

## Consent and Service Agreement



*Welcome! Thank you for choosing Stories of Hope Counseling and Consulting for your counseling services. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of 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.*

### Our Counseling Approach:

People enter counseling relationships for a variety of reasons. Our goal is to provide a strengths-based counseling approach to promote improved mental health, life skills, and well-being for our clients. Our mission is to help client's define values and goals for improvement in their day-to-day life. Why the name "Stories of Hope?" We all have a story. Our story involves our own experiences as well as the experiences of our family, friends, the community and our world. Sometimes in our personal story, we feels like hope is lost. We believe that when clients feel supported in their journey toward improved living, they also feel empowered to make meaningful and lasting changes toward their own personal betterment. They experience hope.

We also value having an active, involved and supportive counseling relationship with our clients. We believe that when clients feel heard, understood, and valued, they feel hopeful and capable about making strides toward improved living.

Lastly, we believe that clients respond differently to different therapeutic approaches. Some people prefer a traditional therapy model (i.e. "talk"), while others prefer a more experiential or hands-on therapeutic experience. We promote both traditional and experiential counseling approaches (creative arts, music, and nature) as we believe that tailored approaches help client better meet their therapeutic needs and goals.

### Risks and Benefits of Counseling:

Counseling involves both risks and benefits. Possible risks include the experience of uncomfortable feelings, the recall of unpleasant or painful events in your life, and the initial discomfort that often comes with making significant changes in your life. Making changes may also cause strains on relationships with others. Nevertheless, it is important for you to understand that we will always do our best to make the therapy room a place of support and empowerment. Potential benefits to therapy include significant reduction in negative thoughts and feelings, better relationships with others, improved problem-solving abilities and coping skills, enriched values-based living, and resolution of specific problems. If at any point you and/or we decide that your needs are beyond our level of competence or skill, you will be referred to a professional who can provide you with the appropriate services should you desire this assistance. You also reserve the right to terminate counseling at any point. Our only hope is that if you decide to terminate your counseling services, that we discuss your reasons for termination.

Confidentiality:

Confidentiality is your right to privacy. All communications and records with your counselor are held in strict confidence. Information may be released in accordance with state law when:

- 1) the client signs a written release indicating consent to release
- 2) to release medical or other supporting information necessary to process your insurance claims
- 3) the client expresses serious intent to harm self or someone else
- 4) there is reasonable suspicion of abuse or neglect against a minor, elderly person, or dependent adult
- 5) to acquire payment for services or for billing purposes
- 6) subpoena or court order is received directing the disclosure of information, or
- 7) if you are below 18 years of age; parents have rights to some therapeutic information.

Electronic Communication:

Telephone and email are not encrypted methods of communication and some confidentiality risk exists with their use. Therapists with Stories of Hope Counseling and Consulting sometimes communicate using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor. Furthermore, counseling sessions will not be conducted on the phone or email (including texting) due to risks to confidentiality and respect for client privacy.

Scheduling and Cancellations:

Scheduling an appointment is a commitment that both counselors and clients honor. Please arrive on time. Appointments can be cancelled or rescheduled if 24-hour notice is provided. *If sessions are cancelled or rescheduled in less than 24 hours, the client agrees to pay \$50 for the missed session.* Please know that exceptions to this policy may be made in the event of a serious medical emergency.

Emergency Contact:

If you are in crisis and cannot reach your counselor, please go to the nearest emergency room or dial 911.

Service & Fees:

Payment for a single, 50-minute session is \$110 for licensed therapists and \$90 for therapists under supervision. Payment is due at the time of your scheduled session. Cash (must be exact as counselor does not keep change), check (please make payable to *Stories of Hope Counseling*), and credit card (Visa, Mastercard, Discover, American Express) will be accepted. We do not currently accept insurance at this time, but can file out-of-network if you choose.

***Please sign and date below, indicating that you have read, fully understand, and consent to this agreement.***

Client – Print Name \_\_\_\_\_ Date \_\_\_\_\_

Client – Signature \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this document will be provided to you after your first session/meeting.

## Stories of Hope Counseling and Consulting, LLC

### Notice of Client's Rights

In the Notice of Privacy Practices counselors are required to inform clients as to their rights under state and federal law. Please review below for your rights as a client:

#### **Right to request where we contact you (please circle *yes* or *no*)**

- Home *yes or no*
- Work *yes or no*
- Cell phone *yes or no*
- If not, how may we contact you \_\_\_\_\_

#### **Right to release your medical records**

- Written authorization to release records to others
- Right to revoke release in writing
- Revocation is not valid to the extent that you have acted in reliance on such previous authorization

#### **Right to inspect and copy your medical billing records**

- Right to inspect and copy records
- Counselor may deny this request
- Charges for copying, mailing, etc.

#### **Right to add information or amend your medical records**

- May request to amend record
- Number of days to decide
- May deny the request
- If denied, right to file disagreement statement
- Disagreement state and your response will be filled in the record
- Amendment request must be in writing

#### **Right to Accounting of disclosures**

- For a six year period beginning June, 2016.
- Exceptions:
  - Disclosure for treatment, payment or healthcare operations
  - Disclosures pursuant to a signed release
  - Disclosure made to client
  - Disclosures for national security or law enforcement

#### **Right to request restrictions on uses and disclosures of your healthcare information**

- Must be in writing
- You are not obligated to agree

#### **Right to complain**

- Please first contact Stories of Hope Counseling and Consulting about concerns or complaints
- If not satisfied, right to complain to the U.S. Dept. of Health and Human Services
- No retaliation

#### **Right to receive changes in policy**

- May request any future changes
- Request to privacy officer

**Stories of Hope Counseling and Consulting, LLC**

**HIPAA NOTICE OF PRIVACY PRACTICES**

This notice describes how medical/mental health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. All information in this document is for Stories of Hope Counseling and Consulting, LLC and is effective beginning June, 2016. Stories of Hope Counseling and Consulting only releases client information in accordance with state and federal laws and the ethics of the counseling profession.

This notice describes the policies for Stories of Hope Counseling and Consulting related to the use and disclosure of the client’s healthcare information. The use and disclosure of protected health information is for the purposes of providing services. Providing treatment services, collecting payment and conducting healthcare operations are necessary activities for quality care. State and federal laws allow us to use and disclose your health information for the following purposes:

**TREATMENT** Use and disclose health information to:

- Provide, manage or coordinate care
- Consultants
- Referral sources

**PAYMENT** Use and disclose health information to:

- Verify insurance and coverage
- Process claims and collect fees

**HEALTHCARE OPERATIONS** Use and disclose health information for:

- Review of treatment procedures
- Review of business activities
- Certification
- Staff training
- Compliance and licensing activities

**OTHER USES AND DISCLOSURES WITHOUT YOUR CONSENT**

- Mandated reporting
- Emergencies
- Criminal damage
- Appointment scheduling
- Treatment alternatives
- As required by law

**Authorized Release at time of intake:**

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I have read the **Notice of Privacy Practices** and **Notice of Client’s Rights** and understand the above information. I understand that if I have any questions, I have a right to ask my therapist.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed Name

Billing Information:

Name on Card	
Card Number	
Card Expiration	
Security Code	
Billing Address	
Other	