



INFORMED CONSENT FORM

This consent is to certify that you (client) give permission to the clinical staff at the Sonoran Healing Center, LLC (SHC), doing business as Sonoran Counseling Services (SCS), to provide psychotherapy treatment. This includes the following clinicians: Jeffrey Schultz, LPC, CSAT, and Francesca Schultz, MC, LPC. The clinical staff at SHC/SCS works as a treatment team and may consult together regarding cases. This consent also serves to 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 or penalty. 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 to continue your care.

MEETINGS/SCHEDULING

A "therapy hour" is defined as a 50-minute appointment session. When psychotherapy has started, clients normally schedule 50-minute sessions (one appointment of 50 minutes duration) per week, although sessions may be more or less frequent and some sessions can be longer. Once an appointment is scheduled, you are expected to pay for the time unless you provide 24 hours advance notice of your cancellation (or, if you and your therapist agree that circumstances or factors beyond your control made it impossible to attend the particular session).

PROFESSIONAL FEES

Our hourly fee is \$150. In addition to weekly appointments, we charge this amount for all professional services you may need, though we may break down the hourly cost if we work for periods of less than an hour. Other services could include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and time spent performing other services 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, or [\$200 hr.], for preparation and attendance at any legal proceedings).

Contacting Your Therapist

If time and attention are required between sessions, please leave a message on my answering machine, at any time, and we will get back to you within 24 hours. If there is an urgent matter, please call **Jeff Schultz at (480) 287-2393** or **Francesca Schultz at 602-451-2735**; We will return your call as soon as possible. **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 e-mails. **Do not use e-mail in the event of an emergency.**

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 (using the document, "Release of Information, or a ROI) that meets certain legal requirements imposed by HIPAA. Signing this Agreement permits your counselor to send and receive information to the person you assign, to the degree to which you permit. Examples where a release may be helpful include other health or mental health professionals and important family or friends who would be supportive of your care. Clinical professionals like your therapist are legally bound to keep your information confidential.

Who you are, what you say, and what you do will be held in the strictest confidence and with the greatest respect, however, we are permitted and, at times required, to disclose information *without* either your consent or Authorization. **The following are examples of circumstances when your therapist would be obligated to disclose about your care:**

- Intent to harm self or intent to harm others is disclosed to your therapist: We are mandated by federal and state law to report and to help keep you and others safe from harm.
- If you state your 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 dependent adult or elder abuse is revealed as an ongoing behavior, the law requires 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. The judge of the court would need to make an order for the release of information; opposing legal counsel, being separate from the court itself, would not be able to compel such a

release.

- **NOTE:** Before a disclosure is made, every reasonable effort will be made to appropriately resolve any issues and to notify you as 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 for their consent to give up access to their child's therapy records. If they agree, during treatment we will provide the parents with *general information about the progress of their 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, upon completion. Other communications would require the child's Authorization, **UNLESS** we feel that the child is in danger or is a danger to anyone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will make reasonable efforts to discuss the matter with the child and to do our best to handle any objections he/she may have.

Insurance Reimbursement

As a general rule, **SHC/SCS does not accept insurance assignment**. Therefore, it is **your responsibility to pursue reimbursement from your insurance company for any direct reimbursement benefits you might have**. In order for us to set realistic treatment goals and priorities, it is important to evaluate the resources you have to pay for your treatment. Many health insurance plans include coverage benefits for mental health treatment that is provided by a qualified **"Out of Network"** provider (like **Sonoran Counseling**). Reimbursement benefits may cover, *in whole or in part*, amounts you paid to an **"Out of Network"** provider (a provider not **"In-Network"** with your insurer). You, *not your insurance company*, are responsible for full payment of the cost of therapy at the time of your session. It is important that you learn exactly what mental health services your insurance policy covers; especially asking about any **"Out of Network"** reimbursement benefits you may have in your policy.

We can provide you with the information normally requested by insurers to seek these benefits, based on our experience, and we are happy to help you understand 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 and *these benefits are often subject to the satisfaction of some deductible amount*.

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 the utmost care, respect, and honesty.

I, the undersigned, authorize, and consent to treatment with Jeffrey Schultz, LPC, CSAT or Francesca Schultz, MC, LPC of the Sonoran Healing Center, LLC., dba, Sonoran Counseling Services. 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