



Counseling Services Information

Informed Consent

Date: _____

Client Name: _____

Client Home Address: _____

Client Phone: _____

Therapist Name: _____

How were you referred to Healing Choices?

Note: If you are seeing a therapist at Healing Choices for couple's therapy, each person must fill out and bring a separate set of forms to your first couple's session.

Welcome

Welcome, it takes courage to reach out for support and we look forward to supporting your healing journey. These forms contain information about Healing Choices professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so that we can best assist you. It is important that you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies; your Healing Choices therapist will be happy to discuss them with you. There are various places where your signature is required on the following forms; please bring these completed forms with you to your first session.

Therapy Services- Risks and Benefits

The role of a Licensed Professional Associate is to assist clients with issues regarding relationships, addictions, and issues such as depression, anxiety, grief and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decision you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps and individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, we encourage you to discuss this with your therapist during your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, we ask that you schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that Healing Choices has an open door policy and welcomes the possibility of working together again. However, it will be your therapists clinical discretion and also dependent upon his or her availability. There is typically a waitlist of 2-3 weeks. If we are not able to see you immediately, we will be happy to add you to the Healing Choices Services waiting list, or we are happy to provide you with a referral to another therapist or clinic.

Dual Therapy

It is unethical for two different therapists to provide counseling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy plan that we will be working on, the therapists at Healing Choices do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps. If your therapist has referred you to Healing Choices for specialized treatment (i.e. sex addiction recovery for example), we will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where your therapist may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used and your therapist will change significant identifying details in order to protect your confidentiality. Your confidentiality is very important to us. Should you request that your therapist speak with another professional or person (i.e. doctors, former therapist, teachers, family, friends, or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after your therapist determines if this is in the best interest of supporting your therapeutic process and progress.

Legal Exceptions to Confidentiality

The therapists and staff at Healing Choices take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law.** Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with Healing Choices will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is are reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated reporting of incidents involving minors

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under Kentucky law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a **child is engaged in an obscene sexual act.**

Should you choose to disclose that you have accessed child pornography of any kind (currently, recently, or in the past) during any of the following:

- A session with any therapist employed at Healing Choices
- Via your client consent form
- An assessment tool that is administered as part of your treatment, such as the SDI (Sexual Dependency Inventory), or via other assessment tools (such as the SAST or Sex Addiction Assessment Tool) that are administered by therapist with Healing Choices.
- During an individual, group, or couples session in the office.
- Via email, text, phone, regular mail
- Or by any other means in or out of session

It is important for you to understand that **all therapist employed at Healing Choices are mandated to report this to legal authorities.**

The therapists at Healing Choices do not work with minors as clients. However, we are mandated reporters of any sexual acts involving minors. This means that if any of the therapist or staff at Healing Choices learns of **any** incident involving minors and illegal sexual activity or abuse, **we are legally required to report this to the proper authorities.**

If you are a parent seeking therapy at Healing Choices, and discuss with your therapist your concern over your minor teenager sexting OR exchanging nude or sexual pictures of herself/himself to her teenaged minor boyfriend/girlfriend, your Healing Choices therapists is mandated by law to report both minors to authorities under AB1775 for “knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.”

Additionally, if you share with your therapist that your adult child or any identifiable adult (18 years or older) that you are in relationship with is sexting or texting sexual or nude images to a minor (for example an 18 year old son texting sexual image to his 16 year old girlfriend (, or is

downloading or accessing child pornography, your therapist is mandated by law to report this to authorities.

If you are a spouse or partner seeking support with a therapist at Healing Choices, or attend a workshop, or is attending our women’s group and you disclose that your spouse or partner has accessed child pornography, or your minor child or minor teen has texted nude photos with other minors **please know that anything disclosed with respect of offending behaviors with minors (a person under the age of 18 years old) is a reportable offense and your therapist is mandated to report you, your spouse or partner, or your minor child to the proper authorities.**

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all therapists and staff at Healing Choices.

Client’s signature: _____ **Date:** _____

Suicide Policy

If you are suicidal, your therapist will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself. Your signature indicates that you have read and understand confidentiality and limits to confidentiality.

Client’s signature: _____ **Date:** _____

Emergency Contact Information

In the event of an emergency, please provide a contact person:

Name _____

Relationship _____ **Phone** _____

No Secrets Policy

Please note that with couples and family therapy the **Couple** and/or the **Family** is the client (e.g. the treatment unit), not the individuals. As such, all therapists with Healing Choices practice a **no-secrets policy** when conducting marital/couples/family therapy. This means that confidentiality does not apply between the couple or among family members when one

member of the **treatment unit** requests and individual session or contacts their Healing Choices therapist outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit (e.g. the couple) and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions.

Your therapist will encourage the person holding the secret to share the secret in the following session and will support the client in doing so. Your therapist also reserves the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as deemed appropriate or necessary to support the treatment units overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Please note: the therapist at Healing Choices generally do not work with couples unless each individual has had prior individual therapy for a minimum of 3 months.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, your therapist may ask that a family member or significant other join you for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client.

If a family member or significant other agrees to meet for a session, it will be for the client's benefit. If the person joining the session is your significant other, this does not constitute as couples therapy, rather it is a support to your work, and/or a check-in session.

Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will your therapist at Healing Choices work with them as a therapist. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint sessions.

Sobriety Policy

We ask that all clients, couples, families, and group members arrive to the therapy sober and not under the influence of drugs and/or alcohol. If your therapist notices that you are intoxicated (such as slurred speech, rapid speech, smelling of alcohol, behavior that indicates intoxication with cocaine, prescription drug abuse, marijuana, or other substances) the therapy session will be immediately terminated. We will also assist you in finding a safe ride home (via

friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, your therapist will reschedule the therapy session where this occurrence will be processed. **You will be charged your full fee for the session if you arrive intoxicated.**

Therapy Sessions

Therapy sessions are weekly, and are scheduled in advance. Standard sessions are **50-minutes** in length and begin and end on time. Therapy can be conducted in office or via teletherapy (phone) if you are away on business or ill. The fee is the same for in-office or teletherapy as the same amount of time must be blocked out for teletherapy sessions. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your **50-minutes**, nor will the time be made up at future sessions, as this will impact other clients.

Longer sessions are available by request and upon availability of your therapists schedule at a prorated fee. At the start of therapy, your therapist may extend your first few sessions past the 50 minutes, however, unless your therapist chooses to extend this time, we ask that you please respect your 50-minute session time. If your therapist find that your session tends to run longer, he or she will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

Therapeutic Approach & Style

Our goal as a therapist is to help people navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping tools, and integrate and take responsibility for their changes. We facilitate a process where the client is able to move toward healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While we meet you each step of the way in your therapy process with accountability, compassion and empathy, a therapist is not a cure all, a parent, a friend, or a miracle worker.

The style of the therapists at Healing Choices is collaborative, honest, challenging, and direct with solid boundaries and empathy. We reflect, assist, encourage, and point out incongruent patterns around actions and words. We will not work harder than our clients or accept responsibility for your choices or consequences. We respect our client's decisions, and do not advise or direct our clients, as we believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

Your therapist formulates the therapeutic plan collaboratively with his or her clients based on each client's needs, their presenting problems, and the goals they wish to achieve. We believe that each client has the potential for healing and change and is responsible for their choices and change, and for meeting their therapy goals- we do not make guarantees for healing. We use a combination of cognitive behavioral, existential, and client centered therapy with most clients.

Cognitive Behavioral (CBT) Therapy stresses the role of thinking patterns in how we feel and what we do. It is based on the belief that our thoughts, rather than people or outside events, cause our negative feelings. The therapist assist the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking- uncovering the 'root to the fruit' so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments.

Existential psychotherapy is based on the philosophical belief that human beings are fully equipped to create one's own meaning, and exercising one's freedom to choose. The existential therapist encourages clients to face life's anxieties and to start making his or her own decisions while reflecting on consequences and moving away from fear based thinking. The therapist will emphasize that along with having the freedom to carve out meaning comes the need to take full responsibility for the consequences of one's decisions.

Non-Discrimination Policy

We respect each person's right to choose his or her own belief system. The therapists at Healing Choices work well with the Christian client and the atheist client, as well as clients from many religions and beliefs. If a client would like to work from a faith-based approach, your therapist will be happy to discuss this with you and support your process. Additionally, the therapists at Healing Choices respect each person's right to their choices in terms of sexual orientation, and provide safe place for both straight, gay and transgender clients.

The therapists at Healing Choices believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, we are open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding our therapeutic approach and style, or our non-discrimination policies, please feel free to discuss this with your therapist now and/or in the future.

Court Reports or Letters

The therapists of Healing Choices do not write legal letters or court reports on behalf of clients involving divorce, custody or other legal matters or lawsuits. We do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc.) or agency regarding your treatment. If a special circumstance arrives where a letter is **required by court order**, it will require your written consent and will be billed to you at \$25.00 per page and **in addition to our hourly fee**. We reserve the right to refuse to write letters on your behalf (unless court mandated) if we do not feel this would be in your best interest, if it places us in a dual relationship, or will compromise our therapeutic relationship. We will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places us in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. **If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested and your therapist must speak honestly if under oath.** Your therapist will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

Court Fees

If you become involved in legal proceedings that require your therapist's mandated participation, you will be expected to pay for all of your therapist's professional time, including preparation and transportation time and costs, even if called to testify by another party. Because of the time involved and the interruption to my clinical work, you will be charged \$250 per hour for time out of practice, time for preparation, travel time, and attendance at any legal proceeding on your behalf that you will be responsible for. Additionally, if other client sessions must be cancelled, these must be covered at the rate of those sessions and will be billed to you. Court fees can be very expensive so please sign and date below to indicate that you understand your financial responsibility in covering these expenses should your therapist be mandated to go to court for a legal issue you are involved in. A therapist is not a court advocate or friend. A therapist must legally speak truthfully under oath.

Client's signature: _____ **Date:** _____

Health Care/Managed Care Insurance Policy

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes

information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company.

This information once released becomes part of the client's medical records and may impact confidentiality. Because of this, Healing Choices does not work with **Managed Care Health Insurance programs**. We are glad to provide a "superbill" receipt that you may submit to your insurance company if you wish for a possible out of network reimbursement, however, Healing Choices will not fill out forms or work directly with or on your behalf with your health care insurance company.

Additionally, is important that you also understand that there is no guarantee that your insurance carrier will cover your therapy sessions. We ask that clients carefully consider this before we begin our work together. If you choose to work with a Healing Choices therapist, our policy is a fee-for-service policy as described in the following section. Your signature indicates that you understand and agree to respect this policy around managed care health insurance, and will honor this agreement now and in the future.

Client's signature: _____ **Date:** _____

Fees

The fee for therapists at Healing Choices is **\$130.00 per 50-minute session**. This fee is the same for in office, teletherapy (phone sessions), walk/talk, or couples therapy. On occasion clients will ask for an extended session for 90 minutes. The fee is doubled for a 90 min session. Therapy is an investment in self-care, and is a process that takes time. You are asked to pay the full fee unless you are **facing serious financial hardship** in which case we can discuss a sliding scale fee before the start of your first session.

Fee Increases

Fees are reviewed each year, and may increase periodically. Every consideration to a client's current finances will be made. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase. We will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding the fee policy, please do not sign until discussing with your therapist. Your signature indicates that you understand and agree to these conditions:

Client's signature: _____ Date: _____

Appointments/Cancellations

If you are trying to reach your therapist on the same day of your session, please contact your therapist via the phone number you have been given vs. an email. Please note that cell phones cannot be guaranteed as confidential. We make every effort to return calls and emails within 24 hours. We understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If your therapist is unable to attend your therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 2 hours in advance on the phone numbers and/or email you have provided. If you are sick or experiencing any symptoms of illness, we as that you conduct your session via the phone. If your therapist is ill, he or she will extend the same consideration.

Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **48** hours before the scheduled appointment will be charged the full agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments please let us know- we will be happy to email you in advance to confirm your sessions. However, you are responsible for keeping track and attending your sessions.

Ongoing Cancellations or Multiple No-Shows: It is understandable that **occasionally** an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. Our current client schedule and wait list does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with your therapist. He or she will do their very best to find an alternative solution, such as phone sessions, so that we can continue our work together. However, please note that should ongoing cancellations, frequent reschedules (even those within the same week), missed appointments, late payments/nonpayment become an issue, and your therapist will discuss this with you. If after discussing other options with you your attendance has not changed, we will need to open up

your reserved time to the waitlist and add you to the waitlist. If you prefer not to be placed on the waitlist, then we will provide you with three therapy referrals and/or terminate with you.

Client's signature: _____ **Date:** _____

Therapists Time off Policy

MJ Mueller, LMFT, LPCA, CSAT, CPS

I am regularly out of town due to ongoing education, training, professional conferences, and for personal time. Every two year I take one month off work to travel. I take two weeks off during the December holidays. I generally work 30 hours per week with clients and 10 hours per week on research.

There is a two to three week waiting period for new appointments and I will do everything that I can to have you seen in my office sooner if possible.

During my time out of the office, I will not be available for individual sessions, group, family or couple's sessions, in person or via text or phone unless it is a serious crisis. If you have a life threatening emergency, please contact 911, or your referring physician. On occasion I will provide the phone number and contact information of a therapist colleague who may fill in during my time away.

Unless I am out of town, I will respond to all phone calls within 24 hours.

If you require a high level of care at this time, please take this into consideration.

Your signature indicates your agreement to MJ's boundaries around client contact during MJ's time away:

Client's signature: _____ **Date:** _____

Holiday, Weekend and Evening Contact

Your therapist will make every effort to return a call, or text message of a **non-emergency** client message within 24 hours during a scheduled work week. If this call or text arrives during a holiday, weekend, or evening, your therapist will return the **non-emergency** client contact during the first working day following the holiday, weekend or evening. For **emergency only** clients (emergency constitutes imminent danger to self or others) your therapist will make every effort to return the call or text within 24 hours and ask that if the client is facing a life threatening emergency that they **call 911 immediately**. There will be a regular session fee or partial session fee for emergency phone calls and sessions that are in excess of 15 minutes, or more than 1 time per month.

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that your therapist sees a client outside of the office (when we may accidentally run into each other in public), your therapist will be highly discreet and will maintain your confidentiality. He or she will do their best to follow your lead, and thus it is your choice to acknowledge the encounter and your therapist. If you do not choose to acknowledge the encounter, your therapist will respect this and will follow your lead.

Policy Regarding Internet, Professional, and/or Social Networking Sites

On the topic of Social Media and Internet Sites, our primary concern is your privacy. If you follow your Healing Choices therapist on a site like Twitter for example, please note that your therapist will not follow you back. We only follow other health professional on Twitter and do not follow current or former clients on blogs or Twitter. Our reasoning is that casual viewing of client’s online content outside of the therapy session can create confusion in regard to whether it is being done as a part of your treatment. In addition, viewing your online activities without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with your therapist, please bring them into your sessions where we can view and explore them together, during the therapy hour.

Please do not use SMS (mobile phone text messaging) or messaging on Social networking sites such as Twitter, Facebook, or LinkedIn to contact Healing choices therapist. These sites are not secure and

messages may not be read in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with Healing Choices therapists publicly online if we have an already established client/therapist relationship.

Engaging in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact your therapist between sessions, please do so directly via email. See the email section below for more information regarding email interactions.

“Friending”

It is the Healing Choices policy to not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist to discuss further.

Thank you for taking the time to review the Healing Choices Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the internet, do bring them to your therapist’s attention so that we can discuss them.

Your initials indicate that you understand and agree to these boundaries regarding the Healing Choices social media and online policy : _____ (initial here)

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, flirting, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to your therapist, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship.

Hugging is an expression of action, a greeting or a goodbye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapeutic relationship. Occasionally a client may spontaneously hug his or her therapist while they exit the office, may ask for a hug after a particularly difficult or emotional session, or may feel quite comfortable with a hug at the end of sessions, or when ending therapy. Some clients are huggers, some are not, and so it is important for your therapist to understand that stance and to maintain appropriate professional boundaries.

If your therapist believes after discussing the request that a non-sexual brief hug is appropriate and supports your therapy, hugs will be allowed on occasion. Please understand, if your therapist chooses

not to hug you, it is not an expression of judgment, dislike, or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

Illness Policy

When a private practice therapist is consistently exposed to cold and flu viruses in the office and becomes ill as a result, the office closes down, sessions and groups are cancelled, and everyone suffers. In order to maintain good health and create a safe and relatively germ free environment so that Healing Choices can support all of our clients, we ask that clients who are experiencing any stage of illnesses to respect safety boundaries and to conduct their sessions via phone until they are recovered completely and are not experiencing any signs of illness, fever, rash or cough or contagious symptoms at any stage.

Stage of illness includes: starting to feel flu symptoms, suspect they may be coming down with the flu, dealing with a current cold, head cold, or flu or flu-like symptoms, or are at the end of a flu cycle, currently have the flu, cough, a cold, pink eye, contagious rashes, scabies, lice, chicken pox (or a child with chicken pox), or any other potentially contagious illnesses no matter how mild. Your therapist will extend the same respect and consideration if we are ill.

Please review the following illness agreement and initial:

If I am ill, feel as I am becoming ill, or am at the end of a flu virus. _____ (initial here)

I understand that my therapist may, on the rare occasion, ask that my session be conducted via phone if she is ill or recovering from a contagious flu virus. _____ (initial here)

If I am seeing a Healing Choices therapist for couple's therapy, I agree to cancel the session by 72 hours if my spouse or I am ill. _____ (initial here)

I agree not to bring in sick family members or children to the office setting if they are experiencing any stage of illness or flu. I understand I will be asked to leave the office if I choose to do this. _____ (initial)

If I am participating in Group Therapy, I agree to forgo attending group that week if I am feeling ill, am sick with the flu, or am recovering at any stage from the flu virus. I understand that I will be asked to excuse myself from group if I arrive at any stage of illness. _____ (initial here)

I understand that my fee will apply to all sessions that are not cancelled by **48** hours prior to my scheduled session. On the rare occasion that an emergency or grave illness occurs that does not allow me to give **48** hours' notice, special consideration will be extended. Otherwise the session will be conducted via phone and fee will stand _____ (initial here)

Referrals of Friends, Family, Co-workers

The greatest compliments a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to Healing Choices.

If another client that we see referred you to us, or if you refer a friend, co-worker or family member to Healing Choices, legally and ethically your therapist is not able to acknowledge that other person's attendance to you if they should begin seeing us in therapy or if they are currently in therapy with us.

If you choose to share that your Healing Choices therapist is also your therapist with the person who you referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with Healing Choices.

Please be assured that the therapists at Healing Choices will not acknowledge you as a client to anyone outside of Healing Choices without your written consent, or unless mandated by a court of law. Occasionally we may discover through something you share in a session that we have seen/are seeing someone that you know in therapy. If this is the case, your Healing Choices therapist must maintain that person's confidentiality as well, and will hold this information just as he or she would uphold your confidentiality.

On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of our standard response which is stated in a kind tone: "I appreciate any referrals clients make, however, I cannot reveal who I see in therapy, and thus I cannot remark on who I see clinically at this time." Because this may sound rather official to clients, and because Healing Choices will not acknowledge who is seen in therapy, including you, we thank our clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; we are honored by your trust and confidence.

- I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.
- I understand that I am financially responsible for charges and fees incurred. And I agree to honor the 48 hour cancellation policy.
- I understand limits of confidentiality and all mandated reporting by my therapist.
- I understand that any disclosures of sex with a minor, viewing underage pornography or sexual behavior with minors (a person under the age of 18) are reportable under law by all Healing Choices therapists.
- I agree to respect the boundaries of contact between sessions and understand email and text is not an appropriate form of processing what is best discussed in session.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I understand and agree to the illness policy and will conduct sessions via phone if I am ill and agree that if my therapist is ill, she/he will conduct via phone.
- I understand and agree to the social media boundaries and policy.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.
- I authorize my therapist employed with Healing Choices of Louisville to provide psychotherapeutic treatment for me, the client, signing below:

Client's name (printed): _____

Client's signature: _____ Date: _____

Therapist's name (printed): _____

Therapist's signature: _____ Date: _____



Acknowledgement of Receipt of Privacy Practice Notice

By signing below, I hereby acknowledge receiving and reviewing the Healing Choices of Louisville, Notice of Privacy Practices and Limits of Confidentiality.

Client's Name (print) _____

Signature of Client _____

Date _____