This document describes services provided, the terms and conditions for our counseling relationship, including confidentiality and your financial obligation for services. Please read through this information carefully, ask any questions you may have, and then print a copy to sign at your initial appointment.

Susan Garner, LCSW, CADC

CLIENT INFORMATION AND CONSENT

Therapist

The undersigned therapist is a licensed professional counselor (LCSW) and certified chemical dependency counselor (CADC) engaged in private practice providing mental health care services to clients.

Mental Health Services

While it may not be easy to seek help from a mental health professional, it is hoped you will be better able to understand your situation and feelings and move toward resolving your difficulties. The therapist, using her knowledge of human development and behavior, will make observations about situations as well as suggestions for new ways to approach them. The therapist will work with you to formulate a plan for counseling (including identifying objectives, setting goals, and agreeing upon a strategy for achieving success), which will periodically be reviewed and updated when appropriate. It will be important for you to explore your own feelings and thoughts, possibly try new approaches, and assume responsibility for your active involvement and efforts in this process in order for change to occur. You may bring other family members to a therapy session if you feel it would be helpful or if this is recommended by your therapist.

Risks of Therapy

Therapy is the Greek word for change. You may learn things about yourself that you don't like. Often, growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts, and the realization that ultimately you are responsible for lifestyle choices/changes that come about with therapy. You also should be aware that there are times changes, even good changes, made by a person may result in altered patterns of communication or interaction with family members and/or friends. A common statement “things often get worse before they get better” may sometimes be true in therapy; however, your choice to pursue personal growth should produce great rewards and help you to live a more fulfilling and satisfying life.

Appointments

Appointments are made by calling (815) 258-1320 or by scheduling your next appointment prior to leaving your previous session. Please call to cancel or reschedule at least 24 hours in advance, or you will be charged for the missed appointment. Also, please be aware third-party payments will not usually cover or reimburse for missed appointments. Also, if you are late for the session, your session begins at the scheduled appointment time--not when you arrive.

Number of Visits

The number of sessions needed depends on many factors and will be discussed by the therapist. When you feel ready to leave therapy, it is important that you discuss this decision with your therapist.

Length of Visits

Therapy sessions are 60 minutes in length, which includes 50 minutes in person with the therapist and an additional 10 minutes used for documentation of the session. Please be aware that you will be expected to pay for sessions that last beyond the hour session unless this is agreed upon with this therapist prior to the session. Extended or abbreviated sessions can be arranged with your therapist as needed. If you are late for your session, your therapist may still end the session at the normal time. In the case that your therapist is late in starting your session, be assured you will have your full time.

Cancellations

Cancellations must be received at least 24 hours before your scheduled appointment; otherwise YOU will be charged the customary fee for that missed appointment. You are responsible for calling to cancel or reschedule your appointment.

Payment for Services

The charge for your initial session (ususally1½ hours), is $150.00 and the charge for any subsequent sessions is $100.00 per hour. The undersigned therapist does not accept assignment of insurance benefits but can provide you with documentation of services to submit to your insurance carrier if reimbursement of said services are covered by your policy. **The undersigned therapist will look to you for full payment of your account, and you will be responsible for payment of all charges for services at the time the services are provided**.

Although it is the goal of the undersigned therapist to protect the confidentiality of your records, there may be times when disclosure of your records or testimony will be compelled by law. Confidentiality and exceptions to confidentiality are discussed below. In the event disclosure of your records or testimony is required by law, you will be responsible for and shall pay the costs involved in producing the records and the therapist's normal hourly rate for the time involved in preparing for and giving testimony. Such payments are to be made at the time or prior to the time the services are rendered by the therapist.

Relationship

Your relationship with the therapist is a professional and therapeutic relationship rather than a social one. In order to preserve this relationship, it is not advisable to have dual relationships as personal and/or business relationships can undermine the effectiveness of the therapeutic relationship. In the case that any exceptions to this practice may arise (e.g. attending the same church, requests to attend weddings or funerals, presence at the same community events), these will need to be discussed with your therapist and appropriate agreements made. The therapist cares about helping you but is not in a position to be your friend or to have a social or personal relationship with you.

Confidentiality

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; situations where the therapist has a duty to warn or disclose (See *Duty to Warn* below.); or in the case of a court order signed by a judge. Fee disputes between the therapist and the client; a negligence suit brought by the client against the therapist; or the filing of a complaint with the licensing board would also require that records be released. If you have any questions regarding confidentiality, you should bring them to the attention of the therapist when you and the therapist discuss this matter further. By signing this information and consent form, you are giving your consent to the undersigned therapist to share confidential information with all persons mandated by law and you are also releasing and holding harmless the undersigned therapist from any departure from your right of confidentiality that may result.

Duty to Warn

In the event that the undersigned therapist reasonably believes that I am a danger, physically or emotionally, to myself or another person, I specifically consent for the therapist to warn the person in danger and to contact the following persons, in addition to medical and law enforcement personnel:

NAME **TELEPHONE NUMBER**

After-Hours Emergencies

As this mental health professional works as an individual in private practice and is not part of a larger agency, there is not on-call coverage available when your therapist's office is closed. Please go to your local hospital’s emergency facility for urgent issues requiring immediate action,

Therapist's Incapacity or Death

I acknowledge that, in the event the undersigned therapist becomes incapacitated or dies, it may become necessary for another individual to take possession of my file and records. By signing this information and consent form, I give my consent to allowing another professional selected by the undersigned therapist to take possession of my file and records and provide me with copies upon request, or to deliver them to a therapist of my choice.

Consent to Treatment

I, voluntarily, agree to receive Mental Health assessment, care, treatment, or services, and authorize the undersigned therapist to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment, or services that I receive through the undersigned therapist at any time.

By signing this Client Information and Consent form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

_____

Client/Parent Date

_____

Address

as witnessed by:

_____

Susan Garner, LCSW, CADC Date