pay the specialist copay, or a specific amount, determined by your insurance company, toward your deductible. Please call your insurance company to find that amount, or discuss it with your counselor. With your permission, our office manager, Michelle (544-5342) will assist you to the extent possible in filing claims

and ascertaining information about your coverage, but you are responsible for knowing your coverage and letting us know if/when your coverage changes.

You should also know that all insurance companies require you to give your counselor authorization to provide them with a clinical diagnosis. Sometimes additional clinical information is also required such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of your insurance company files. By signing this agreement, you agree that we can provide requested information to your carrier if you plan to pay with insurance.

If your counselor is not a participating provider in your insurance plan, please ask for a receipt of payment of services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies will reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague.

**PROFESSIONAL RECORDS:** Your counselor will be keeping appropriate records of the counseling services provided. Your records are maintained in a secure location in this office. They contain brief records noting that you were here, your reasons for seeking therapy, the goals and progress set for treatment, your diagnosis (if required), topics we discussed, your medical, social, and treatment history, records received from other providers, copies of records sent to other providers, and billing records.

**CONFIDENTIALITY:** Policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. These will also be addressed verbally at your first session.

**CONTACTING YOUR COUNSELOR:** Your counselor may not be immediately available by telephone. We do not answer the phone when with clients or otherwise unavailable. At these times, you may leave a message on your counselor's confidential voice mail and your call will be returned as soon as possible. If, for any number of unseen reasons, you do not hear from back or your counselor is unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, you can go to your local hospital emergency room, or call 911. Lifeline is also available to provide the mobile crisis team to come to your location. That number is 275-5151. In your counselor's absence, you will be provided with the mental health professional covering the practice.

**CONSENT TO COUNSELING/PSYCHOTHERAPY**

Your signature below indicates that you have read and consent to this agreement.

\_\_\_\_\_  
Signature of Client/Guardian

\_\_\_\_\_  
Printed Name of Client/Guardian

Date: \_\_\_\_\_

