**Amanda S. Hartman, LCSW-R**

**Licensed Psychotherapist**

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Counseling Agreement and Informed Consent

Psychotherapy is a powerful means to making change in your life. The unique relationship between the therapist and the client is successful because of the defined roles and clearly understood expectations of these roles. Also important is the understanding of the therapeutic process and the rights of the client and the therapist. Please read the following agreement carefully and feel free to ask any questions during our initial session or any following session.

**Confidentiality**

Confidentiality is one of the most important aspects of successful therapy. I will make every effort to keep your personal and private information secure. There are a few legal and ethical requirements that would bring cause for me to discuss a client’s case with other professionals.

1. When a client signs a written release of information authorizing their private information to be shared with someone else or another entity.
2. When a client discloses any intention or plan to harm another person or themselves.
3. When a client discloses or suggests that he or she is abusing a child (or vulnerable adult), has recently abused a child (or vulnerable adult), or has knowledge of a child (or vulnerable adult) that is in danger of abuse.
4. When I am subpoenaed by a court to release records or provide information about treatment.
5. When a client’s insurance company requires treatment information to determine reimbursement.

**Record Keeping**

All records of our work together including progress notes, treatment plans, billing information and any other information that is necessary to keep for your treatment, will be kept in a secure location that only I have access to.

**Diagnosis**

Insurance companies require a diagnosis and proof of medical necessity in order to reimburse for your treatment. These diagnoses come from the Diagnostic Statistical Manual (DSM-IV), and will become part of the insurance companies’ records. I, therefore, cannot control or be responsible for what they do with this information. If you have questions about your diagnosis, please ask me during session and I will explain your diagnosis and related criteria.

**Risk of Therapy**

Change involves risk and often, emotional discomfort. Sometimes when you try to deal with difficult emotions, thoughts, and behaviors, you may begin to feel stronger discomfort. As therapy progresses, it will be important to talk about these changes and understand that this is not uncommon to feel this way. You may also discover that as you change, your relationships may also change. These things are expected to resolve over the course of treatment. It is important to consider these risks before entering into therapy and decide if the risk outweighs the potential benefit. Research shows that most people who engage in therapy benefit from these services, but there are no guarantees of the process or outcomes.

**Duration of Treatment**

The duration of therapy usually depends on several things including the nature of your challenges, what you and I both feel is appropriate, and your financial situation. There are a few reasons where I reserve the right to end therapy including: 1) If I believe therapy is not helping and you may be better served by a referral to another therapist. 2) If you are violent, threatening verbally, physically, or harassing to myself, my office, or my family in anyway.

**Referrals/Paperwork**

If you require services that I do not provide, I may be able to make a referral to a professional that can help you. If any other agencies request additional paperwork (JOBSplus!, VESID, attorneys, SSI/SSD), this will be completed only after your initial 3 sessions with me. If I am called to testify in court, there are additional changes (not covered by your insurance company) that will be charged to you. These situations are rare, but if they were to occur, the fees are outlined in my fee policy.

**Payment Policy**

If I am a participating provider for your insurance company, and you request that I do so, I will bill your insurance company. Please inquire with your insurance company about your deductible amount and co-pay before your sessions with me. You are responsible for paying your session fee or co-pay at the time of service. If your insurance company denies payment reimbursement, you will be responsible for any outstanding balances. If I do not participate with your insurance company, the fee for services will be $80 for the initial comprehensive assessment and $60 for each following 35-50 minute therapy session. In this case, I can provide you with the necessary paperwork so that you may make a claim to your insurance provider on your own. Many times insurance carriers will reimburse for out of network providers at a lower covered percentage. I accept cash and checks only, at this time. (Credit card payment soon)

**Cancellation Policy**

You are responsible for keeping all of your scheduled appointments. If you fail to cancel a scheduled appointment or cancel within less than 24 hours of your given appointment time, I am unable to use that time for another client. Therefore, if you miss a session without canceling at least 24 hours in advance, you will be billed $25 and are required to pay this fee prior to your next session. Your insurance company will not be billed. I understand that reasons do occur that may prohibit you from attending a scheduled session, please speak to me about this as soon as possible and hopefully we will be able to reschedule for a better time. Please see my fee policy for further payment for services information.

**Emergency Consultations**

When you call me, I may be in session with another client or just unavailable. You may leave a message and I will do my best to return your phone call within 24 hours. If you are experiencing a psychiatric emergency, unable to reach me and need immediate crisis intervention, please call 911 or go to your nearest emergency room.

**Other Considerations**

If you haven’t had a recent physical evaluation by your general physician, I encourage you to do so. There are a variety of medical conditions that can potentially affect your emotional well being.

You can always talk to me about concerns you have regarding our therapeutic relationship, the process of therapy, alternative approaches to therapy, and my rationale behind my therapeutic approach. In addition, if you feel that things are not working out between us, or you are unhappy with your treatment, please bring this up with me. We can discuss this in hopes of working things out, or I will be happy to refer you to other therapists that may be able to help you with your therapy goals.

**Client Consent for Counseling**

I have read the above consent statement and understand that I am entering into a therapeutic relationship. I understand that I may, at any time, ask questions related to this, or terminate services. If I have any questions related to the above statements, I have asked my therapist.

I agree to follow the Payment Policy. I understand my rights and responsibilities as a client, including limits of confidentiality, and my therapist’s responsibility to me.

I agree to begin counseling services with Amanda S. Hartman, LCSW-R, and know that I may refuse any requests or suggestions made by my therapist that I deem not to be suitable to me. Although my therapist has experience and knowledge in mental health counseling, I understand that I hold the final responsibility for what I want to utilize from my therapy experience.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Print Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_