

Nedra S. Koenig, M.A. LMFT

INFORMED CONSENT

The majority of individuals, couples, and families that obtain behavioral health services benefit from the process. The therapeutic process is generally quite useful. It is important to understand that some risks do exist. Over the course of counseling, some clients experience unwanted feelings. Examining old issues may produce any number of unpleasant and painful emotions. Sometimes clients disclose information that produces discomfort. Important personal decisions are often an outcome of counseling. The decisions are likely to produce new opportunities as well as unique challenges. Sometimes one family member will view a decision as negative while another family member will view it as positive. Don't hesitate to discuss treatment goals, procedures, or your impressions of the services that are being provided, especially if you experience unexpected discomfort.

Confidentiality:

A client's confidentiality is important and legally protected. There are, however, circumstances that impose limitations on a client's right or ability to maintain a privileged communication.

- When a therapist is out of town, another professional may cover crisis calls and that professional may be advised of your case.
- When a therapist is consulting with a colleague or supervisor about your case; anyone consulted is required to maintain the same confidentiality as your therapist.
- In the event that group counseling services are provided, the therapist cannot be held responsible for a breach of confidentiality on the part of a peer group member.
- When a written Release of Information has been obtained. All parties in therapy must sign.

In the following circumstances, it may be to your benefit to sign the Release of Information portion on the Client Information Form. Those circumstances are:

- If a health care benefit plan is expected to pay for some portion of the cost of services. A signed release enables your therapist to furnish diagnostic and clinical information to insurance companies or medical review organizations in order to obtain reimbursement.
- If you were referred by another professional such as your pastor, physician, or school social worker. With your permission, your therapist may notify the referring professional that you have come and provide a brief summary of the assessment when appropriate.
- As a professional courtesy and for better coordination of your health care, it is often in your best interest for your therapist to share clinical information with your Primary Care Physician. We recommend that you sign a release for this purpose.

In certain situations, your therapist may be required by law to reveal confidential information. Some of these situations are as follows:

- When the therapist believes that a clear and immediate danger exists to one or more persons.
- When physical or sexual abuse or neglect of a child is suspected.
- When the therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy.

Hours & Availability:

The phone number goes to a confidential voicemail, 24 hours a day, 7 days a week. Messages are checked Monday through Thursday and return calls made as quickly as my schedule allows. Any messages received after 8 p.m. on Thursdays are returned on Monday. My voicemail message indicates if I am out of town and when I will be returning.

340 N. Rangeline Road, Carmel, IN 46032
Phone 317.564.8610 Fax 317.815.9223

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In the event that I am unavailable or unreachable, contact: your Primary Care Physician, 911, or go directly to the closest emergency room.

Payment & Fees:

Payment is expected at the time services are rendered. This office accepts cash or checks. If payment is not made at the time of service, please settle your bill prior to the next session.

Appointments are generally 50 minutes in duration. The initial session is \$150.00 and subsequent sessions are \$130.00. You are responsible for the fees that are charged. Any change in the fee will be discussed with you beforehand. (See below for more details about insurance.)

In those situations where the client is a minor child, the parent bringing the child for therapy is responsible for the bill.

Cancellation Policy:

I understand that should I, at any time during the course of my treatment, need to cancel or change an appointment time, I will need to do it 24 hours in advance of the appointment time or be charged for the hour, since it has been reserved for me and without sufficient notice is unavailable to anyone else.

Effective November 1, 2009, appointments cancelled without at least 24 hours notice are subject to a late fee of \$50.00. No Call/No Show appointments are subject to a fee of \$60.00. These fees cannot be submitted to your insurance company and are due prior to scheduling your next appointment.

Client initials: _____

Insurance:

Since you are responsible for your bill, it is in your best interest to verify the details of your health insurance policy and share that information with your therapist. This office will verify your coverage and generate an accurate insurance claim form that will be sent directly to your insurance carrier. In some cases, there are contracts with insurance carriers that affect your financial obligations for treatment. In all cases, you remain responsible for your bill subject to the terms of your insurance carrier's contract with your therapist. You remain responsible for all charges not paid by insurance unless otherwise agreed in advance. **You remain personally responsible for deductibles, co-payments, coinsurance, non-covered, ineligible, and non-authorized services.**

Other:

There is a \$40.00 charge on all returned checks. NSF checks must be replaced with cash, certified check, or money order. Delinquent accounts may be referred for collection and credit reporting on balances over 60 days old.

Please bring this informed consent to your next session. Thank you!

I have reviewed this information and agree to these understandings.

Signature

Date

Signature of Parent/Guardian if minor

Date