INFORMED CONSENT FOR TREATMENT

Welcome to the practice of Sharon N. Covington, LCSW-C. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an assessment of your needs. By the end of the assessment, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my practice, we should discuss them whenever they arise. If your doubts persist, I will be happy to refer you to another mental health professional for a second opinion.

MEETINGS AND CANCELLATIONS

I normally conduct an evaluation that will last from 2 to 4 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, we will usually schedule one session (one appointment hour of 45-50 minutes duration) per week, at a time we agree on, although some sessions may be longer or more frequent. Once an appointment time is scheduled, I charge for all cancelled appointments. However, if I am able to fill your appointment time or we are able to reschedule during the same week, you will be given credit. Therefore, it is to your benefit to let me know as soon as possible when you must cancel. You should also be aware that insurance does not pay for missed sessions.

NATURE OF THE WORK

The process of undergoing therapy can be like a journey. Often times, people feel worse before they feel better. This is the nature of the work. However, because this is not an exact science, there are also no guarantees. It is important to have reasonable expectations when beginning the difficult but rewarding process of making changes in your life. The way I am able to help you the best depends on regular meetings over time. It is my expectation that you will come to therapy even if you cannot think of anything to say. If you are unable to make the majority of our scheduled meetings, I may recommend referral to another provider. If possible, I will discuss this with you.

Termination is an important part of treatment. If you decide to stop treatment, I recommend a minimum two to three additional sessions to further discuss ending and gain closure. However, you have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists.

PAYMENT

Payment is due at the end of each session or at the last session of the month when you are given your bill. Payments may be made via credit card, cash or check. Please bring up any scheduling or billing problems at the beginning of the session so that we have sufficient opportunity to discuss it.

INSURANCE 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. If you choose to submit to insurance, it is important for you to check with your carrier so that you understand the requirements and limits of your policy for out-patient psychotherapy by a licensed clinical social worker. Although I do not participate with any insurance plans or accept direct insurance payment, I will cooperate with you to obtain reimbursement. A billing statement will be given to you at each session and it will contain all information required by most insurance carriers. For reimbursement, attach this statement to your claim form and submit it directly to your insurance company. If your insurance company requests a treatment report, we will discuss the information requested by your plan during your session and you may decide if you want a treatment report submitted.

I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. Thus, it is very important that you find out exactly what mental health services your insurance policy covers. You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

CONFIDENTIALITY

In general, law protects the confidentiality of communications between a patient and psychotherapist. Information about you will never be given to a well-intended friend, relative, etc., without specific permission from you unless there is a clear indication of risk. There are situations that permit or require me to make disclosures without your consent. I will not be able to keep confidential any disclosure on your part of abuse to a child or disabled person. If you threaten to harm yourself, I may be obliged to seek hospitalization or contact family members or others who can help provide protection. If you make a specific threat of immediate serious harm to an identifiable victim, and I believe you have the intent and ability to carry out the threat, I am required to take protective action, such as notifying the potential victim, contacting the police or seeking hospitalization for you. If you are licensee of certain health regulatory boards, and I regard you as a risk to the public, I must report that concern to the appropriate board with your knowledge. If you have initiated a legal case claiming emotional injury as part of the damage, your confidentiality cannot be protected and a judge could order my records.

If an account is long overdue, and suitable arrangements for payment have not been resolved, I may use legal means to secure payment. In most cases, the information released would be your name, the nature of services rendered and the amount due. This summary of exceptions to confidentiality may not cover all situations, and laws may change in the future. Please know I consider confidentiality of utmost importance and welcome any questions.

CONTACTING ME

PHONE: If you need to contact me by phone, do not hesitate. My voicemail will take a message and I am usually able to return calls within the day. You will not be charged for phone calls unless we have a scheduled conversation of an information-exchanging or problem-solving nature that lasts more than ten minutes. Phone sessions will be indicated as such on receipts and are not generally reimbursed by insurance.

EMAIL: I prefer to use email only to arrange or modify appointments. Please do not email content relevant to your therapy session, as email is not completely secure or confidential. If you chose to communicate with me by email, be aware that all emails are retained in logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administer(s) of the Internet service provider. You should know that any emails I receive from you and any responses that I send to you become part of your legal record. Also, be aware that I do not do text messaging due to similar concerns, so if you need to contact me it should be by phone or email.

SOCIAL MEDIA: My primary concern is your privacy and our confidential relationship. Consequently, I do not participate in any social networking forms such as Facebook, LinkedIn, and Twitter.

EMERENCY: **If you cannot await a return call, and feel you are a danger to yourself or others, please get help as quickly as possible. Call your local Crisis Hotline, 911, or get to the nearest emergency room. Calls to my office will only delay your care.**

INFORMED CONSENT

I have read and understood the preceding statements, and I agree to enter a professional psychotherapy relationship with Sharon N. Covington, LCSW-C.

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Signature Date

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Signature Date

Health Insurance Portability and Accountability Act (HIPAA)

By signing this document, I acknowledge that I was given the HIPAA Client Services Agreement that explains the privacy protection, use, and disclosure of personal information (Protected Health Information (PHI)). I acknowledge that I have reviewed and understand these policies.

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Signature Date