Practice Policies & Informed **Consent** for **Psychotherapy**

Soar Services, Inc

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PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS Please remember to cancel or reschedule 24 hours in advance. You will be responsible for a $25.00 fee, at the therapist's discretion, if cancellation is less than 24 hours or if you no-show without contacting the office. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A $35.00 service charge will be charged for any checks returned for any reason for special handling.

Self pay clients are billed $125 per session, payment is due day of service.

Client fees for Mental Health services are set at $200.00 per hour for individual, couple and family sessions.

EAP clients will use the approved amount of sessions and then must provide insurance information or self-pay.

If it is not possible to pay in full at the time of service, our billing specialist or your therapist will discuss payment plans with you. A minimum monthly payment will be required to avoid collections.

Health insurances vary tremendously and are based on a legal contract between you and your insurance carrier. We will do our very best to help you make legitimate claims, but please remember you are responsible for any portions of your bill that your policy does not or will not cover.

Rights All Clients Have in Wisconsin:

1. The right to be informed of the Consumer Bill of Rights.

2. The right to confidentiality of all conversations and records. However, there are specific situations,such as those involving child abuse, threat of harm or injury to self or another where SOAR would be required to make a report to appropriate authorities. Please discuss this with your therapist if you have a concern.

3. The right to receive prompt and adequate treatment.

4. The right to the least restrictive treatment conditions necessary.

5. The right to be referred to other helping resources.

6. The right to be free from unnecessary medications.

7. The right not to participate in experimental research.

8. The right to withdraw from treatment upon request.

9. The right not to be filmed or taped.

10. The right to suggest changes in treatment methods and procedures.

11. The right to access treatment records with a 24-hour notice.

12.The parent, guardian, or person in the place of parent of a developmentally disabled minor shall have access to the minor's court and treatment records at all times, except in the case of a minor aged 14 or older who files a written objection to such access with the custodian of the records.

13. Right to Withdraw/Terminate Consent: You may withdraw or revoke your consent for treatment at any time by providing written notice. Revoking consent will not affect services already provided but revoking your informed consent will result in the termination of future services as services cannot be performed without your written consent. You will be informed of any implications of withdrawing consent.

Grievance Procedure:

If you are ever dissatisfied or concerned about your care, please speak openly to your therapist If the issue isn't resolved please submit a written complaint to our main office. Every reasonable and practical effort will be made to resolve the matter because we sincerely want you to be satisfied!

TELEPHONE ACCESSIBILITY

Soar Services phone number is 715-468-2841. Our general office hours are Monday through Thursday 9:00 a.m. to 4:30 p.m. You may leave a message or possibly reach your therapist between the hours of 9:00 a.m. to 4:00 p.m. and your therapist will get back to you usually within 24 hours. After 4:30 p.m. messages will be taken on an answering machine and calls returned as soon as possible. Please be aware that your therapist may be unable to return your call as quickly as you may want or need. If there is serious danger, please contact your local hospital, the helpline, or dial 911. Please note that Face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can
compromise your confidentiality and our respective privacy. It may also blur the boundaries of our

therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of California. Under the California Telemedicine Act of 1996, telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that:

(1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

(2) All existing confidentiality protections are equally applicable.

(3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.

(5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and

travel

costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being
aware of what he

or she would consider important information that you may not recognize as significant to present verbally to the therapist.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Placement Recommendations and Court-Related Services:

I understand and acknowledge that Soar Services, INC is not credentialed, licensed, or otherwise authorized to make formal placement recommendations or determinations on behalf of a court, governmental agency, or other placement authority. Any information, opinions, or services provided by Soar Services, INC are limited to the scope of the services for which the company and its staff are appropriately qualified and credentialed. I further understand that Soar Services, INC does not determine or guarantee placement outcomes. If Soar Services, INC or its staff are subpoenaed or otherwise required to participate in court proceedings, a $750 court-related service fee will apply and must be paid at the time the court appearance, testimony, or related services are scheduled and is non refundable. This fee is intended to cover the administrative and professional time associated with court-related participation and does not limit or supersede any obligation imposed by a valid court order or subpoena.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process **if** I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose

someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

INFORMED CONSENT FOR PSYCHOTHERAPY

General Information

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this

information and agree to it by filling in the checkbox at the end of this document.

The Therapeutic Process

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and

repeating patterns, as well as to help you clarify what it is that you want for yourself.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential unless

the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years**.**
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using

your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

There are some limits to confidentiality (see below).

Limits on confidentiality: Discussions with your therapist are confidential under most circumstances. The most likely exceptions: (1) you are a child who has been abused, or you are an abuser of a child; (2) you make a direct, serious threat to harm yourself or another person; (3) a judge orders that confidentiality be lifted, in any kind of case.

ALL CONSUMERS MUST GIVE THEIR INFORMED CONSENT PRIOR TO TREATMENT

This means all clients understand the following general information:

The benefits of therapy are designed to help alleviate and/or cope with the problems and symptoms that you present. **Potential benefits of treatment and services** include increased self-understanding; progress toward your goals and objectives; improved control over your moods and behavior; improved self-esteem; improved assertiveness; improved interpersonal relationships; improved independence; and an opportunity to be totally open and honest in a nonjudgmental atmosphere with nearly complete confidentiality (see item "d" for the exceptions).

Administration of treatment and services through therapy is conducted in individual sessions or group sessions with a therapist for the purposes of defining and attempting to resolve problems or concerns and discuss any issues that are important to you. You may meet alone with your therapist or may bring a significant other (e.g., your spouse).

Side effects or risks of treatment: Progress may be slow; you may get worse before you get better; you may have a variety of feelings, e.g., sadness, anxiety, anger, depression, etc., when you talk or think about your problems; relationships may change in some ways; it may take a long time to work through some long-standing problems.

Alternatives to psychotherapy services: you might continue to try to resolve matters on your own, you might talk with a friend or family member.; you might try exercise, taking a class, changing jobs, etc. Please also be aware that if at any time you don't feel your current therapist is helpful enough, we would be happy to recommend other therapists to whom we could refer you.

Probable consequences of not receiving the proposed treatment and services: You could stay the same or get worse; relationships may suffer; job performance may get worse; your ability to function day-to-day could get worse; anxiety and/or depression may interfere with sleep or other activities, etc.

Duration of Consent

This informed consent becomes effective on the date it is signed and remains in effect until one of the following occurs:

- You revoke your consent in writing.
- Treatment is terminated.
- This consent expires 15 months after initial consent.
- A new informed consent is required by law or agency policy.

Clients may be involuntarily discharged for: non-payment of services, unreasonable behavior, or behaviors resulting from mental health symptoms.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.