Informed Consent

Love In Gray Counseling Services

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Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goals is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

**My Responsibilities to You as Your Therapist:**

1. ***Confidentiality***

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPPA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I receive from you, and any responses I send to you, will be printed out and kept in your treatment record.

The following are legal exceptions to your right to confidentiality. I will inform you of any time when I think I will have to put these in to effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or a vulnerable adult, or if you give me information about someone else who is doing this, I must inform Department of Children and Family within 48 hours.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. Currently, I am under clinical supervision. As a part of this supervision, my supervisor will have access to my client files and all client information as part of supporting my clinical growth and overall clinical work. My supervisor adheres to the same confidentiality rules as I do.

The following is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couple’s therapy with me.

If you and your partner decide to have some individual session as part of couple’s therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. Do not tell me anything you wish kept secret from your partner. I will remind you of this policy before beginning such individual sessions.

1. ***Recordkeeping***

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time, giving me the chance to print it out from my computer and make any necessary copies. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

1. ***Diagnosis***

If a third party such as an insurance company is paying part of your bill, I am normally required to give a diagnosis to that third party in order for you to be reimbursed. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the DSM-V; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

1. ***Other Rights***

You have the right to ask questions about anything that happens in therapy. I’m always willing to discuss how and why I’ve decided to do what I’m doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I’m not the right therapist for you. You are free to leave therapy at any time.

1. ***Managed Mental Health Care***

If your therapy is being paid for in full or in part by a managed care firm, there are usually further limitations to your rights as a client imposed by the contract of the managed care firm. This may include their decision to limit the number of paid sessions available to you. They may also decide that you must see another therapist in their network rather than me, if I am not on their list. Such firms also usually require some sort of detailed reports of your progress in therapy, and on occasion, copies of your case file, on a regular basis. I do not have control over any aspect of their rules. However, I will do all that I can to maximize the benefits you receive by providing you with a super bill with required authorizations for treatment, and assist you in advocating with the MC company as needed.

**My Training and Approach to Therapy**

I received my Bachelors in Business Administration and Management from Friends University. In 2015, I graduated from Mid America Nazarene University with a Master of Arts in Counseling, with an emphasis in marriage and family counseling. I am currently a Nationally Certified Counselor.

My approach to therapy is experiential and attachment theory based. The philosophy that I work under incorporates an overall systems approach to treatment. If you would like to learn more about this approach, I have books about it that I can recommend to you. I use a variety of techniques in therapy, trying to find what will work best for you.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides when therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgement able to help you, because of the kind of problem you have or because of my training and skills are in my judgement not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office different times in the year for vacation. I will tell you well in advance of any lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between-session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call 911 or go to the nearest hospital emergency room for assistance.

**You’re Responsibilities as a Therapy Client**

1. You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person’s session. If you miss a session without canceling, or cancel with less than 24 hours’ notice, you must pay for that session at our next regularly scheduled meeting. My voicemail has a time and date stamp, which will keep track of the time of cancellation. I cannot bill these sessions to your insurance. The only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads without proper tires).
2. You are responsible for paying for your session weekly, *at the end of the session*, unless we have made other firm arrangements in advance. You will be informed as to my current fee regarding your counseling session. I accept payment in the form of cash, check, and credit. Please make sure that checks are payable to “Subrena Hicks”. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than 10 minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than 10 minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you in a given week, I will bill you on a prorated basis for that time. My fees go up $10.00 every two years, on the odd year. If a fee raise is approaching, I will remind you of this well in advance.
3. If you have insurance, I will give you the needed information to turn into your insurance company for reimbursement. I will not bill insurance companies directly. Please request this at the beginning of therapy, so I can be sure to prepare the needed paperwork for you to turn into your insurance.
4. I am not willing to have clients run a bill with me. I cannot accept barter for therapy. If you eventually refuse to pay your debt, I reserve the right to give your name and the amount due to a collection agency.

**Complaints**

If you are unhappy with what’s happening in therapy, I hope you’ll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I’ve been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the Kansas Behavioral Science Regulatory Board at (785) 296-3249. You are free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don’t like, since you are the person who has the right to decide what you want kept confidential.

**Client Consent to Counseling**

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the fees outlined in this document. I further understand my rights and responsibilities as a client, and my therapist’s responsibilities to me. I agree to undertake therapy with Subrena Hicks. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Subrena. I am over the age of eighteen.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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