Kinsie M. Tate LPC, LPCC

INFORMED CONSENT

This document contains important information about my professional services and business practices. When you sign this document, it will represent an agreement between you, the client, and me, Kinsie M. Tate, LPC, LPCC service provider.

Psychological Services- Psychotherapy

This mental health service that you have requested is psychotherapy (individual, couples/marital, family). My approach is collaborative and based on an understanding of psychodynamic, relational, and attachment theories. I utilize techniques from multiple models of therapy including internal family systems, cognitive-behavioral, person-centered, and relational.

Since therapy often involves discussing unpleasant aspects of your life, you may experience discomfort. On the other hand, therapy has also been shown to have many benefits, often leading to better relationships, improved self-esteem, and significant reductions in feelings of distress.

A licensed professional counselor is not a medical doctor; therefore, I do not prescribe medications. If you or I think medication should be considered as a part of your treatment, we can discuss this option.

_____*(initial)* ***I have read and understand the above psychological services offered by Kinsie M. Tate, LPC, LPCC.***

Limits of Confidentiality

The law protects the privacy of all communications between clients and therapists. In most situations, I can only release information about your treatment if you sign a written consent form that meets certain legal requirements. Situations that do not require your authorization include:

- Consultation with other health professionals about your case. No identifying information is provided and other mental health professionals are also legally bound to keep the information confidential.
- Handling of your record by administrative staff for office-related activities. All staff members have been given training about protecting your privacy and have signed nondisclosure agreements agreeing to protect your confidentiality.
- Disclosures required by health insurers.
- Collection of overdue fees by a collection agency.

There are some other situations where I am **permitted or required** to disclose information without your consent or authorization:

- A court proceeding in which a court-order is presented for information concerning your diagnosis and treatment.
- A government agency requesting information for health oversight activities.
- To defend against a complaint of lawsuit filed by a patient.
- A client-filed worker's compensation claim.

There are some situations in which I am **legally obligated** to take actions:

- Suspicion of child abuse or neglect.
- Suspicion of dependent adult abuse, neglect, or exploitation.
- When a client communicates an explicit threat to kill or inflict bodily injury upon a reasonably identifiable victim and he/she has the apparent intent and ability to carry out the threat or a history of violence.
- If the client threatens to harm herself/himself.

_____*(initial)* ***I have read and understand the above section on Limits of Confidentiality.***

Appointments/Sessions

Sessions are 50-55 minutes in length. Once an appointment is scheduled that time slot is reserved for you. ***These appointments must be cancelled at least 24 hours in advance. If you arrive later than 15 minutes after your scheduled start time, the appointment will be considered a late cancel. Appointments cancelled without 24 hour notice are charged at $75 per incident. No Shows or cancellation within 2 hours of the appointment will be charged the entire fee for the session. Insurance companies do not reimburse late cancelled sessions or no shows.***

_____*(initial)* ***I have read and understand the above section on Appointments/Sessions.***

Professional Fees

My fees for therapy sessions are as follows

- 50-55 minute session is $140

In addition to weekly appointments, I reserve the right to charge a fee for other professional services you request. This fee will be discussed with you prior to providing the service. These supplemental services include but are not limited to:

- Writing reports or letters at your request
- Completing forms on your behalf
- Telephone conversations lasting longer than five minutes ($2.00 per minute)
- Consultation with other professionals at your request
- Preparation of records or treatment summaries on your behalf
- Professional services for legal proceedings

_____*(initial)* ***I have read and understand the above section on Professional Fees.***

Billing and Payments

Payment associated with your session and any outstanding balances are due at the beginning of your appointment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment, but I am an out of network provider, so coverage depends on the insurance provider. It is very important that you be aware of your mental health benefits such as your deductible, session limits, preauthorization requirements, copays, and coinsurance. I can provide you with a super bill that you can file with your insurance provider, but I do not file insurance. Please note that you, as the consumer of services, are ultimately responsible for all fees. Therefore, any such claims denied by your insurance become your financial responsibility. Failing to pay such fees may result in termination of further services. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using formal means to secure payment. This may involve a collection agency or small claims, which will require disclosure of some confidential information. If such legal action is necessary, the associated costs will be included in the claim.

_____*(initial)* ***I have read and understand the above section on Billing and Payments.***

Legal Proceedings

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if called to testify by another party. I will charge a fee per hour for preparation and for attendance at any legal proceeding; the latter is charged from the time of leaving the office until return. These fees will be discussed with you prior to providing any services. All fees must be paid prior to any proceedings.

_____*(initial)* ***I have read and understand the above section on Legal Proceedings.***

Professional Records

The laws and standards of my profession require that I keep your health information in your Clinical Record. My clinical records are maintained electronically. You may request a copy of your Clinical Record in writing. The request may be accommodated EXCEPT in circumstances that involve danger to yourself and/or others, may cause harm, where information has been supplied to us confidentially, or if the information has been gathered in reasonable anticipation of or specifically for use in litigation. A $0.50 per page fee will be charged for all documentation provided.

_____*(initial)* ***I have read and understand the above section on Professional Records.***

Client Rights

HIPPA provides you with several rights to your Clinical Record and disclosures of protected health information. These rights include requesting that your individual treatment provider amend your record; requesting restrictions on what information in your Clinical Record is disclosed to others; requesting an accounting of most disclosures of protected health information (PHI); the location to which protected information disclosures are sent; complaints about Kinsie M. Tate LPC, LPCC policies and procedures recorded in your record; and the right to a paper copy of this agreement and /or Notice of Policies and Practices to Protect the Privacy of Your Health Information.

_____*(initial)* ***I have read and understand the above section on Client Rights.***

I HAVE READ THIS AGREEMENT IN ITS ENTIRETY, AGREE TO ITS TERMS AND ACKNOWLEDGE I HAVE RECEIVED THE HIPPA *Notice of Policies and Practices to Protect the Privacy of Your Health Information.*

Client Signature **Date**