

SOLACE COUNSELING

CLIENT RIGHTS AND PRIVACIES

Appointments:

My services are provided by appointment only. The length of sessions varies on the basis of services provided. Individual therapy generally lasts for 50 minutes. This is known as the “clinical hour”. Because the appointment is reserved for you, it is necessary to charge your regular fee for appointments that are not canceled 24 hours in advance. Failure to provide a 24 hours notice of cancellation generally means that some other person is not able to use that appointment time.

INITIAL HERE _____ **DATE** _____

Messages:

As we work together, you will notice that I do not accept phone calls while I am with clients. During those times and at other times during the day or evening, my calls are answered electronically. I check for messages frequently during the day and am able to return 90 to 95 percent of my calls the same day. If you are in crisis and I am unavailable, please call the crisis hotline at 865-217-6523.

Counseling:

I expect and encourage you to obtain knowledge of the process, goals and possible side effects of counseling. Counseling may be tremendously beneficial for some individuals, while at the same time there are some risks. The risks may include the experience of intense and unwanted feelings, including sadness, fear, anger, guilt or anxiety. It is important to remember that these feelings are natural and normal and are an important part of the counseling process. Other risks of counseling may include: recalling unpleasant life events, facing unpleasant thoughts and beliefs, increased awareness of feelings, values and experiences, alteration of an individual’s thinking, calling into question some or even many of your beliefs and values. As your counselor, I will be available to discuss any of your assumptions, problems or possible negative side effects of our work together.

Infrequently, a patient’s distress remains or becomes so high that hospitalization or the use of medication must be considered. I am not a physician and consequently do not prescribe medication; however, at times I may encourage you to consider hospitalization. In cases where hospitalization and/or medication may be required, I will discuss it in advance with you and if necessary, with other responsible parties. I will work with a psychiatrist in the area and collaborate on the issues of medication, hospitalization and second opinions; in this way your needs are better served.

Client Rights:

At any time you may question and/or refuse counseling or diagnostic procedures or methods or gain whatever information you wish to know about the process and course counseling. My clients are given the respect of the highest level of confidentiality. There are, however, important exceptions to confidentiality that are legally mandated. In general terms, these exceptions require:

- 1.) That I notify relevant others if I judge that a client has any intention to harm either themselves or another individual

- 2.) Report any incident of suspected child abuse, neglect, or molestation in order to protect the child or children involved.
- 3.) That in legal cases, we or our records may be subpoenaed by the court. Confidentiality will be respected in all cases, except as noted above. In those additional cases where in our judgment the maintenance of confidentiality is, in fact, destructive to you, we will inform you of our concern, and you will have the final decision as to whether or not we maintain confidentiality.

INITIAL HERE _____ **DATE** _____

When needed, you will be asked to sign a "Consent for Release of Confidential Information" form which will allow me to discuss your evaluation and/or treatment with others (e.g. physicians, previous counselors, etc.). If you wish, you may also limit the time of release by an expiration date, and/or limit what I have permission to discuss by writing these instructions on the release form.

Termination:

Termination of counseling may occur at any time and may be initiated by either the client or the counselor. I request that if a decision to terminate is being made, that there be a minimum of a seven day notice in order that a final termination session or process may be scheduled to explore the reasons for termination. Termination itself can be a constructive, useful process. If any referral is warranted, it will be made at that time.

Clients Who Are Dependents:

If you are requesting our services as the guardian or parent of a child, or the guardian of a dependent adult, the same general practice as outlined above will apply. However, as your child's counselor, it is important that he or she is able to completely trust me. As such, I keep confidential what your child says in the same way that I keep confidential what an adult says. As the parent or guardian, you have the right and responsibility to question and understand the nature of our activities and progress with your child, and I must use discretion as to what is an appropriate disclosure. In general, I will not release specific information that the child provides to us; however, I feel it is appropriate to discuss your child's progress in broader terms and value your participation in their counseling experience.

Charges:

My standard fee for one clinical hour of counseling is \$80.00 for individuals and \$120 for couples. The fee also includes time spent on your behalf, including record keeping and preparation. The full fee is due at the beginning of each session. I request that your check for payment be made out in advance so that our entire time may be spent attending to your concerns.

Insurance:

I do not currently file insurance claims and I am not a member of an insurance provider panel. If you have a health insurance plan, your visits may be reimbursed by your insurance company. Depending on the parameters of your insurance policy and nature of your counseling issues, your counseling fees may or may not be covered. If you are expecting to be reimbursed by your insurance carrier, please be sure to discuss this thoroughly with me during the initial session.

You will be responsible for filing your own claims, but I will be glad to assist you with any part that involves me. Insurance forms that require information from me must first be completely filled out in all of the appropriate places by you. I will then complete the portion pertaining to my services. Your insurance company will likely require diagnostic and treatment information before reimbursing you. I will release that information to them with your written permission. If you wish, I will be happy to discuss with you the “diagnosis” that I am releasing to your insurance carrier. While a client’s diagnosis is very sensitive information and is generally treated as such by insurance carriers, I cannot guarantee how any particular insurance carrier or employer respects this information. If you prefer that I not release information to your insurance carrier for reimbursement purposes, or if your insurance carrier fails to reimburse you in a manner which you expect, you will remain responsible to the fee for services.

INITIAL HERE_____ **DATE**_____