

Client Policies and Procedures/Informed Consent

Hope Counseling Solutions, Inc. provides client-centered counseling services from a wellness perspective for individuals and couples, specializing in integrative mental health, maternal care, care for helping professionals, transition support, infertility and infant loss, and care for teens and tweens. Our goal is for you to find hope and live free in the midst of stresses and challenges you face. The information below is designed to give you informed understanding of counseling services with Hope Counseling Solutions, Inc.

The Counseling Relationship

Each person who presents for counseling care comes with unique experiences and perspective. The counseling therapist will provide professionalism, acceptance, approachability and respect surrounding your specific needs. Counseling therapy is a process which allows for understanding of self and others, and facilitates intentional change and achieved personal growth.

The initial sessions will be spent identifying the challenge(s) which led you to therapy. We will develop an understanding of your concerns and allow trust to build. For the best possible outcome, your honesty and openness are vital to the process. We recognize the strength it takes to reach out, and this effort will be honored with great respect. There are many different methods that may be used to deal with the problems that you hope to address. Counseling therapy 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.

At the end of the first session, your counselor will describe a proposed plan for treatment, if you decide to continue with therapy. The length of the counseling process will be determined by presented needs and goals, and the severity and intensity of those needs. Throughout treatment, you will be offered the opportunity to review goals and continuing needs so that efficient and effective care are delivered. You should evaluate this information along with your own opinions of whether you feel comfortable working with your counselor. 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 procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.

Counseling therapy 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 many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

Your Rights

When seeking services, you have the following rights:

- Be treated with respect, and have rights to privacy.
- Receive care that acknowledges personal values and beliefs
- Reasonable access to services regardless of race, religion, gender, sexual orientation, ethnicity, age or disability
- Understand your confidentiality rights, and limits of confidentiality, for your safety

- Participate in individualized treatment planning
- Be informed of expectations concerning your conduct
- Request access to your records (PHI)

Fees, Payment and Cancellation

All fees are due in full at the time of service and will be collected at the start of the session. Current rates for services are posted on our website (www.hopencounselingsolutions.com). Each client will keep a current payment card on file for payment of session fees at the time of service.

Please allow 24 hours notice to reschedule or cancel your session. Your appointment time is reserved specifically for you. As a result, late cancellation or a missed appointment, unless due to a serious emergency, inclement weather, or illness, will result in a fee of \$85. In the event of a late cancellation or missed appointment, the \$85 fee will be charged to your card on file.

Hope Counseling Solutions is an in network provider for Anthem BCBS of Indiana. Clients who use this insurance benefit are responsible for all fees applied to deductible as well as copay or coinsurance. This will be collected at time of service. All other services will be self-pay and out of network. A superbill document can be obtained to file out of network benefits with most insurance companies and will be provided at the conclusion of each session upon request. Payments can be made with exact cash, Visa, Mastercard, HSA and FSA. Payment is expected in full at the time of service.

Services Offered and Clients Served

At Hope Counseling Solutions, Inc., the therapeutic approach is eclectic in nature. From a wellness perspective we use client-centered, cognitive behavioral, dialectical behavioral, mindfulness-based cognitive and integrative approaches designed to be efficient, effective and ethical. We offer a warm, accepting environment that allows you to disclose challenges and find effective solutions. We serve tweens, teens and adults, ages 10 and older.

Hope Counseling Solutions, Inc. values spirituality as an integral part of a person's identity and recognizes this as a basis by which mental health and thriving relationships can be achieved. While we are Christian in orientation, we are comfortable working with individuals with different spiritual backgrounds.

Confidentiality/Privileged Communication

Content of all sessions will remain confidential to persons outside the counseling process with exceptions as noted in the NOTICE OF PRIVACY PRACTICES form. Legal exceptions include but are not limited to disclosure when a client presents danger to self, client threatens to harm another person, or there is reasonable suspicion of child, dependent or elder abuse or neglect. Should an emergency arise during active treatment or following termination, in which we become concerned about your personal safety, the possibility of you injuring another person or about you receiving psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, we may also contact the policy, hospital or an emergency contact whose name you have provided. Please review the NOTICE OF PRIVACY PRACTICES.

Should a family member or other significant person participate with you in treatment, a proper signed release will be obtained.

Client files are stored through an encrypted and secure online electronic medical records system that implements all required components to ensure HIPPA compliance.

Litigation Limitation

Due to the fact that therapeutic process often involves making a full disclosure with regard to matters which may be confidential in nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your counselor or any employee at Hope Counseling Solutions, Inc. to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Contacting Us

Due to work schedule, we are often not immediately available by telephone. We will not answer the phone during a session. When we are unavailable, telephone is answered by voicemail. We will make every effort to return your call on the same day, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. If you are unable to reach us and feel that you cannot wait for a return your call, contact your family physician or the nearest emergency room and ask for the counselor or psychiatrist on call. Please see our “Social Media Policy” for additional information regarding online contacts.

Social Media and Email Communication

In order to protect your confidentiality, we do not engage in online social networking with current or previous clients. Please keep in mind that communications via email over the internet are not secure. To better ensure protection of your protected health information (PHI), Hope Counseling Solutions, Inc. will utilize a patient portal through an electronic health records system as well as a secure HIPPA compliant email application that uses secure channels to send emails. Please see our “Social Media Policy” for additional information regarding online contacts.

Emergencies

Hope Counseling Solutions, Inc. is a private practice providing outpatient services and does **not** provide 24-hour emergency services. If you feel that you are in crisis, DIAL 911 or go directly to the nearest medical or psychiatric hospital.

Interruption in Treatment

Occasionally there will be interruptions in therapy due to vacation, illness, or personal reasons of the therapist. For planned interruption, you will be notified as far in advance as possible. For unplanned interruption, Hope Counseling Solutions, Inc. will notify you as soon as possible and arrange for rescheduling, or, if extended interruption will be necessary, information will be provided for a contact with whom you may meet in the event of an emergency.

Client Responsibilities

Clients agree to make a good-faith effort at participation and engagement in the therapy as an opportunity for personal growth. You may be asked to complete assignments between sessions. It is vital that you inform your counselor of other professional helping relationships that exist and both providers must be aware of your care, so that the therapeutic process is not disrupted. All care providers must agree to such an arrangement.

Minors & Parents

Clients under 18 years of age who are not emancipated and their parents 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 that they consent to give up their access to their child's records. If they agree, during treatment, we will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete. Any other communication will require the child's Authorization, unless we feel that the child is in danger or is a danger to someone else, in which case, we will notify the parents of our concern. Before giving parents any information, we will discuss the matter with the child, if possible, and do my best to handle any objections he/she may have.

Terminating the Therapeutic Relationship

Suspension, termination or referral may be initiated by either the counselor or the client. Treatment will terminate when a) sought goals have been met; b) the client chooses to leave; or c) if a need for change in treatment relationship or specialization occurs. You have the right to terminate participation at any time for any reason, without financial obligation other than those already accrued. Termination is most often a mutual decision for the benefit of the client.

Agreement

I have read the above information completely, understand what it says, and have discussed any questions with the counselor. I realize that this is a binding agreement and will be held to all standards mentioned above. By signing this, I agree with this document in its entirety. My signature below indicates that all forms completed for Hope Counseling Solutions on the electronic medical record, CounSol, were completed and signed by myself, _____. I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

I also acknowledge that by signing below, I have read and reviewed the Notice of Privacy Practices. I understand that a copy of the Notice of Privacy Practices will be made available for me to keep if requested.

Signature of Client/Parent/Legal Guardian

Date

Name of Client if a Minor

Signature of Counselor

Date