

# Informed Consent for Therapeutic Services

Merrimack River Wellness, 51 Pleasant Street, Newburyport, MA. 01950

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## 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.

By engaging in the therapeutic process you have taken a very positive step. The outcome of your treatment depends largely on your willingness to engage in this process. My treatment approach is generally short-term. We will assess our treatment goals and progress on an ongoing basis. I can promise to support you and do my very best to understand you, as well as to help you clarify what it is that you want for yourself and/or your family.

A successful therapy experience is based upon the fit between patient and therapist. Based upon this, our first three sessions will be focused on assessment and making a determination of whether working together will be a good match. Within the first three sessions, we will collaboratively decide if ongoing therapy with me will be of benefit to you. Please note that there may be occasions in which my skill-set is not a good match for the issue that you would like to address. In these instances, I will always provide alternate resources to match your need.

**If therapy is for a minor, (under age 18), please know that I will expect the family to be part of the assessment and treatment process. This may sometimes include a mixture of family, individual and parent meetings. Once a complete assessment has been made, I will make recommendations for ongoing treatment.**

**CODE OF ETHICS:** As a licensed professional Lisa Dube is governed by the laws of her State Licenses (MA, ME & NH) and individual professional organizations. Lisa can provide you with the Code of Ethics for Social Workers at all times. Lisa can provide information regarding training, qualifications and experience at the initial meeting and upon request.

**QUALIFICATIONS AND SCOPE OF PRACTICE:** I am a Licensed Clinical Social Worker in Maine and New Hampshire, and Licensed Independent Clinical Social Worker in Massachusetts. The scope of services I provide is outpatient individual, family and group therapy. Clients of this practice are those who are able to safely sustain their own care between appointments.

**CONFIDENTIALITY:** Under state law, communications between a client and a therapist are privileged (confidential) and may not be disclosed without the specific authorization of the client except under specific, limited circumstances. For example, the privilege does not apply in a civil commitment

proceeding in which the issue is whether the individual is a danger to self or others or when a client is seeking treatment relating to a workers' compensation claim. Records may also be subject to audit by regulatory authorities. Also, many reporting laws create exceptions. See reporting requirements. Within the course of treatment, a client's case may need to be reviewed by a colleague, who is legally bound to confidentiality. Lisa may also obtain formal supervision on certain cases when she believes it is necessary. In these situations, Lisa does not disclose the identity of the client. Lisa's colleagues and any formal supervisor are, of course, legally bound to confidentiality as well. By signing this document you are acknowledging that you understand that Lisa may discuss your case in consultation and you do not object to her doing so in an effort to ensure that you are receiving the best treatment possible.

**REPORTING REQUIREMENTS:** Among the exceptions to confidentiality are state reporting laws, which require counselors and therapists to report to the appropriate authorities certain types of conduct. For example, any person who suspects a child or incapacitated adult has been abused, neglected or exploited must report to state authorities. Licensed Mental Health Professionals are required to warn police or likely victims of a client's "serious threat of physical violence" to a person or property. Licensed Mental Health Professionals will often get a specific consent and agreement to notify family members or others in the event of a client's suicidality.

**CONFLICTS OF INTEREST:** From time to time, actual or potential conflicts of interest may arise. In the event that Lisa becomes aware of a conflict of interest in providing treatment to you, Lisa may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information will remain confidential.

**CLIENT SAFETY:** In order to maintain safety for all persons utilizing this office space Merrimack River Wellness adheres to a no weapons policy. This means no guns, knives or weapons of any kind are permitted on the premises.

**PROFESSIONAL BOUNDARIES:** Licensed Professional Mental Health Providers are obligated to establish and maintain appropriate professional boundaries (relationships) with present and past clients (and, in some cases, client's family members). For instance, a counselor should never become friends with clients. Please note that in order to respect your privacy, I will not acknowledge you in any public setting unless you initiate the interaction.

**CONCERNS OR COMPLAINTS:** If you have any complaint about the treatment you have received or about any billing procedure, you should not hesitate to raise them with me. Reports of misconduct or complaints can be directed to

**Massachusetts:**

Board of Registration of Social Workers

1000 Washington Street, Suite 710

Boston MA 02218

**New Hampshire:**

New Hampshire Office of Professional Licensure

Division of Technical Professions

7 Eagle Square

Concord, NH 03301

**Maine:**

Office of Professional & Occupational Regulation

Attn: Complaint Division

35 State House Station

Augusta, ME 04333-0035

**LIMITS OF AVAILABILITY:** Lisa can be reached at 978-306-2850 during regular business hours. If Lisa is unavailable you may leave a message and your call will be returned during the next business day. If you are a client, you may also contact Lisa via the Spruce app, to which Lisa generally responds within 24 hours. In the case of a psychiatric emergency for which Lisa is unavailable you should consult with your other medical providers such as your primary care physician or go to your nearest emergency room.

Lisa does not provide after hours support for crisis situations. Lisa is not able to provide medication evaluations or medication management. Lisa does not provide unscheduled office visits.

**LIMITS OF SERVICE:** Please be advised that my role is to provide therapy services. You should be aware that if subpoenaed to court, you would be charged a fee of \$150 per hour for any time spent in court, testifying in depositions, traveling to court or depositions, or preparing for court or deposition testimony.

**PROFESSIONAL RECORDS:** Lisa maintains a file for each client. If you want communication with another medical provider you see, please request and complete a PHI release with Lisa. As a client, you are entitled to a copy of your records for a fee that covers copying and administrative costs. If you wish to see a copy of your treatment records Lisa recommends you review them with her so that we may discuss the contents.

**INSURANCE/REIMBURSEMENT OF SERVICES:** Clients will authorize payment of medical benefits to, and certify that all sums assigned be sent directly to Lisa Dube. In the event the client's insurance company does not honor this request, the client will take responsibility for payment of the bill in full within 60 days.

There is an option for self-pay with the rate being \$150-\$200 for the first session and \$150-175 for each subsequent session. There are instances in which a sliding scale may be provided based on ability to pay.

This payment is expected at the time of service for all self pay and out of network clients. In this case, we will not bill these services to insurance carriers. Copays and deductibles are due at the time of service, or within 30 days of the insurance notification of benefit amount.

Failure to stay current with your balance or an outstanding balance over \$200 may cause an interruption in treatment.

Some insurance companies limit the number of sessions, which will be fully or partially reimbursed. Clients are encouraged to communicate directly with their insurance provider regarding policies and benefits prior to beginning treatment. Any concerns about the confidentiality of records should be directed to the insurance company. Some companies conduct random periodic file audits for quality assurance purposes. Should you choose to access your insurance benefit, it is important that you know that your insurance company may review your record, without obtaining your formal consent.

In order to process client claims, disclosure of confidential information may be required by your health insurance company (i.e. diagnosis, symptoms). We cannot guarantee the confidentiality of information after it has been shared with your insurance company. Managed Care Plans are often based on the notion of medical necessity and are oriented towards short term treatment designed to resolve specific problems that are interfering with a person's normal functioning.

You are ultimately responsible for paying for all services rendered even if your insurance company or other identified payment parties do not cover them.

During the course of treatment please notify Lisa of any changes or updates in your insurance coverage or personal demographic such as name, address, or phone number.

Session payments/co-payments are due at the time of service. You may pay with cash, or credit card.

All Clients are required to place a Credit, Debit or HSA card on file with authorization for recurring charges and/or coverage of late and missed appointment fees.

In the event that you have an outstanding balance past 15 days additional fees will be assessed. If your balance is existent beyond 120 days, then you will be notified in writing that your card will be charged for the outstanding balance within 15 days if you do not call the office to make partial or full arrangements for payment.

## **ELECTRONIC COMMUNICATIONS**

Some vendors require electronic billing and information gathering (by fax or email). We cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately, before beginning treatment, so that we may determine whether and how to proceed. Please know that we try to limit email communication to insurance and scheduling issues.

## **Client Rights**

As a client you have rights that will be respected at all times. Your most important right is the right to know what your rights are and the right to complain when you believe your rights have been violated.

Clients are entitled to be treated with dignity and respect and be free from abuse, neglect or exploitation.

Clients have a right to confidentiality. Client information will not be released to anyone without the written consent of the client, parent or guardian, unless otherwise required by law. Photographs and audio or visual recordings will not be made without the client's written permission.

Clients are entitled to appropriate, professional treatment and services regardless of gender identity, sexual orientation, sex, race, color, religion, national origin, age or disability.

Clients have a right to a mutually agreed upon treatment plan that promotes wellness and independence.

Clients are entitled to an explanation of any treatment provided, the reasons and the expected effects. Clients also have a right to information about all aspects of treatment they receive.

Clients have the right to decline treatment offered to them unless they are endangering themselves or others.

Clients have the right to understand the information contained on the papers they sign, have their questions answered in a readily understandable language and review their records.

Clients and/or their families have the right to complain if they feel their rights have been violated or that they are being treated unfairly. Clients are entitled to information regarding the types of services available and their cost.

Clients have the right to a second opinion by another professional.

Clients have the right to discontinue services and to receive notice before the provider discontinues their services.

### **Client Responsibilities**

Clients are responsible for participating actively and honestly in their treatment.

Clients are responsible for asking questions about any policy, procedure or treatment with which they do not understand or with which they do not agree.

Clients are responsible for carefully reading and understanding any papers that they may be asked to sign in relation to their treatment.

Clients are responsible for contacting Lisa Dube with any concerns.

Clients are responsible for payment of missed appointments unless provider is notified at least 24 hours in advance. A late cancellation fee and/or missed appointment fee of \$75 will be automatically charged to your credit card on file as you agree upon in these documents. If you miss or fail to cancel more than two appointments, you will be responsible for the full fee for services.

Clients are responsible for payment of the services they receive and the agreed upon times.

Your signature below indicates that you have read, reviewed, understand and agree to the rules and responsibilities outlined above as a part of engagement in contracted services.

**For legal and ethical reasons, failure to make an appointment or make alternate arrangements for more than four weeks shall result in the discontinuation of therapeutic services.**

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.