

# Healing Balm Therapy, LLC

## Informed Consent

### Client-Therapist Service Agreement

Welcome to my practice. This document contains important information about my professional services and business policies. It also contains summary information about 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](#) (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, **Renee Frierson-Briscoe, LPC MFT** as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

### Goals of Therapy

There can be many goals for the therapy relationship. Some of these will be long term goals such as improving the quality of your life, learning to live with mindfulness and self-actualization. Others may be more immediate goals such as decreasing anxiety and depression symptoms, developing healthy relationships, changing behavior or decreasing/ending drug use. Whatever the goals for therapy, they will be set by you, the clients(s) according to what you want to work on in therapy. The therapist may make suggestions on how to reach that goal but you decide where you want to go.

### Risks/Benefits of Therapy

Therapy is an intensely personal process which can bring unpleasant memories or emotions to the surface. There are no guarantees that participating in therapy with me will work for you. Clients can sometimes make improvements only to go backwards after a time. Progress may happen slowly. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

However, there are still many benefits to therapy. It can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your life, learn to manage anger, learn to live in the present and many other advantages. For this reason, as a therapist, I would encourage you to continue to seek out the services of a qualified therapist that you feel comfortable with even if our therapeutic relationship does not work for you.

## Appointments

Appointments will ordinarily be 50-60 minutes in duration, either weekly or biweekly at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. **If you need to cancel or reschedule a session, I require that you provide me with at least 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay a "no show fee" for the session of \$35.00. This fee is payable prior to/or at the time of your next session. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.**

## Confidentiality

I, as your therapist will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. There are some limitations to [confidentiality](#) to which you need to be aware. I may consult with a supervisor or other professional counselor in order to give you the best service. In the event that I consult with another counselor, **no identifying information such as your name would be released.** Therapists are required by law to release information when the client poses a risk to themselves or others and in cases of abuse to children or the elderly. If I receive a [court order](#) or subpoena, I may be required to release some information. In such a case, I will consult with other professionals and limit the release to only what is required by law.

## Confidentiality and Technology

Some clients may choose to use technology in their counseling sessions. This includes but is not limited to online counseling via Skype, telephone, email, text or chat. Due to the nature of online counseling, there is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in therapy/counseling sessions. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used in your therapy/counseling sessions. Should a client have concerns about the safety of their email, I as your therapist can arrange to encrypt email communication with you.

## Record Keeping

I will keep records of your counseling sessions and a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section. Should you, the client wish to have your records released, you are required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept either electronically on a USB drive or in a paper file and stored in a locked cabinet in my office.

## Professional Fees **(Please read carefully)**

**You are responsible for payment at the time of your session unless prior arrangements have been made.** Payment must be made by cash, check, money order or credit card. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required.

**Fees are non-negotiable.** However, in order to receive sliding scale fees, you should present proof of income through recent pay stubs or tax forms (unless otherwise agreed upon). Fees are subject to change at therapist's discretion.

### Standard Fee Schedule

90791- Diagnostic evaluation – \$110

90834-Individual Counseling/Psychotherapy 30 minutes – \$65

90837- Individual Counseling/Psychotherapy 50 minutes – \$110

90846 -Family psychotherapy without the client present – \$175

90846.5-Family psychotherapy with the client present – \$200

90848-Couples therapy– \$175(**Not usually covered by Insurance**)

90848.5-Pre-marital couples counseling – \$170 (**Not covered by Insurance**)

99404-EAP Session-In Office- 50 minutes - \$75.00

99429-EAP Session-Telehealth -50 minutes -\$35.00

## Sliding Scale Fee Schedule

### 50-60 minute Individual Session

\$40,000 (Yearly) and below	\$50
\$40,001 (Yearly) to \$50,000	\$60
\$50,001 (Yearly) to \$70,000	\$75
\$70,001 (Yearly) to \$85,000	\$90
\$85,001 and above	\$110

### 50-60 minute Couples Session

\$50,000 (Yearly) and below	\$80
\$50,001 (Yearly) to \$65,000	\$90
\$65,001 (Yearly) to \$75,000	\$100
\$75,001 (Yearly) to \$85,000	\$120
\$85,001 (Yearly) and above	\$170

### 50-60 Minute Family session

\$40,000 (Yearly) and below	\$75
\$40,001 (Yearly) to \$50,000	\$95
\$50,001 (Yearly) to \$70,000	\$140
\$70,001 (Yearly) to \$90,000	\$170
\$90,001 (Yearly) and above	\$200

## Insurance\*\* (Please Read Carefully)

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, **but you are responsible for knowing your coverage including any applicable co-pays, co-insurance and deductibles. You are also responsible for letting me know immediately if/when your coverage changes.**

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes, I will have to provide additional clinical information which will become part of the insurance company files. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. **If you did not obtain**

**authorization and it is required, you will be responsible for full payment of the full fee.**

Many policies leave a percentage of the fee to be covered by the patient (**co-pay or co-insurance**). Either amount is to be paid at the time of the visit by check, cash, money order or credit card. In addition, some insurance companies also have a **deductible**, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services.

**If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I will refer you to a colleague, if possible.**

## **Contacting Me**

I am sometimes not immediately available by telephone. I usually do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible (267-259-4141). You may also contact me by confidential email at [info@healingbalmtherapy.com](mailto:info@healingbalmtherapy.com) and via text message, but it may take a day or so for non-urgent matters. **If you feel you cannot wait for a return call or it is a true emergency situation, go to your local crisis center, hospital or call 911.**

## **Email**

Therapist may request client's email address. Client has the right to refuse to divulge email address. Therapist may use email addresses to periodically check in with clients who have ended therapy suddenly. Therapist may also use email addresses to send newsletters with valuable therapeutic information such as tips for depression or relaxation techniques. If Therapist has a blog and if this is appropriate for the client, Therapist may send information through email about subscribing to the blog or information related to mental health and wellness. If you would like to receive any correspondence through email, please write your email address here \_\_\_\_\_.

If you would like to opt out of email correspondence, please initial here \_\_\_\_\_ .

## Consent to Counseling

Your signature(s) below indicates that you have read this Agreement and agree to its terms.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

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