



Walk in Balance Counseling

Misty Ginicola, Ph.D., LPC
672 W. Main St. • West Haven, CT 06516

Client Services Agreement and Informed Consent

Welcome to our Counseling group, Walk in Balance Counseling. This document is important for clients to understand our services and policies. It contains ethical and legal information, including that which pertains to the Health Insurance Portability and Accountability Act (HIPAA). Even though this document is very long, it is important that you read the entire document and understand it. Please let us know if we can help explain anything in this document or if you have any concerns about any of the policies; if you have any questions or concerns in the future, we would be more than willing to go through the document again. When you reach the end of this document and sign, it represents your consent to treatment and an agreement to enter counseling with our group. You may choose to cancel this client services agreement any time you wish.

We are very glad that you have come to us for counseling. Psychotherapy has been found to be very useful for individuals, groups, couples and families as a way to work through any problems they may have. Counseling and psychotherapy include a variety of services including assessment and diagnosis, brief and long-term individual therapy, group therapy, crisis intervention and referral. The main goal of counseling is to increase your well-being and daily functioning. In order to be the most successful, you will need to be active in your therapy by talking to, being honest in and thinking about the things you discuss in therapy.

Psychotherapy and counseling has been found to be very beneficial. It leads to more positive relationships, less distress and can help to find solutions to problems. There are, however, no guarantees of what you will experience; due to discussing very sensitive experiences, it can leave some with unhappy feelings.

Your first few visits will help us assess and understand your situation so that we understand how to best be of service. Your counselor will then help you to identify an appropriate treatment plan, which will be used to direct your counseling techniques and approaches.

APPOINTMENTS AND HOURS

Counseling appointments typically last 50 minutes and are scheduled after each session or by calling (203) 339-1062. Please leave a message if we do not answer. We ask that if you do need to cancel, you give at least a 24-hour notice. Appointments are scheduled based on the schedules of both clients and the therapist, and are flexible.

CONFIDENTIALITY

We will keep a file, called a clinical record, of your information after you become our client. If you would like to receive a copy of your file, you may submit a request in writing. Except for special cases (described below), we will only release your information if you request and sign written authorizations for each release.

Client's Initials _____

By signing this agreement, you approve consent for the following:

- Counselors may need to consult with other professionals from time to time. When this does occur, your counselor makes their best effort to avoid revealing a client's identity. These other individuals are also legally and ethically required to keep all information confidential. Any consultations that occur will be noted in your Clinical Record.
- Some counselors also publish articles, present at conferences or teach courses. They may present client case studies in any of these forums. If this occurs, all identifying information will be removed, and client confidentiality and anonymity will be maintained.

In special situations, we are required to break confidentiality *without* client consent:

- If a client expresses intent to seriously harm him/herself, we may be required to break confidentiality to protect the client.
- If there is an indication that a client expresses intent to harm someone else, we may be required to warn the person who may be harmed and/or the police.
- If a counselor suspects that a child has been abused, we are required to break confidentiality and are mandated to report to the Department of Children and Families.
- If the client is considered a legal minor, parents and guardians have access to the youth's files. However, you should note that confidentiality is important to your child's treatment. By requesting these records, it may cause the child to not want to open up to the therapist. You should know that, on any occasion, if there were any concerns about your child or risks associated with their treatment, you would be informed right away.
- If, for the purposes of legal proceedings in a court, someone requests client information concerning your counseling record, you should know that your information is considered privileged by law and cannot be disclosed without your consent and written authorization. In some circumstances a court may order or subpoena Walk in Balance Counseling to disclose information. We will let you know of this situation immediately and recommend that you consult with an attorney to determine if you should fight the subpoena (called quashing). If it is not quashed, we are legally and ethically required to provide the information.

IMPLICATIONS OF DIAGNOSIS

If a diagnostic impression is indicated or changed at any time during the course of treatment, Walk in Balance Counseling will share this information with you. If you participate in a managed care insurance program this information may be shared with them for authorization of services purposes. You should be aware that any diagnosis will be a part of your clinical record and take this into consideration when deciding to release any information to a third party. A mental health diagnosis may affect your future attempts to obtain life and/or health insurance and certain employment opportunities.

Client's Initials _____

TESTING AND REPORTS

If any testing is indicated Walk in Balance Counseling will discuss with you the reasons for the testing, any benefits or risks, and if there is any additional expense involved. Reports and testing results are completed to aid in diagnosis, to help coordinate care, and to provide counselors with information that may aid in providing you with the best care possible. Tests and reports will become a part of your clinical record.

PAYMENTS AND INSURANCE

Our utilization review and billing departments will assist you in filing with your insurance company, obtaining authorization for services, and the billing process. Most insurance companies have managed care departments that require disclosure of any diagnosis, treatment plan, and periodic updates regarding your progress in counseling. Reimbursement by the insurance company is subject to your policies limitations and the authorization process. Please investigate your specific mental health coverage and gain an understanding of the authorization process.

Our fees are \$125 per session that is due at the end of each session. Any payment arrangements will need to be made in advance with the billing department. A 24-hour notice is required for cancelation of appointment. Walk in Balance counseling can be reached at (203) 339-1062 if you need to cancel a session. If you miss a session without notifying us or cancel inside of 24 hours you will be billed for the session.

ENDING THERAPY

You may choose to stop counseling at any time. Walk in Balance Counseling encourages you to discuss any concerns or questions with your counselor prior to making this decision. If you do choose to end services we will be happy to assist you in a referral to the counselor or agency of your choice. If you are dissatisfied with our services please for any reason discuss it with your counselor. If this does not allay your concerns you are free to discuss them with the clinical supervisor.

CONTACTING US

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Phone: (203) 339-1062

CONSENT FOR SERVICES

I have read this informed consent statement and fully understand and agree with its terms and conditions. (Please feel free to ask any questions).

Signature: _____ Date: _____

Signature: _____ Date: _____