Informed Consent Form
Counseling for Adults
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Licensed Professional Counselor #0701005719

Welcome to Amare! This document will tell you about my services of counseling/therapy and business policies, according to the Health Insurance Portability and Accountability Act (HIPAA, a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information for the purposes of health treatment, payment, and operations). When you sign this document, it will also represent an agreement between us. We can discuss any questions you have now or at any time in the future.

DESCRIPTION OF SERVICES

Counseling has both benefits and risks. Risks may include experiencing uncomfortable feelings, because the process of healing often requires discussing the unpleasant aspects of your life, making changes, and adjusting to changes. The benefits of counseling include reduction in distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. However, I cannot guarantee specific outcomes because counseling is a collaborative process and unique to each client. Making progress requires a very active effort on your part, specially making changes in your thinking, feelings and behavior, outside of sessions.

We may use a number of therapeutic techniques; including art therapy, play therapy, cognitive-behavioral therapy, psycho-education, mindfulness, experiential exercises; and client-centered therapy. I can provide specific parenting advice if needed. Although this is known as "parent coaching," I approach it in the same way as therapy.

The first session is an intake interview and assessment of the needs. By the end of the intake, we will discuss your treatment goals, and frequency of appointments. The following 2-3 sessions will involve non-directive techniques with the purpose of building rapport/trust and discussing family dynamics and personalities with minimal interference from me. I typically do not provide recommendations during this initial period of assessment, unless there is a pressing concern about safety. We will discuss progress towards your counseling goals periodically. If you have questions about my therapeutic style or procedures, we should discuss them as soon as they arise.

I am a Licensed Professional Counselor in Virginia (#0701005719), with a PhD in Counseling and MA in Art Therapy from the George Washington University; and play therapy training from the Starbright Training Institute and the Theraplay Institute. In

addition, I receive clinical supervision with Dr. Cheryl Doby-Copeland, to improve the quality of my services.

ONLINE SERVICES

I offer online video therapy (also known as tele-health) only under circumstances that prevent us from meeting in person. To protect your privacy, I use the Zoom platform, which meets the online privacy requirements of the HIPAA law. As a Licensed Professional Counselor in Virginia, I can only provide this service while you and I are physically located in Virginia at the time of the session.

Please be aware that for online therapy sessions you will need a private space, where others cannot hear or see you. You will be responsible for ensuring your privacy, as I am not able to do so at a distance. Please do not store in your computer any information related to your counseling, as it can be stolen or hacked.

Online communication has some additional risks, such as malfunctioning of the Zoom platform, internet service interruptions, and losing the connection temporarily. If we experienced these challenges, we would temporarily communicate by phone without video, until the technical issues are resolved. I am not able to provide crisis-intervention services in the event that a client is at risk of hurting themselves or others. In the case of such a mental-health emergency, please 1) contact the Emergency Mental Health Services of the county where you live (I can provide these numbers for you and they are listed online), 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call.

If circumstances warrant online video counseling, we would first ensure that this modality is beneficial to you. Otherwise, I will provide referrals to alternative services.

PROFESSIONAL FEES AND PAYMENT

My fee for 60-minute sessions it is $220, and for 90-minute sessions $340. Payment must be made within a week from the time of the appointment, by check, cash or credit card. I use the Square online platform to process credit/debit card payments. If you refuse to pay the fees, I reserve the right to use an attorney or collection agency to secure payment.

I charge the same fees for other professional services that you may require such as writing letters/e-mails, telephone conversations that last longer than 15 minutes, and attendance at meetings or consultations with other professionals. If you anticipate becoming involved in a court case, I recommend that we discuss how this impacts your right to confidentiality. If your case requires my participation, I will expect you to pay for the professional time required even if another party asks me to testify.

At this time, I do not receive health insurance payments. If you have health insurance coverage, I will send you a receipt (superbill) that you can submit to your insurance company for reimbursement directly to you. I send superbills monthly, on the 8th day for the previous month. Please inquire with your insurance company regarding reimbursement for services with an out-of-network providers, the number of sessions covered in a year, and whether your plan has a deductible. I will need to assess for at least 4 family sessions in order to assign the diagnostic code that is required by insurance companies. You accept full responsibility for payments, insurance reimbursement claims, and any difficulties related to this.

CANCELLATIONS

If you need to cancel or reschedule a session, I ask that you provide me with 24-hour notice. If you miss a session without canceling, or cancel with less than 24-hour notice, please agree to pay for the full fee of the missed session, unless it was due to an emergency or illness. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still end at the regular time and cost the hourly rate.

ENDING COUNSELING

Your participation in therapy is voluntary and you have the right to end therapy at any time. If my services are not helping you, I will be happy to recommend another mental health professional at any point. My priority is that you find the most beneficial services, whether it is with me or with another professional.

If this is the case, I encourage you to talk with me about the reason for your decision in a counseling session together. I ask that you allow for one farewell session for us to review what we've done, to provide recommendations/referrals for additional treatment, and to offer feedback to each other.

Likewise, at my discretion, I reserve the right to end our work together and provide you with appropriate referrals, for reasons including, but not limited to, failure to participate in therapy, conflicts of interest, untimely payment of fees, or if I do not have the training to help you with specialized issues, such as substance abuse.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the services that I provide. Your records will be documented in an electronic health records system that complies with HIPAA requirements. I will keep the printed records and questionnaires in a secure location in my home office. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Seven years after the end of counseling, the records are no longer required and will be shredded.

You have the right to a copy of your file, except in unusual circumstances that involve danger to yourself. These are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents.

If I decline your request for access to your records for ethical reasons (for example, if this poses a danger to yourself), you have the right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. You also have the right to request that a copy of your file be provided to any other health care provider at your written request, with the limitations of your choice.

CONFIDENTIALITY

With very few exceptions, the information discussed during our sessions and all documentation (written or in any other medium) is kept private and confidential.

Some very important exceptions to confidentiality are:

1. If there is a court order for the therapist to testify, or to provide the client's chart.
2. If I learn that you intend to hurt yourself or another person, I may need to call 911 to ensure everyone's safety.
3. If I learn or suspect that a child, disabled adult or elderly person is being abused or neglected, I must report to the protective authorities.

CONTACTING ME

I am often not immediately available by telephone. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the Emergency Mental Health Services of the county where you live (I can provide these numbers for you and they are listed online), 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call.

We may communicate by regular e-mail or text only for the purpose of scheduling or cancellations (if at least 24 hours before the appointment). Please do not include any private information in e-mails or texts, as others may read them inadvertently. I do not use social media with clients. In the case that you need to communicate important information in the time between sessions, please do so by phone, or send me a secure e-mail (Theranest) requesting that I call you.

IN MY ABSENCE

In the event that I pass away or become incapacitated, my colleague Dr. Manal Abukishk can offer an urgent psychotherapy consult, (202) 390-2739, manal2psycho@gmail.com. Please note that I typically take time off on federal holidays, 2 weeks in December and 2 weeks in the summer.

OTHER RIGHTS

You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.

To file a complaint of illegal or unethical counseling practices, please contact the Virginia Department of Health Professions at 800-533-1560.

CONSENT TO PARTICIPATE IN COUNSELING

Your signature below indicates that you have read this agreement, we discussed your questions, and you agree to the terms.

_____ _____

Signature of Client Date

_____

Printed Name of Client