

Treatment Consent and Agreement

Please review this form carefully, and feel free to ask any questions.

Welcome and information about our Services:

Here at Brave New Things, we believe it is a courageous step to seek counseling services. We commend you on this step and will take a sensitive approach to wherever you are in this process. You have all the control over where your treatment leads. The outcome of treatment depends largely on your willingness to engage in the therapeutic process, which can feel like a ride with both ups and downs. In some cases, you may experience feeling worse after a session. It is important to keep in mind the long term benefits of counseling may include (but are not limited to) improved functioning, relationships, self-image, mood, and the attainment of personal goals. Your counselor is here as a guide through the successes and challenges within the therapeutic process, it is all part of the journey, so let's ride!

Confidentiality:

Your confidentiality and privacy is a priority! All Protected Health Information (PHI), communications and records with your Brave New Things counselor is fully compliant with HIPAA privacy rules. In accordance with state law and HIPAA, information may be released for the following: (1) the client provides a written consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) for billing purposes; or (5) a subpoena or court order is received.

You should be aware that your counselor may work and live in the same community treatment is being provided. It is company policy for the counselor to not acknowledge you unless you do so first you should run into each other. This is to protect your confidentiality

Lastly, you hereby agree not to summon your counselor to court as a witness for any purpose or involve your counselor in any legal proceeding that would require him or her to compromise the duty of confidentiality.

Communication & Online Counseling:

Brave New Things counselors utilize telephone and email to communicate with clients outside of sessions. Since telephone and email are not encrypted methods of communication, some confidentiality risk exists with the use of these mediums. Inform your counselor of your preferred contact method at the start of treatment and at any point in treatment this preference changes:

Preferred contact method: _____

Email:

Phone Number:

Cancellations & Service Fees:

Appointments can be canceled or rescheduled without a fee if 24 hours notice is provided. If advanced notice is not provided, or provided within 24 hours of the scheduled session time, the client agrees to pay the fee of the session in its entirety. If the client does not show after 15 minutes into the scheduled time of a session it will be considered a cancellation and the fee will be charged to the card on file. Services will not continue until this cancellation fee is completed. **(insurance providers do not cover cancellation fees)**

Please Note: Google Calendar is a courtesy reminder for scheduled sessions. In addition to the reminders you receive from the medical system. It is by no means a reliable source to communicate cancellations/rescheduling a session. As you have the freedom to cancel at any time, I ask that you provide a verbal or written (Email/text) if you need to cancel or reschedule appointments. If I do not receive a verbal or written cancellation prior to 24 hours of our scheduled appointment, I will proceed in processing the cancellation fee.

Out of pocket payment is due at the time of the service. By signing, you attest that payment method was discussed with you when you scheduled your session.

In the circumstance when the clinician does not find treatment is fitting for the client other options will be discussed and proper referrals will be made if necessary. To cancel you can simply email Joe@bntcounseling.com. Clients give the practice permission to charge the card on file for any outstanding fees and complete the payment.

By signing and dating this form below I am confirming that I have read, fully understand and agree to honor this agreement.

Client(s) Name _____

Client(s) Signature _____

Date _____