



sonoran healing center

INFORMED CONSENT FORM

This consent is to certify that you (client) give permission to the clinical staff at the Sonoran Healing Center, LLC (SHC), also doing business as Sonoran Counseling Services, to provide psychotherapy treatment. This includes the following clinicians: Jeffrey Schultz, LPC, CSAT, Francesca Schultz, MC, LPC, and Beverly Janowitz-Price, LPC, CSAT, SAP. The clinical staff at SHC works as a treatment team and may consult together regarding cases. You authorize the exchange of information between clinicians in order to provide the most effective treatment. You have a right to terminate the therapeutic relationship at any time without fault. It is recommended that there be at least four sessions prior to termination for closure. Your therapist may terminate treatment with you if payment is not made or if there is a refusal to follow therapeutic recommendations (such as remaining sexually sober, failure to follow therapeutic agreements, etc.). Should that occur, you would be provided with three recommendations for continued care.

MEETINGS/SCHEDULING

We define a “therapy hour” as a 50 minute appointment session. If psychotherapy is begun, you will usually schedule one 50 minute therapy session (one appointment of 50 minutes duration) per week at a time, although sessions may be more or less frequent and some sessions may be longer. **Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless your therapist and you both agree that you were unable to attend due to circumstances beyond your control).**

PROFESSIONAL FEES

Our hourly fee is \$150. In addition to weekly appointments, we charge this amount for other professional services you may need, though we will break down the hourly cost if we work for periods of less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing any other service you may request of us. If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if one of our therapists is called to testify by another party. [Because of the difficulty of legal involvement we charge \$50 per hour above the therapist’s normal hourly fee for preparation and attendance at any legal proceedings.]

CONTACTING THERAPIST

If time and attention are required between sessions, or if there is an urgent matter, please leave a voicemail message for your therapist and he or she will get back to you within 24 hours. You can contact Jeff Schultz at 480-287-2393, Francesca Schultz at 602-451-2735, or Beverly Janowitz-Price at 480-941-0940. **In the event of an emergency, please call 911.** Regarding e-mails, you may contact either of us by e-mail, however, please note that we may not respond to your e-mail. **Do not use e-mail for emergency contact.**

CONFIDENTIALITY

All the work done in the consultation room and within the therapeutic relationship is confidential. We can only release information to others if you sign a written Authorization form that meets certain legal requirements imposed by HIPAA. Signing this Agreement permits your counselor to send and receive information to the person you assign and to the degree to which you permit. Examples where a release may be helpful could include health or mental health professionals or important family or friends that would be supportive of your care. Other professionals are also legally bound to keep the information confidential.

Who you are, what you say, and what you do will be held in the strictest confidence and the greatest respect, however, we are permitted or required to disclose information without either your consent or Authorization in certain situations:

- Intent to harm self or intent to harm others: I am mandated by federal and state regulations. If you state the intention to harm a reasonably identifiable victim, this would be reported to that person and their local

police. If you had a serious plan to harm or kill yourself, confidentiality may be broken in order to ensure your safety.

- Child abuse: If there is a report of any ongoing physical, sexual, emotional abuse, or neglect of a child the law requires that we file a report with the appropriate government agency, usually the Office of Child Protective Services.
- Dependent/Elder abuse: If there is a report of dependent adult or elder abuse, the law would require that we file a report with Adult Protective Services in that person's local area.
- A signed letter of release of confidentiality.
- A court of law may order the release of information.
- NOTE: Before such disclosure is made, every reasonable effort will be made to appropriately resolve these issues or to notify the client.

MINORS & PARENTS

Patients under 18 years of age who are not emancipated should be aware that the law may allow parents to examine their child's treatment records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is sometimes our policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also by request provide parents with a summary of their child's treatment when it is complete. Other communication will require the child's Authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do our best to handle any objections he/she may have.

INSURANCE REIMBURSEMENT

As a general rule, SHC does not accept insurance assignment. Therefore, it is your responsibility to bill your insurance company for direct reimbursement. In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers including possible "out of network" benefits.

We will provide you with whatever information we can, based on our experience, and will be happy to help you in understanding the information you receive from your insurance company. Insurance benefits have become increasingly complex, "Managed Health Care" plans such as HMOs and PPOs often require authorization before they provide reimbursement for mental health services. It may be necessary to seek approval for more therapy after a certain number of sessions.

GUARANTEE

There is no guarantee in therapy. You may experience more emotional pain while working on deep issues. The therapy work is intended to increase insight and improve quality of life. All issues will be met with utmost care, respect, and honesty.

I, the undersigned, authorize and consent to treatment with Jeffrey Schultz, LPC, CSAT, Francesca Schultz, MC, LPC, or Beverly Janowitz-Price, LPC, CSAT, SAP of the Sonoran Counseling Services, LLC. I have read this consent form and agree to all it entails.

Signature

Date

Signature

Date

Signature of therapist

Date

Signature of parent or guardian

Date

Signature of parent or guardian

Date