

# Conquest Counseling

## Information and Consent Form

The purpose of this document is to give you more information about your therapist, our policies and practices, and your rights and responsibilities. Your first session gives us a chance to get to know each other and to find out more about the challenges you are facing. If we decide to continue working together, we will further discuss the goals, focus, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation.

Periodically, we will evaluate our progress and, if necessary, redesign our plan, goals, and methods. We will also discuss ways you can implement our work between sessions. This work can help you gain valuable skills and thoughtful growth while you are in counseling. Counseling includes your active involvement and efforts to make positive changes in your life. It is important that you are willing to work within the sessions as well as between sessions. In order to grow and develop you will need to push your “comfort zones,” and may need to make changes in your thinking, behaviors, and relationships. Some changes may come quickly and others may be slow and deliberate. The therapy process could bring up some uncomfortable feelings, which is a normal response to working through challenges. While getting out of your comfort zone and trying new things may be uncomfortable at first, most people are pleasantly surprised at how good they feel from receiving help and support.

### **About your Therapist:**

I am a Licensed Clinical Social Worker (LCSW). I hold a Bachelor’s of Social Work Degree from Southern University and A&M College at Baton Rouge, La., and a Master’s in Social Work Degree from Southern University at New Orleans, La. My formal education and professional experience have prepared me to counsel individuals, couples, families and groups.

### **Confidentiality**

Generally, I will tell no one what you tell me without your written consent, unless you are under the age 18, in which case, we will discuss the legal rights your parent(s)/ guardian(s) have to your records. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law as well as my profession's ethical principles. There are two primary circumstances in which I cannot guarantee confidentiality, legally or ethically: (1) when we believe you intend to harm yourself or another person; and (2) when we believe a child or elder person has been or will be abused or neglected. In rare circumstances, a therapist can be ordered by a judge to release information. Please see the HIPAA policy for more information (posted in the waiting room and available upon request).

### **Minor Clients**

If you are the parent or guardian and are requesting services for your child/adolescent under the age of 18, I will need your permission to provide counseling services to him/her. Keep in mind while you have the right to question and understand the nature of your child/adolescent’s sessions, treatment is usually more effective if your child/adolescent has some privacy. It is therapeutically important that your

child/adolescent develops a level of trust with me so if you agree, I will only provide you with a general overview of each session along with your child's level of participation and progress. However, there are limits to confidentiality (listed under "Confidentiality").

**Explanation of Dual Relationships** Although our sessions may be very emotionally and psychologically intimate, it is important for you to know that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with your therapist. I do not participate in contact through social media.

#### **Length of Sessions**

Sessions are 45-50 minutes in duration. You can have shorter or longer sessions if you wish.

#### **Cancellation Policy**

If you need to cancel an appointment, please give at least 24 hours notice. Please cancel Monday appointments by 5PM on Friday. If you give less than 24 hours notice when you cancel, you will be charged the full session fee. If you do not show up for an appointment, you will be charged the full fee for your session. Should I need to cancel your sessions for any reason, you will not be charged.

#### **Appointment Guidelines**

Starting and ending appointments on time allows us to best utilize your time. If you arrive more than 15 minutes late. Your appointment will be rescheduled and you will be charged the full fee for a missed appointment.

#### **Fees, Method of Payment, and Insurance**

All session are: \$115

Reduced fee appointments available (restrictions apply). Agreed upon fee: \_\_\_\_\_

In return for the fees listed above, I agree to provide therapy services for you. I ask that you pay for each session at the beginning of the session. Cash or credit cards are acceptable for payment. Payment is required at the time of service. I request a credit card at the time of your first appointment to keep on file for the agreed upon fees, or cost-shares after your appointment or for any no shows/same day cancellations. You may also use a different form of payment at the time of service. If you accrue an outstanding balance or missed appointment fee, payment must be received prior to scheduling your next appointment. If payment is not made by the end of the week, I will charge the card on file. Fees are subject to change and you will be given at least 30 days of notice of any changes. I reserve the right to use the services of a collection agency for unpaid balances. Statements are available upon request.

#### **Insurance:**

I can discuss the details of your particular plan. The client is responsible for any fees not covered by their insurance. Please note that any insurance quotes provided are an estimate based on information provided by the insurance company. I strongly encourage you to speak with your insurance company to fully understand your benefits as they apply to mental health services. I can still work with you if you have insurance that I am not in network with and can discuss your options with you further.

#### **Adjusted fees:**

I wish for therapy to be affordable for those who have financial hardship, are not seeking insurance reimbursement, and cannot manage the full fee. I offer a few adjusted fee slots. Please let me know at any point in the counseling process if this is needed.

### **Non-therapy Services Including Services Related to Court and Legal Issues**

Prep time, administrative time, time spent writing reports or assessments, phone calls and other correspondence will be billed at the amount of \$100 per hour. I do not take part in any court cases unless subpoenaed. The charge for court is a minimum nonrefundable fee of \$1200, paid in advance, regardless of whether I actually testify or appear in court. The first \$1200 applies to a maximum of four hours of my time at an out-of-office courtroom rate of \$200 per hour. Expenses I may incur such as parking, travel time, telephone calls, and time spent preparing documents will be charged at \$150 an hour and are in addition to the \$1200 minimum fee. If I am required to be on call beyond the first four hours for a court appearance, an additional \$1200 minimum fee will be incurred, even if I must remain “on call” one minute, one hour, or all four hours beyond the first four, whether I am actually called to testify or not. If a client wants me to speak, meet, or correspond in any way with any other person to include but not limited to an attorney, probation officer, CPS worker, physician, etc., the client will be billed for the therapist’s time. Clients should consider whether or not they want to issue a subpoena for a therapist to testify in court. The process is always expensive to the client, and there is no guarantee that what the therapist will say will be of benefit to the client’s case. In some cases a therapist’s testimony may be detrimental to the client’s case.

### **Right to terminate therapy**

While I strive to partner with all of my clients to live happy, productive lives, I do understand that there may be circumstances when one may need to terminate therapy. In most circumstances, we will be able to determine together when therapy is complete, and thus plan a smooth transition. However, should you decide at any point to terminate therapy, you may do so. You have the right to request referrals to other Mental Health professionals at any time. I am obligated to provide these referrals when: 1. Either you or I determine, either individually or collaboratively, that my services are not meeting your needs for any reason 2. When your needs are outside of my training level 3. When you request them for any reason If you are out of contact with your therapist for 30 days at any time your case will be considered closed.

### **Release of Information**

If information needs to be released it will only be done so according to state law and with a written consent from the client indicating an informed consent of such release. In the case of marital therapy, the client is the couple, not individuals; therefore, all records can only be released when both parties consent in writing or if mandated by the court.

Messages If I need to contact you, I will do so as discretely as possible. Please let me know the best phone number to reach you, should I need to leave a message. Messages for me can be left on voice mail 225-366-7472. Calls will be returned between 9am and 6pm Monday through Friday. If I am out of town, this will be indicated on voice mail and calls will be returned as soon as possible.

### **Emergency Contact**

I only offer outpatient care and do not have 24 hour emergency care. If you experience a psychological emergency, please contact me at 225-366-7472. If I am not available: 1. Call the 24-hour crisis line at 1-800-437-0303, or 2. Call 911/ go to the nearest Emergency Room for immediate treatment.

**Complaint Procedures**

If you are not satisfied with any aspect of my work, please inform me so that I can work with you to resolve the concern. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, and cannot resolve this problem with me, you can contact:

Louisiana State Board of Social Work Examiners  
18550 Highland Road, Suite B Baton Rouge, LA 70809  
Phone: (225)-756-3470

**Please carefully read the statements below and initial those that apply:**

**\_\_\_ I consent for myself or my child to receive therapy services at Conquest Counseling.**

**\_\_\_ I will pay for services out of pocket and will not use insurance or will submit my own receipts for out of network reimbursement. I understand that I am responsible for all fees for services provided to me. I have read, understand, and agree to comply with the fee policy and the No Show/Cancellation Policy**

**\_\_\_ I will use my insurance benefits. I understand that I am responsible for all co-payments, cost share payments, or out of pocket payments for services provided to me. I have read, understand, and agree to comply with the fee policy and the No show/Cancellation Policy. I authorize the release of information for claims, certification, case management, quality improvement, benefit administration and other purposes related to my health plan**

**\_\_\_ I understand that insurance coverage quotes are estimates based on information provided by the insurance company. The practice suggests that you call your insurance company to verify your coverage. You are responsible for any fees denied or not covered by your insurance company.**

**\_\_\_ I have reviewed the Notice of Privacy Practices (HIPAA) (Please ask if you would like a copy for your records)**

Online Counseling is offered on a case by case basis. Your signature below indicates that if you receive online counseling you agree to the terms, including possible risks as explained by your therapist.

I have read and understand the conditions outlined above:

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Therapist \_\_\_\_\_ Date \_\_\_\_\_

**Email and Texting Policy**

- While I make every effort to protect my email, I can provide no assurance of their confidentiality or security.
  - The standard email you use at home or work is most likely not HIPAA secure and could be vulnerable to unauthorized access.
  - I do not use text messaging.
  - Electronic communications are not appropriate if you are experiencing a crisis or are having suicidal thoughts. If you are experiencing a mental health emergency, please call 911 or the other emergency numbers provided immediately.
    - I may not check my email every day. If you are canceling an appointment for the same day or the next day, it is best to call and leave a message.
    - Compared to a phone call or face-to-face communication, emails and texts lack the benefit of real time personal interactions such as verbal tone, inflection and visual cues. For this reason, it is usually best to discuss most matters in the office.
  - I do not accept requests for social networking such as Facebook (See social network policy) Each client must weigh the benefits against the potential risk and determine the communication types they are comfortable using.
- Please sign below that you understand and agree with the above policy.

I consent to using email communication: \_\_\_ Y \_\_\_ N

\_\_\_\_\_  
Signature (parent/legal guardian if under 18)      Date