

## Couples Informed Consent & Clinical Agreement for Professional Psychotherapy Services

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTNER/SPOUSE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### WELCOME

**Welcome to LifeCare Counseling!** LifeCare provides compassionate and competent psychotherapy services. We hope that your therapeutic journey with us cultivates hope, health, and healing so that you can live the life you deserve. The following information relates to the overall counseling process and our policies & procedures. Please read this form so that you can understand the nature and limitations of counseling. Your signature contained within this document indicates that you enter counseling through an informed decision on behalf of yourself or your child (if a minor). If you have any questions about this document or questions about therapy in general, please feel free to ask your therapist so that you have a comfort level with moving forward.

### OFFICE INFO/HOURS

LifeCare Counseling provides appointments Monday through Thursday from 9am-5pm and Friday from 9am-2pm. CALLS ARE NORMALLY RETURNED WITHIN 24-48 HOURS. **Please DO NOT INCLUDE PRIVATE OR PROTECTED HEALTH INFORMATION IN TEXT OR EMAIL. Clients can use the Client Portal for confidential messaging or call your therapist directly.**

### CLIENT CONTACT INFORMATION

Please be aware that by signing this informed consent & clinical agreement, you give consent for LifeCare Counseling to contact you at the phone number, email and address provided. **For appointment scheduling or reminders, clients receive an automated text or email reminder the day prior to the appointment.** If there are specific questions for clients, you will be contacted by phone and a general voice mail will be left with a request to return the call. If voice mail messages are left, they will be general in nature with a contact name to respond to. Please inform LifeCare if any of your contact information changes so that we can update your records.

### APPOINTMENTS & CANCELLATIONS

When you schedule an appointment with LifeCare Counseling, that time slot is specifically reserved just for you. That is why we require 24-hour advance notification of cancellation. Leaving a message on our voicemail, texting or emailing your therapist is acceptable for notification. Should you fail to show for your scheduled appointment or cancel less than the required 24 hours in advance, LifeCare normally allows waiving the \$25 late cancel or missed appointment fee; however, should future occurrences occur, LifeCare reserves the right to charge the \$25 fee.

We understand that life circumstances do occur (i.e., medical, inclement weather, family issues, etc.), and try to work with clients when extenuating circumstances arise. We appreciate the courtesy you extend to us by honoring this agreement. Please note that we cannot bill your insurance company for missed sessions or for late cancellations. Medicaid clients are not charged a fee per the law. Clients who repeatedly miss appointments may be discharged from services. Clients that do provide adequate notice but habitually cancel appointments will no longer be offered a standing appointment. Additionally, LifeCare reserves the right to discontinue services until late or missed appointment fees are paid.

### BILLING & PAYMENTS

It is our policy to receive payment for services at the time they are provided. LifeCare Counseling will obtain your credit card information to be securely kept in our HIPAA compliant electronic health platform to be used for automatic payment when services are rendered. Other acceptable forms of payment include cash or personal check. It is your responsibility to update LifeCare with current credit card information. Whether you are a self-pay client or a client using insurance, payment for all psychotherapy services including session fees, copays, co-insurance, deductibles, and unpaid balances are the responsibility of the client. Lifecare will not mail statements on a regular basis but can provide a statement upon request and give to clients at the next session or email through our secure, encrypted Client Portal.

For uninsured or self-pay clients with whom have financial constraints that present barriers in receiving mental health services, LifeCare provides a sliding scale/reduced fee based upon household income. Documentation of income will be required along with a reduced fee agreement. All self-pay clients have the right to a GOOD FAITH ESTIMATE of the anticipated costs of psychotherapy services which will be provided within 1-3 days prior to appointment time.

For clients using insurance, LifeCare will assist clients in obtaining verification of benefit information for mental health services per their policy plan. Please be aware that information provided by insurance companies is normally from their website and is based upon an in-network provider. Fees vary based upon a client's plan which can include a requirement for a deductible to be met at which time clients will then pay their co-pay/co-insurance amount at each session.

## INSURANCE

LifeCare Counseling LLC is currently in-network with BCBS, United Health Care/Optum, Cigna and Aetna. Upon scheduling an appointment with LifeCare Counseling, insurance information is obtained so that your mental health benefits can be verified. **While LifeCare will verify your benefit coverage; It is recommended that clients contact their insurance company directly since clients are responsible for payment of services as well as any plan coverage changes.**

Call the Member Services phone number on the back of your insurance card. Some will have a specific number to call for mental/behavioral health. Questions to ask include:

1. Does my plan cover outpatient mental health services?
2. Do I have a co-pay, co-insurance, and deductible? If so, what are the amounts?
3. If LifeCare is not in-network with your insurance, ask what they will cover for an out-of-network provider. For out of network, LifeCare will provide a Superbill (statement of services) that you can submit for reimbursement.

## PSYCHOTHERAPY FEES

Standard Psychotherapy fees are listed below. Aside from the initial session (New Client Intake Session/Diagnostic Assessment), *sessions are on a clinical hour (50 min)*. When insurance is used, a client's fees will vary by their policy plan which typically outlines co-pays for services and any co-insurance and/or deductibles per policy plan.

- Diagnostic Comprehensive Assessment (60-75min): \$140
  - Evaluation of Client's Mental Status, MH History & Treatment Planning/Development
- Couples/Family Session: \$130
- Individual Psychotherapy Session: \$120
- Late Cancel/No Show No Call: \$25
- Declined Debit/Credit Cards: \$25
- Returned Checks: \$35
- Fees for Clinical Reporting/Documentation: Varies upon type of documentation requested.

## GOOD FAITH ESTIMATE

A *Good Faith Estimate* will be provided to uninsured and/or self-pay clients within 1-3 days of the initial appointment including anticipated costs of services (based upon an average of 4 months or 18 sessions). A client's total cost would vary if the services provided are more or less than the period outlined in the initial Good Faith Estimate. This is only an average time frame and estimate. Each client's therapy needs, situation and circumstances are different which will impact length of treatment. For more information about your rights to a Good Faith Estimate from healthcare providers, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).

## SLIDING SCALE/REDUCED FEE

For uninsured clients and/or to private/self-pay clients that are significantly impacted with financial constraints/barriers from paying the Standard Psychotherapy Fees and/or which may prevent or impede mental health services from being provided; LifeCare Counseling may be able to offer a sliding scale/reduced fee. This is solely on a case by case situation and is based upon household income for a specified period outlined in the Reduced Fee Agreement.

## PSYCHOTHERAPY SERVICES

Psychotherapy involves participating in a professional relationship between you and your therapist with the primary focus of your overall mental health care and therapy goals. Healing from current/past trauma emotional pain, or loss, reducing/managing symptoms, improving relationships, and changing behavior or lifestyle are also therapeutic goals. Evidenced-based modalities are utilized to meet the individual needs of each client and their therapeutic goals such as CBT or cognitive behavioral therapy, EMDR, mindfulness/relaxation techniques, etc.

During the initial (intake) session, clients are asked about specific symptoms and presenting problems they are experiencing along with other questions like mental health history, including any previous counseling or mental health treatment to make a clinical diagnosis (required by insurance companies). While a diagnosis is submitted to insurance, third party agents or other managed care, our philosophy of care is not to label clients. Treating the whole person involves addressing the mental, emotional, physical, social, and spiritual needs of clients so that they can feel more in balance with themselves and with others in their life. I understand that during my initial assessment or if it is determined during my therapy that it is not a good fit for my therapy needs or conditions, referrals to other mental health providers will be provided. SEE *YOUR THERAPIST'S PROFESSIONAL DISCLOSURE STATEMENT* for additional

information regarding therapy techniques, modalities and approaches used.

## **BENEFITS & RISKS**

Therapy can be beneficial for many reasons including enhancing personal growth, improving coping skills, reducing symptoms that may be impacting overall functioning, or simply to have therapeutic support during challenging or troubling times. It is also important to know that it is possible that clients can experience difficult emotions at times throughout the counseling process. While this may happen, keeping consistent appointments and a commitment to yourself and your healing is best. It is our promise to always see you as a valuable, worthwhile human being and always our desire to offer the guidance and tools necessary for you to reach your counseling goals. Traditionally, clients who speak honestly and openly in session find this propels them forward in their self-awareness, progress towards their goals and ultimate healing.

## **THERAPY RELATIONSHIP**

The nature of the counselor-client relationship is professional. Contact with your therapist is limited to your scheduled sessions. It is always best to share information in sessions where you can speak directly with your therapists are the best forms of communication. Expressing specific concerns or including any private details via texting, emailing or through voicemail to your therapist is discouraged due to it being protected health information and not secured platforms of communication. Social invitations and offers of that nature will politely be turned down due to our code of ethics associated with our licensing board. If we should see each other in public. I will keep confidentiality and not initiate contact. However, if you me and would like to greet me; I am happy to say hello. Anything you share in session is private and will not be disclosed to another person without your written consent. Although you may feel close to your therapist; please understand that professional boundaries are a necessary part of psychotherapy and your treatment outcome.

## **CODE OF ETHICS**

LifeCare Counseling adheres to the following Code of Ethics:

- The South Carolina Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Therapists, and Psychoeducational Specialists (Code of Ethics for Professional Counselors (Chapter 36-19).
- American Counseling Association, (ACA)

## **MULTIPLE RELATIONSHIPS**

Counselors make every effort to avoid multiple relationships with clients engaged in counseling services. A multiple relationship occurs when a counselor is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the counselor has a professional relationship, or (3) enters relationship in the future with a client or a person closely associated with or related to the client.

## **CONFIDENTIALITY**

LifeCare Counseling has a responsibility to safeguard all identifying information about you, your assessment and mental health treatment. Should you elect to utilize health insurance for services received, be aware that insurance and managed care companies require information regarding your mental health treatment that can include clinical diagnosis, symptoms, treatment goals, and prognosis about the insured.

Another aspect of confidentiality involves those situations where we may see one another in public randomly/unexpectedly. Please know that I will not acknowledge that I know you to protect your privacy; however, if you greet me, I will respond in kind although I will not acknowledge how I know you or disclose any protected health information.

**Limits of Confidentiality:** Mental health Professionals are required by law as Mandated Reporters to disclose private information obtained during therapy to other persons or agencies without your permission in the following situations/circumstances:

- If there is reason to believe you are threatening serious bodily harm to yourself or others.
  - If we believe a client is threatening serious bodily harm to another person(s); we are required to take protective action which may include notifying the potential victim, notifying the police, or seeking appropriate measures.
  - If a client threatens to harm him/herself or another we are required to seek hospitalization for the client or contact family members or others who can provide protection.
  - If you are in your third trimester of pregnancy, and are using illicit substances (illegal substances and/or substances for which you don't have a prescription), we are mandated to report, according to the Whitner law.
  - If you identify as HIV positive and choose to engage in sexual contact without first disclosing your HIV status to your partner. This is considered a threat to a person's life under the "Partner Notification Act."
- If there is reason to suspect or is evidence of abuse and/or neglect toward children/minors, the elderly, or disabled/vulnerable persons.
  - In such a situation, we are required by law to file a report with the appropriate state agency.

- In response to a court order or where otherwise required by law.
- In a natural disaster whereby, protected records may be exposed.
- To the extent necessary for emergency medical care to be rendered.
- To the extent necessary to make a claim on delinquent accounts via a collection agency.
- When your insurance company is involved, such as making a claim, insurance audits, case reviews or appeals.
- When a client signs a release of information (ROI) for specific records to be released and to whom records are released.

### **ELECTRONIC COMMUNICATION**

It is particularly important to be aware that email or cell phone communication or texting can be accessed by unauthorized people and compromise the privacy of communication. LifeCare requests that no protected, private health information or personal details are sent via email or text, but that communication ONLY be related to appointment information and/or general information with no identifiable data that may compromise protected health information. LifeCare will send appointment reminders via text through our secure, encrypted software (Therapy Appointment). If a phone call or email is preferred, please inform your Clinician or contact our office so that appropriate changes can be made to our reminder protocol. *Please note appointment reminders will only contain general information about the appointment with NO PHI and/or identifiable information and will ONLY CONFIRM SPECIFIC APPOINTMENT TIME AND DATE WITHIN THE TEXT. PLEASE NOTE, YOUR SIGNATURE ON THIS CONSENT FORM PROVIDES YOUR PERMISSION TO SEND APPOINTMENT REMINDERS TO YOUR MOBILE PHONE NUMBER PROVIDED ON YOUR INTAKE FORM. YOU WILL ALSO BE ASKED TO SIGN AND PROVIDE YOUR MOBILE NUMBER OR EMAIL ADDRESS ON LIFECARE'S ELECTRONIC COMMUNICATION POLICY FORM*

### **SOCIAL MEDIA**

In accordance with our professional boundaries/code of ethics, Clinicians will NOT communicate with any clients via any social media platforms. Please understand that we cannot accept you as a friend on these platforms, nor will we view or reach out to any clients via social media platforms.

### **TELEHEALTH**

Telehealth Services includes the practice of virtual mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communication. Telehealth has advantages and disadvantages. Clients can access mental health services from the comforts of their own home/secure location which is a convenient option when scheduling conflicts or other challenges may impede a person from receiving services. Disadvantages and/or risks associated with Telehealth involve issues with technology and potential breaches of a client's private health information. While LifeCare strives to minimize this risk through established guidelines/protocols, clients should be aware that risks are still inherent with Virtual mental health services. Clients are asked to complete their initial session in-person. This is to assess whether Telehealth services would be appropriate based upon client needs, history, and treatment goals. If it is determined that in-person sessions are a better fit for a client, it is possible that teletherapy may be utilized periodically or in situations whereby in-person sessions are not deemed possible such as medical illness, inclement weather, etc.

Telehealth is completed through a secure platform that is aligned with HIPAA's privacy guidelines. You are responsible for providing any necessary telecommunications equipment and internet access, securing your computer or device, and arranging a location with sufficient lighting, free from distractions and intrusions, and enough privacy to protect your personal health information.

Telehealth Services are not appropriate for crisis or emergency situations or in situations requiring a higher level of care and/or in-person sessions. Clients interested in receiving Telehealth services will need to identify a Virtual Care Support Person who would be contacted should a mental health or medical emergency occur during a Telehealth Session. If an emergency situation were to arise you would be guided by your clinician with specific steps to ensure your personal safety. CLIENTS WILL BE ASKED TO SIGN A SEPARATE INFORMED CONSENT SPECIFIC TO TELEHEALTH SERVICES.

### **WORKING WITH MINORS**

It is LifeCare Counseling's best practice policy to involve and receive consent from both parents when working with minors, however, we realize, this may not always be possible. Please see scenarios below for our practice guidelines of parental consent for minors.

- When parents are married, the signature of one parent is sufficient to provide treatment.
- If the parents are divorced, the signature of the parent having legal custody of the child will be obtained.
- If the parents have joint legal custody, I require the signature of both parents to provide treatment.
- If the parents are separated, I require the signature of both parents to provide treatment.
- Parents must sign the "Informed Consent/Permission to Treat Form" in person or have it notarized with seal and signature if signed off premises.

Part of building rapport with all clients includes creating a level of trust. While we recognize that minors are under 18 years of age, we also want to honor them with the same level of confidentiality we offer our adult clients. For parents, this means trusting that while we may not provide you with the details of our counseling sessions with your child, we do assure you that you will be notified of any situations that involve safety or the well-being of your child. Additionally, it is our best practice policy to include parents/family members periodically to promote therapy goals, update on treatment progress, etc.

When a minor turns 18 years of age, he or she then has the authority over their Protected Health Information and may or may not allow his/her parents the right to that information.

If you, the client, are under eighteen years of age, be advised that the law provides your parents (in the case of divorces, the custodial parents) with the right to know about your treatment. Parents will be provided with general information on how your treatment is proceeding, unless there is an elevated risk that you will seriously harm yourself or another, in which case I will notify them of my concern. I will also provide them with updates of your treatment. I will attempt to discuss any clinical matters with you before giving your parents any information, but this is not always possible.

Please note that LifeCare Counseling DOES NOT PROVIDE COURT RELATED SERVICES IN REGARDS TO ANY Separation/Divorce disputes.

## RECORDS

Clinical Records are legal documents including any protected health information about you including intake documentation, assessment & diagnosis records, treatment plan & progress as well as session notes. Session notes are designed to document only relevant information relating to a client's presenting problem/concern for treatment, progress made toward treatment goals so to justify treatment and to support recommendations made during course of your mental health treatment. Your records are maintained electronically in a secure, HIPAA compliant Electronic Health Record (EHR). See HIPAA's Notice of Privacy Practices for more information regarding your protected health information.

Your health information is required by your insurance company, third party administrator/payer or its agents., to file/receive health insurance benefits, reimbursements, and payment for services. Diagnosis and type of service received or what is called a CPT code will be submitted when insurance is used and becomes part of your healthcare record. Additionally, some insurance providers or plans may require or request your treatment plan or Individual Plan of Care, Progress Summaries, or your entire clinical record. If LifeCare is collaborating care with another healthcare provider, your written consent will be obtained highlighting what will be sent (typically is the Diagnostic Assessment and Treatment Plan). Please see HIPAA's Notice of Privacy Practices for more information regarding your protected health information.

## CLIENT RIGHTS & RESPONSIBILITIES

### You have the right to:

- Be treated with respect for and protection of your dignity and to be provided care in a courteous, competent, and honest manner.
- Understand confidentiality and limits to confidentiality in the counseling process.
- Be informed of the qualifications of your therapist: education, experience, professional certifications, and license(s). Receive an explanation of services offered, fees, HIPAA, and confidentiality along with billing and practice policies prior to services.
- Ask questions about the therapy techniques and strategies and be informed of your therapy progress.  
Participate in setting goals and evaluating progress toward meeting them.  
Be informed of mental health emergency procedures.  
Be informed about the rules that will result in discharge from the program if violated.  
Express concerns, have them heard, get a prompt response, and not receive any threats or mistreatments as a result.  
Refuse any service, therapeutic technique, process, or theory, or discontinue services at any time.

### You have responsibilities to:

- Set and keep appointments with your therapist. Let your therapist know as soon as possible if you cannot keep an appointment.
- Comply with LifeCare Policies and Procedures including being responsible for financial obligations of services provided.
- Participate in your mental health care by identifying and working toward your therapy goals. This includes periodic reviews of progress and being open to supportive feedback as well as your asking questions relevant to your treatment (i.e., modalities utilized, etc.).
- Terminate your counseling relationship with LifeCare Counseling before entering arrangements with another mental health provider.
- Terminate your treatment with other therapists before beginning treatment at LifeCare (Duplicated services involve seeing another therapist for individual therapy while also seeing a LifeCare therapist for individual therapy.)
- Engage in a mutually respectful and collaborative therapeutic process with your therapist involving adherence to professional boundaries, ongoing and open discussions regarding your therapy progress (formerly completed every 90 days).
- LifeCare Counseling values the therapeutic relationship with clients and aligns with mutually respectful communication and collaborative efforts toward meeting clients' goals. Promoting healthy communication and collaboration is necessary even if there is a disagreement and or conflict. Whether with a LifeCare staff member or therapist, any disrespectful communication, inappropriate, and/or aggressive behaviors are subject to immediate termination of services.

## TERMINATION OF THERAPY

Ending therapy is a natural progression of meeting your therapeutic goals; however, it is difficult to quantify in simple periods the length of therapy as it is different for every client. Some clients complete therapy in a brief time while others may require extended therapeutic support. Every person's therapeutic journey is unique. Your progress is reviewed with your therapist periodically to ensure treatment gains are made, modification of therapy

goals and to promote therapeutic collaboration. If it is determined that a referral may be necessary after a given length of time during therapy with LifeCare, your therapist will discuss your options with you. You have the right to end therapy at any time, however, when you do decide to end therapy, we ask that you discuss this with your therapist so that a final/closure session can be completed. This is always beneficial in reviewing progress made, sharing feedback with one another, and closing out with that part of your therapeutic journey. Please know though as life circumstances occur, you will be welcome to reach back out for therapeutic support should you need it in the future.

Just as you have the right to terminate services at any time, LifeCare Counseling and/or your therapist also reserves the right to terminate services if at any time any of the provisions contained in this Informed Consent and Counseling Agreement and/or LifeCare Policies & Procedures are violated. LifeCare will also not tolerate any disrespectful, inappropriate and/or aggressive toward its staff or therapists.

### **COURT PROCEEDINGS**

LifeCare does not offer court-related services to include court appearances, proceedings, documentations or providing recommendations regarding child custody arrangements or divorce related issues.

### **INCLEMENT WEATHER**

If there is severe weather, a natural disaster, or other unforeseen circumstances that precipitate the closing of the LifeCare Counseling office, we will communicate with you and advise as soon as possible. During inclement weather, LifeCare will follow the Horry County School District closing schedules as well as any local/state mandates or evacuation orders. Normal scheduling will resume as it is safe for everyone to do so.

### **COVID-19/INFECTIOUS DISEASE**

If you experience symptoms related to COVID, Influenza (Flu) or other infectious illness, or if you have been exposed to someone with symptoms, please contact LifeCare to discuss options (i.e., cancelling appointment, switching to Telehealth, etc.) If you are at higher risk due to a medical condition, etc., please let us know so that we can discuss options that best suit your needs. If you have received a positive result while receiving services in our office, we may be required to report this information; however, will only disclose necessary information and will NOT DISCLOSE ANY INFORMATION RELATED TO YOUR THERAPY SESSION. You will also be notified if there has been a positive result either with therapist or other clients within the period of exposure to you. LifeCare is committed to its own measures to minimize risks to clients (i.e., cleaning/disinfecting the office regularly).



1293 Professional Drive, Suite A-101  
Myrtle Beach, SC 29577  
843.282.9004 office 843.273.6348 fax  
[lifecare@mylifecarecounseling.com](mailto:lifecare@mylifecarecounseling.com)  
[mylifecarecounseling.com](http://mylifecarecounseling.com)

## MENTAL HEALTH CRISIS & EMERGENCY PROCEDURES

***LifeCare Counseling does not offer Mental Health Crisis Services.***

***This section provides information if clients experience a Mental Health Crisis/Emergency.***

A mental health crisis can be triggered by many life circumstances and can result in panic attacks, thoughts of suicide, self-harm, reckless behavior, alcohol/drug abuse, or erratic mood/behavior changes. These are to be taken seriously as a mental health crisis can quickly escalate to a mental health emergency if not addressed. What constitutes a mental health emergency? A mental health emergency can be a life-threatening situation in which an individual is imminently at harm to self or others, severely disoriented, experiencing psychosis and/or a significant decline in ability to function appropriately. If you find yourself experiencing a mental health crisis and/or emergency outside of times that your therapist is available, please inform your therapist of the situation as soon as it is feasible to do so.

If you experience a mental health crisis and/or emergency and your therapist is not readily available to you (whether it is due to being in session with other clients or other reasons) and emergent mental health intervention/stabilization is necessary, clients can call South Strand Behavioral Health (Direct Admission Line at 843.839.6112), call 911/or go to nearest hospital. Depending upon the situation, please inform your therapist as soon as it is feasible to do so, or a release may be signed with the Behavioral Health Facility for collaboration of care.

If a MEDICAL EMERGENCY occurs while at the LifeCare Counseling office, the closest hospital will be called along with your Emergency Contact person listed below. If a MENTAL HEALTH EMERGENCY occurs while at the LifeCare Counseling office South Strand Behavioral Health (acute stabilization/inpatient behavioral health facility) will be contacted along with your Emergency Contact person listed below. NOTE: FOR TELEHEALTH CLIENTS, A VIRTUAL CARE SUPPORT PERSON WILL BE IDENTIFIED and will be contacted if an emergency occurs during a Telehealth session. See Telehealth Informed Consent.

**(If different than Partner/Spouse)**

**Emergency Contact Name:** \_\_\_\_\_

**Relation to Client:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

## Consent for Psychotherapy Services

***By signing below, I acknowledge that I have received, reviewed, understand, and agree to this Informed Consent & Clinical Agreement for Professional Psychotherapy Services.***

- I acknowledge that I have received, have read (or have had read to me), and understand the “Professional Disclosure Statement,” “Notice of Privacy Practices” and/or other information about the therapy I am considering. I have no other questions at this time but understand that I may contact LifeCare or ask my therapist when questions arise.
- I understand that therapy, my goals for therapy and its outcome involves my full participation and willingness to achieve those outcomes. I agree to work collaboratively with my therapist on developing my therapy goals and treatment plan. This includes giving and receiving feedback on my progress. I also understand that I may terminate counseling services at anytime but that a termination and/or closure appointment is highly encouraged.
- I give permission to receive appointment reminders to my Mobile Number which is \_\_\_\_\_ OR to my email address which is \_\_\_\_\_. I understand that appointment reminders are sent via Therapy Appointment which is a secure, HIPAA compliant platform that will ONLY confirm appointment time/date/provider.
- I know that I must provide at least 24-hours (1 business day) notice before the time of the appointment. If I do not cancel and do not show up, I will be charged a \$25 late fee for the first occurrence. If habitual, I understand that I will be removed from appointment scheduling. If extenuating circumstances occur, I understand I should communicate these with my therapist.
- I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may conclude my treatment until such time that alternative options for payment are arranged (i.e., self-pay, reduced fee for uninsured, etc.).
- I hereby give my permission to release any necessary information obtained during my mental health treatment in order for LifeCare Counseling LLC to process my mental health/behavioral health benefits/claims and to secure timely payments to LifeCare Counseling LLC.
- I agree to be responsible for payment of all services rendered including session fees, co-pays, co-insurance, deductibles, and unpaid balances.
- It is also my responsibility to update LifeCare with any changes to my insurance information if such changes occur during my treatment.
- I agree that my credit card will be kept on file in a HIPAA-secured, encrypted EHR program for automatic payments upon services rendered. I understand it is my responsibility to update LifeCare of any changes to my credit card information.
- I agree to receive scheduling reminders via text message (by Therapy Appointment). I understand it will not identify information about the appointment, other than time, date, and my therapist’s name.
- I understand that if I need to communicate with my therapist in-between sessions, email or texting any PHI is prohibited as these are not secure methods of communication. I agree to use the Client Portal of Therapy Appointment (an encrypted, HIPAA compliant platform) for sending any PHI (Protected Health Information) and/or sensitive material/information.
- I have read and fully understand the Mental Health Crisis & Emergency Policy procedures and will follow accordingly.
- I acknowledge that if I choose to NOT file/use my healthcare insurance coverage for Counseling Services with LifeCare Counseling that I will be considered a Self-Pay client and am responsible for the Standard Psychotherapy Fees. I understand that I will receive a Good Faith Estimate outlining anticipated costs of outpatient Psychotherapy Services. This is an approximation based upon 4-months or (18) one-hour counseling sessions.

***My signature below affirms that I agree to, understand, and consent to Counseling Services by LifeCare Counseling LLC.***

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Partner/Spouse Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Clinician Signature*

\_\_\_\_\_  
*Date*