

Consent for Counseling and Fee Agreement

All clients are required to bring this completed form to your first session.

Please read it carefully before signing. If you have any questions, call me at 602-810-0933

Insurance Clients must also bring completed:

"Check Benefits" Form

"Insurance Data" Form

Insurance Card

Welcome to Counseling Covenant. I look forward to working with you as you make this choice to begin the counseling process. In compliance with standards of practice established by the Arizona Board of Behavioral Health, Article II, R4-6-1101, I provide treatment based on valid informed consent for treatment. This document contains information about my professional business practices and services. Your signature on this form is your informed consent to receive treatment at Counseling Covenant, LLC. *(All participants must sign prior to the first session)*

Background and Credentials I am an Arizona Licensed Clinical Social Worker (#11087), and Pastoral Counselor. My educational background includes a B.A in Social Work from The University of Wisconsin-Eau Claire, a Masters in Divinity from Garrett-Evangelical Theological Seminary at Northwestern University, two years of coursework in Contemplative Psychotherapy at Naropa University, an M.S.W from the University of Denver, completion of a Graduate Residency in Pastoral Counseling at Phoenix Interfaith Counseling Center, and completion of coursework in Counseling Supervision from The University of Phoenix.

Methods of Treatment: My approach to therapy is individualized, collaborative and exchange-based. The methods I utilize are: Cognitive-Behavioral Therapy, Emotionally-Focused Therapy, Mindfulness Meditation, Depth-Oriented Brief Therapy, Brief Strategic Family Therapy, and for couples, the University of Denver Couples Therapy model, and the Prepare-Enrich Assessment Tool. You can read about these treatment approaches on my website, counselingcovenant.com, in the "Practice" section.

Services: Counseling Covenant provides individual, couple, family, and group counseling. These services are available to anyone regardless of race, gender, sexual orientation, age, handicap, or religion. Each session is 50 minutes long. The first session, involves gathering information about the history and nature of presenting problem, your support system and family history. This information will help me discern the best method of treatment. Together, you and I will establish goals for your treatment. Session frequency will depend upon the established goals and progress. Together, we will review your progress throughout our time together and revise your goals as needed. If your treatment indicates a need for additional resources, I will do my best to direct you to them. It is your right to refuse treatment at any time. You also have the right to obtain copies of your client records. *(A written release will be made available upon request)*

While I will do everything I can to help you achieve your goals, I cannot guarantee that will happen, since the counseling process, in large part, depends upon you. You do have the right to expect the highest quality of service that I can possibly provide, as well as the right to expect ethical and trustworthy professional services. Success in psychotherapy requires an active commitment on your part. It is important that you do your best to attend each session. Any appointment that cannot be kept must be canceled with at least 5 hours notice. You will be charged the agreed upon non-Insurance fee for a missed or late-canceled appointment, unless otherwise arranged. In all cases, Insurance companies cannot be billed for missed or late- cancelled appointments.

Confidentiality & HIPPA Compliance: Counseling is a private, confidential process that you undertake to make helpful changes in your life. With certain exceptions, any and all information regarding your counseling at is kept strictly confidential. I am required to have on file sensitive information about you and perhaps your family. No data shall be shared with another person or entity without your expressed, written consent except in the cases listed below. If you wish information to be shared with or supplied to anyone outside of this office, including yourself, you will be asked to sign a waiver releasing me from responsibility for that data. You will be asked to supply the name, address and phone number of the person to whom the data is to be released and the specific data that you wish released to that person. The confidentiality of drug & alcohol records is protected by federal law. For clients under age 18, parents, guardians, or other legally authorized persons may obtain information without the minor's consent.

Under certain circumstances, I may be required or allowed to reveal information obtained in counseling without your prior consent. Confidentiality cannot be guaranteed under the following circumstances:

1. Threats of suicide or serious physical harm to yourself or others.
2. Court order to release records or other information about your counseling.
3. Suspected or known abuse, neglect, or exploitation of a minor or incapacitated adult.
4. Referral to another professional, e.g., for the purpose of testing, evaluation, medication, or hospitalization.
5. Consultation with or supervision by another professional. I will make every effort to protect your privacy.
6. Information necessary to process Insurance Claims.

Phone Calls and After Hour Emergencies: In most cases, you will be able to reach me at (602) 810-0933. I will return messages within 24 hours. In the event that I leave town, one of my colleagues will provide coverage and will make every effort to assist you. In case of life-threatening emergencies, please call 911 or 866-205-5229 (*Empact Toll-Free Crisis Hotline*)

Counseling Covenant, LLC is a private counseling practice independent of New Covenant Lutheran Church and its ministries.

Fees: Payment is due at the time of service for private pay clients. My standard fee is \$120/hr with exception to the initial session, which is \$180/hr, however, this fee is negotiated on a sliding scale based on your gross monthly income.

Insurance Coverage: I am also a Provider for many Insurance Companies. If you have Insurance coverage, click on the "Check my Benefits" tab on my website (counselingcovenant.com) and follow the instructions given on that form. I will bill your Insurance company for you (you need only pay any deductibles and/or co-payments), however, verification of benefits is not a guarantee of payment. Final determination is made upon receipt of claim and review of all documentation. If your Insurance company denies payment for any reason, you will be responsible for the standard fee for all sessions uncovered.

I only conduct therapy outside of the context of the counseling office for 1 or 2 sessions in circumstances where a client has relocated. The only other fees associated with treatment would be for preparing reports or for extensive research requested by the client. Billing Statements are prepared on a monthly basis. A copy will be provided for you as needed, or at your request.

- I have read the above information and have had my questions answered to my satisfaction.
- I consent to participate in treatment and abide by the terms set forth here.
- I certify that I am the legal guardian or custodial parent with the legal right to request and approve evaluation and treatment for my son/daughter/ward and hereby consent to their treatment.
- I understand that I may revoke this consent for treatment at any time, but terminating treatment without consulting this office is not recommended.
- I release Counseling Covenant from any liability resulting from early or non-recommended termination of treatment.
- I agree that for each session not covered by Insurance, including missed or late-canceled appointments, I will pay the agreed upon sliding scale fee or Insurance co-pay fee for that session and I authorize Counseling Covenant to release any information required for processing claims and to receive benefits due for services rendered.

Primary Client (<i>Please Print</i>)	<u>Signature (if responsible party)</u>	<u>Date</u>
--	--	--------------------

Insurance Policy Holder (Please Print)	Signature	Date
--	-----------	------

Parent or Legal Guardian (<i>Responsible Party</i>)	Signature	Date
---	-----------	------

Parent or Legal Guardian (<i>Responsible Party</i>)	Signature	Date
---	-----------	------

Additional Participant	Signature	Date
------------------------	-----------	------

Additional Participant	Signature	Date
------------------------	-----------	------