

MorningStar Counseling Center

Informed Consent and Therapy Contract

In order to best serve you, the following "Informed Consent and Therapy Contract" defines what you can expect of your therapist and what your therapist will expect of you.

Hours:

- MorningStar's regular office hours during which clients may be seen are 9 a.m. to 8 p.m. Monday through Thursday and until 5 p.m. on Friday. If you hear an answering machine response when you call, it means we are assisting other clients. Please leave a number for us to return the call. Our receptionists check messages frequently.
- Office staff is available to take messages Monday through Friday between 9 a.m. and 5 p.m.
- Appointments are scheduled for 50 minutes at a time.
- My office hours are: _____

Cancellations:

- If you are unable to keep a scheduled appointment, please call 24 hours in advance to reschedule. This allows MorningStar to offer the time slot to another client.
- If you fail to notify MorningStar, you will be billed for that time slot.
- If you cancel frequently, MorningStar may ask that you wait to resume counseling when your schedule permits.

Payment Policy:

- You are asked to pay for appointments the same day services are rendered.
- You may pay by cash, credit card, or a check made out to MorningStar Counseling Center.
- Please check to see whether your insurance or third party payer will cover your visits here. MorningStar will bill directly any applicable insurance you may have.
- Fees based on a sliding scale are also available. To qualify for sliding scale fees, please bring income verification for your total household. Verification needs to be reviewed every 90 days.

On-Call Availability:

- As an out-patient mental health provider, our therapists are not available after hours.
- If you have a medical emergency or require hospitalization, please call 911 or go to the nearest hospital emergency room.
- The Boone County Crisis hotline is available 24 hours a day at 1-800-359-2132.

Court Appearance:

- If your situation requires me to testify or attend court sessions, you will be charged at the therapist's usual rate per hour, payable before the court date.
- The charge will be estimated and adjustments made after the court appearance. We ask that you reimburse travel expenses as well as in-court time.
- If your legal opponent subpoenas the therapist, you will be responsible for the therapist's fees.

Limits of Confidentiality:

Though the information you share with your therapist is confidential, there are several important limits to confidentiality. In the following instances, confidentiality must be waived:

- 1. If there is a reason to suspect child abuse or neglect**, your therapist must perform the legal duty of a mandated reporter and inform child protection services of such risk. This will be done in the manner that is the most responsive to your needs as well as to the needs of your family, with your child's well being as the foremost consideration. If possible MorningStar prefers the therapist to consult with the custodial parent before making a hotline call.
- 2. If there is reason to suspect that you or someone else is suicidal or at risk in some other way**, then your therapist will do whatever seems most appropriate to assure the safety of you and/or the other person.
- 3. If your therapist is subpoenaed to testify in court**, he/she will invoke privilege. Your therapist will state unwillingness to divulge information for which there is no release of information signed by the party to whom the privilege belongs. That is, your therapist will attempt to maintain the confidentiality of the person who shared the information with him/her. If this is not possible, and the therapist is ordered by the judge to testify, waiving privilege, he/she will be forced to comply with the judge's order, so as not to be held in contempt of court.
- 4. In seeing children or adolescents**, treatment is aided if they know that they can give information the therapist will hold in confidence. MorningStar asks that parents respect their children's privacy, without expecting full disclosure. We recognize, however, that parents are responsible to preserve their children's safety and so are in need of any information relevant to such safety. Therefore, as information is shared that is essential for the parent to have in order to fulfill their function as guardian(s), the therapist will work with the child for disclosure to the parent(s) as soon as possible, depending on the urgency of the information.
- 5. During the course of marital therapy**, the therapist may at times see one or the other partner individually. Information shared during individual sessions is treated as confidential; it is not part of the shared information to which both partners share privilege.
- 6. While under supervision:** Any therapist who is currently under supervision will discuss with the therapist's supervisor, information during supervisory sessions, in order to better serve you as a client.

Please ask your therapist for clarification if any of the above points seem unclear. If you agree with these conditions for treatment, please sign below, Thank you.

Signature: _____

Date: _____

Biblical-Spiritual Practices in Counseling:

- MorningStar does not presume that all clients want or will be receptive to explicit spiritual interventions in counseling.
- Therefore, we obtain consent that honors client choice, receptivity to these practices, and the timing and manner in which these interventions are introduced.
- Spiritual practices employed by our therapists may include the following:
 - Prayer for and with clients
 - Bible reading and reference
 - Spiritual meditation
 - The use of biblical and religious imagery
 - Assistance with spiritual formation and discipline.
- Please draw a line through any of the above that you do *not* wish for your therapist to use.

Signature: _____

Date: _____

Electronic Communication:

It is often useful to be able to communicate via email, facsimile, videoconferencing, or other electronic means. Under certain circumstances, it is a beneficial way of keeping track of the progress of children and adolescents without bringing the parent(s) or guardian(s) in for a special session. In order to do so, it is necessary for me to have your approval. An important issue to consider is that electronic communication cannot be guaranteed to be secure. For that reason, if you elect to be able to utilize electronic communication, please sign and date below.

For billing purposes, most brief email communication is treated as a no –billable event. However, as with phone conversation, if handling your electronic communication requires more than 10 minutes, you will be billed at my usual rate (billed at 1/10 of an hour increments). If your services are paid by a third party payer, you may wish to consult with them to determine whether these are considered covered services under your policy.

Signature: _____

Date: _____