Informed Consent

Client Name: _____

Client Address: _____

Client Telephone Number: _____

I acknowledge that I have received, read, and understand the information regarding confidentiality, financial responsibility, Notice of Privacy Practices, client rights, and other information regarding receiving therapy through HeartSphere Counseling, LLC. I also acknowledge that I have had all of my questions answered fully.

I consent to participate in treatment by counselor at HeartSphere Counseling, LLC. I understand that developing a treatment plan with the counselor and actively participating the counseling sessions is in my best interest. I understand that progress in treatment requires that I attend appointments and follow through with agreed upon recommendations made by the counselor.

I understand my responsibilities with regard to financial responsibilities and timely cancellation of appointments.

I am aware that my insurance company will be provide information regarding my treatment in order for my insurance claims to be processed. I have signed the Consent to Use or Disclose Health Information for the Treatment, Payment, and Health Care Operations.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE INFORMATION CONTAINED IN THIS INFORMED CONSENT.

Client Signature: _____ Date: _____

If you are signing as a personal representative of the patient describe your relationship to the patient and the source of your authority to sign this form:

Relationship to Client: _____ Print Name: _____

9495 Keilman Street, Suite 6A St. John IN 46373 (219-779-7817) Fax (219) 300-0007
www.heartspherecounseling.com

About the Practice of Therapy

At HeartSphere Counseling, LLC, the client is treated as a whole person with consideration given to the physical, mental, emotional, social, and spiritual aspects of their life. Understanding past and current influences on a client's life allows for an integrated approach to addressing issues. Because each client's needs are unique, a diverse number of therapies and techniques are utilized.

Your therapist is a Licensed Mental Health Counselor (LMHC) and has been in practice for three years. In addition to her Masters of Science degree in Mental Health Counseling, she has received additional training in trauma, mindfulness, and nutrition. Your counselor is trained in EMDR and is a certified clinical hypnotherapist. She is an active member of the American Counseling Association and abides by their ethical standards.

Treatment Process

During the initial session, your counselor will talk with you about your current issues, ask about your history, and make recommendations regarding services. The counselor will work with you to develop a treatment plan that identifies goals, the expected end result of the goals, and the services that will be provided to meet those goals. Individual sessions will be approximately 60 minutes in length and generally scheduled on a weekly basis. As you experience improvements, appointments may be scheduled less frequently.

Risks and Benefits

While guarantees regarding outcomes of therapy cannot be made, if a client actively participates in therapy sessions and follows agreed upon recommendation improvements are made. The work may be difficult at times as emotionally provoking subjects will be discussed. The therapist is responsible for guiding you through those difficulties. Specific risks and benefits will be discussed during the development of the treatment plan.

Crisis and Emergencies

In the event of a mental health crisis, please call the office to schedule a same day appointment. If it is after the office is closed for the day, call 911 or go to the nearest emergency room for assistance.

Your Rights and Responsibilities

You will be provided with a copy of the Notice of Privacy Practices (NPP). In addition, a shortened version of the NPP will be displayed in the waiting area of HeartSphere Counseling, LLC and is available on our website; www.heartspherecounseling.com. If you have any questions, you may contact our Privacy Officer, Michele Preste at 21-779-7817 or at privofcr@heartspherecounseling.com.

You have the right to expect that your counselor will treat you with dignity and respect and that professional and ethical boundaries will be maintain; i.e., counselor will not enter into other personal, financial, or professional relationships with you.

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About the Practice of Therapy (continued from page 2)

You have the right to confidentiality.

You have the right to ask questions about any aspect of the counseling process at any time during the process.

You have a right and responsibility to actively participate in the therapeutic process, to participate in the development of your treatment plan, to receive services consistent with the plan, and to speak up if you are uncomfortable with or disagree with services or treatment recommendations.

You have a right to review and/or request a copy of your clinical record. A fee will be required for copying the records and you will be advised of the cost prior to the records being copied.

Confidentiality

Communication between you and your counselor is confidential. Your counselor will not discussed your case either verbally or in writing without your written permission (Release of Information Authorization form).

Your counselor may have an ethical and/or legal obligation to break confidentiality under certain circumstances; such as

Duty to Warn

a. There is reason to believe that you have serious intent to harm yourself or another person.
b. There is reason to believe you are involved in or disclosed knowledge of neglect or abuse of another person (e.g., child, elder, or dependent adult); as required by mandatory reporter laws in the State of Indiana.
c. The appropriate agency will be notified; e.g., law enforcement, Department of Child Services, or other appropriate individuals or entities.
d. If a Duty to Warn issue arises, it will be discussed with you prior to notifying appropriate parties.

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Confidentiality (continued from page 3)

Minor Children

a. Age of majority in Indiana is 18 years of age.
b. Minors may consent to medical treatment if the minor is
    a. Emancipated, or
    b. 14 years or older and living apart from parents, or
    c. Married, 0r
    d. In military service
c. What is discussed in session with minors is private with two exceptions
    a. A risk of harm is disclosed in which case the parents and appropriate authorities will be advised accordingly to the Duty to Warn guidelines
    b. Progress in treatment will be shared with parents/legal guardians

Court Involvement

d. Records subpoenaed by a court of law. Records will not be released without a signed Release of Information Authorization from you. However, under certain circumstances a judge or court may order the release of records.
e. If you have been referred to counselor for court-ordered treatment (e.g., probation requirement), the court may require evaluation or status reports. Such reports will be reviewed with you prior to being sent.

Insurance Companies

a. Insurance companies or other third-party payers may require information regarding your treatment in order to pay for your services. Types of information may include dates of service, costs of services, type of services, treatment plans, diagnosis, and treatment progress.
b. Only minimally required information will be released to insurance companies.

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Financial Responsibility, Fees, Appointments

Fees

Fees are based on the amount of time involved. A session is generally 60 minutes in length.

Initial session	$150
Subsequent sessions	$120

If you are paying on a cash basis (not billing an insurance company), you are expected to pay in full at the time of the appointment. If you are covered by insurance, you are expected to pay co-pays, deductible amounts, etc. at the time of your appointment.

You are financially responsible for counseling services.

Insurance

If you plan on using insurance to cover your therapy expenses, you must provide your policy information to HeartSphere Counseling, LLC. HeartSphere Counseling, LLC will verify your coverage and obtain treatment authorization; however, it is also your responsibility to understand your coverage, including co-pays, co-insurance, deductibles, and what services are covered/not covered. In addition, you must notify HeartSphere Counseling, LLC if there is a change in your insurance or coverage.

HeartSphere Counseling, LLC will bill your insurance company for services. However, you must pay any co-pays, co-insurance, deductibles, or non-covered services at the time of your appointment.

Payment of fees are due prior to the start of the appointment.

Appointments

The usual length of an appointment is 60 minutes.

Late cancellations (less than 24 hours before appointment) and/or no shows will be charged a $60 fee and is payable at the next appointment. If you reschedule a late cancellation within the calendar week of the original appointment it will not count as a late cancellation and the late cancellation fee will not be charged. Unusual or emergency situations will be taken into consideration (e.g., inclement weather). **Insurance companies will not pay for late cancellation/no show fees.**

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