



APPOINTMENT INFORMATION Today's initial appointment will take approximately 45-60 minutes. Starting counseling is a major decision and you may have many questions. This document is intended to inform you of what to expect, our policies, State and Federal Laws, and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

OFFICE HOURS Office hours are by appointment only. You may reach the office by phone at (618) 216-3907 to schedule an appointment. If unavailable, you may leave a message on our office voice mail box and a staff member will return your call as soon as possible during normal business hours. **Do not** leave messages if you have a psychiatric emergency; please dial 911, or go to the Emergency Room.

COMMUNICATION It is our normal practice to communicate with you at your home address and daytime phone number that you gave us when you scheduled your appointment about health matters, such as appointment reminders, etc. You have the right to request that our office communicate with you in a different way. Please **DO NOT** provide phone numbers if you do not wish for us to leave messages. If a phone number is provided as a form of contact, the front office will leave a message at that number.

FINANCIAL/INSURANCE As a courtesy, we will bill your insurance company if you wish. However, you are responsible to be aware of your coverage and benefits. You will be held financially responsible for any remaining balance or sessions that are not covered by insurance. All payments and/or co-payments are due at the time of each appointment. If you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. If we receive more than one returned check from an individual we may refuse future payment by check.

SICK/NO SHOW AND LATE CANCELLATION POLICY Please contact our office within 24 hours if you are not able to make your appointment. If you do not show for a scheduled appointment or cancel with less than 24 business hours' notice, a NO SHOW/LATE **CANCELLATION FEE of \$70.00** may be charged for the cost of the missed appointment. This cost is not covered by insurance and is your responsibility and must be paid in full before your next appointment. It is at the therapist's discretion to bill for No-Show/ Late-Cancel as well as to terminate treatment if 3 appointments have been missed without appropriate cancellation.

However, we understand that life throws us curve balls and not all appointments can be canceled within 24 hours. We ask that you do your best to respect our time and give us as much notice as you can. If you are sick, PLEASE CALL US TO RESCHEDULE. IF YOU SHOW UP NOTICEABLY SICK (FEVER/VOMITTING), YOUR THERAPIST HAS THE RIGHT TO RESCHEDULE. Your therapist will also reschedule in the event she is sick with the goal to keep you healthy.

UNDERSTANDING PSYCHOTHERAPY INFORMED CONSENT

It is important for you to understand what counseling is about and what you may expect during therapy. Please read this material carefully and ask your therapist to explain anything that is unclear to you.

What are Counseling and Psychotherapy?

"Counseling" and "Psychotherapy," or simply "therapy," are words for the same process which is: using proven methods to assist people in changing how they think, feel and behave. Legitimate therapy is practiced by licensed professionals in their field of expertise (i.e. social work, counseling, psychiatry). At Bridge of Hope Counseling Services, P.C, you will meet with a licensed clinical social worker.

How does therapy work?

Therapy will involve several steps. Therapy sessions are usually 45 to 50 minutes in length, and are typically held one time per week to start. First, your counselor will listen to the concerns that you brought to counseling. He/she will get to know you and how you view your life and yourself. You will probably understand your situation better as you and your counselor talk. After you and your counselor explore your concerns, you will choose specific goals and objectives for therapy. Next, you and your counselor will work together to develop a plan for meeting those goals.

You and your counselor will define and work toward accomplishing your goals using research-proven methods. These methods include, for example, accessing your inner strengths and resources, changing thoughts that affect how you feel and what you do, or homework assignments in which you try on new behaviors to see how they fit. You and your counselor may decide to involve other family members in your session. Please know that any work in the sessions will occur only with your permission. It is very important to your counselor to see that your limits are respected. Your specific needs and concerns will determine what is done.

Your counselor will frequently take time to examine your progress toward your goals to make sure you both are on the right track. You and your counselor will decide together when your therapeutic goals are met and when to move toward completing therapy.

Your therapy may be terminated if you fail to maintain regular attendance or if your therapist feels you are not making progress. You will be notified in advance of any possible termination of services.

CONFIDENTIALITY AND EMERGENCY SITUATIONS

If an emergency situation for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact emergency services (911), or proceed to the nearest Emergency Room for assistance.

Your therapist is not on-call outside of their office hours. However, your therapist will follow up those emergency services with standard counseling and support to the client or the client's family.

Your verbal communication and clinical records are strictly confidential except for situations covered in the Notice of Privacy Practices. Please note that confidentiality cannot be guaranteed if you use electronic communications with practitioners or office staff. This includes e-mail, instant messaging, social media and text.

Therapists are required to keep secret the identity of their clients. Consequently, I will not acknowledge you in a public setting to ensure your confidentiality is protected. I also will not accept any social media invitations/friend requests. My duty as a therapist is to care for my clients in a professional role of therapist. In general, communications between a client and a therapist as well as records pertaining to those communications are confidential and may not be released without written authorization by the client or the client's legal guardian. However there are a few exceptions:

- **Administrative Personnel:** You should be aware that I employ administrative personnel. In most cases, I need to share protected information with these persons for both clinical and administrative purposes, such as scheduling, billing, and quality assurance. Office staff members are bound by the same rules of confidentiality. Office staff members have been given training about protecting your privacy and have agreed not to release any information outside of the practice
- **Consultation:** I regularly consult with other professionals about therapy cases in order to provide my clients with quality care. During a consultation, every effort is made to avoid revealing the identity of my clients. The consultant is also legally bound to keep information confidential.
- **Other Privacy Practice Restrictions:** Please read/sign the notice of privacy practices attached to this document for an understanding of when it is required by law for me to disclose information.

If you have any questions, feel free to discuss the limitations of confidentiality with your therapist.

NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS I/We have reviewed and received a copy of the Notice of Privacy Practices, if requested. Signing this acknowledgement does not mean you have agreed to any uses or disclosures of your protected health information outside the purposes outlined in the Notice of Privacy Practices.

Client Signature (Notice of Privacy Practices)

Date