IP.COUNSELING
Put Your Life Into Balance

CONSENT FOR TREATMENT - PROFESSIONAL SERVICES AGREEMENT

IP.Counseling LLC

RELATIONSHIP

I understand that the effectiveness of psychotherapy depends on the efforts of the client as well as the practitioner, and I promise to make my best effort to comply with those procedures. I understand that I am entering into a therapeutic relationship with a licensed professional. I understand that this professional may recommend that I complete other forms of treatment; i.e.; psychological testing, psychiatric evaluation, or clinical homework. I understand that I am fully responsible for the outcome of my treatment, and that results may vary based on adherence to such recommendations. I further understand that **IP.Counseling LLC (IPC)** is making no guarantees about the outcome of treatment.

CANCELLATION POLICY

I understand that regular attendance will provide the maximum benefits but that I am free to discontinue treatment at any time. If I decide to do so, I will notify the counselor at least two weeks in advance so that effective planning for my continued care can be implemented. I will notify the counselor at least 24 hours in advance if I will be unable to attend any session. If I fail to make such notification, I will be charged a $60.00 cancellation fee, and I will be solely responsible for these charges. I understand that I can call IP.Counseling LLC 24 hours/7 days a week, and leave a message to cancel an appointment. If I have three (or more) last minute cancellation or no-show appointments, my therapist may decide to discontinue our sessions, and refer me to a community mental health agency.

CONFIDENTIALITY POLICY

I further understand that conversations with the counselor will almost always be confidential. I understand that a mental health professional, by law, must report actual or suspected child abuse or neglect or elder abuse or neglect to the appropriate authorities. In addition, the counselor has the legal responsibility to protect anyone that I may threaten with violence, harmful or dangerous actions (including those to myself) and may break confidentiality of our communication if such a situation arises. I understand that the mental health professional will make reasonable efforts to resolve these situations before breaking confidentiality.

PROFESSIONAL RECORDS

All counseling records are kept on a HIPAA-compliant server and/or under lock and key. IPC is the owner of all records. Records will not be released without your written permission except as mandated by law. You are entitled to receive a copy of your records at your written request, unless the counselor professionally believes seeing them could be emotionally harmful to you. Access requests for records must be in writing and must be acted on within 30 days. Access can be denied if it might harm the client. If you request your records, it is recommended that you and your counselor review them together to discuss their content. If you are denied access to your records you may appeal that decision to the State of Ohio, the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board. You can contact them: (614) 466-0912 or cswmft.info@cswb.ohio.gov .

APPOINTMENTS FOR MINORS

At the first appointment for a minor, at least one biological parent must be present and bring a photo ID. The counselor will need to match the signature on ID with signatures on paperwork. IPC is ethically bound to verify a minors' biological parents/guardian. I understand that I am financially responsible for the cost of the counseling services. I must make payment arrangements with the office staff prior to future appointments being made. Failure to pay these bills may result in collection procedures (including court proceedings) being taken against me by IPC or a collection agency contracted by same to collect these bills.

** SIGNATURE REQUIRED ON BACKSIDE **

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the State of Ohio Counselor, Social Worker, and Marriage and Family Therapy Board at 614-466-5465. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. This office can assist you in attaining contact information.

FINANCIAL RESPONSIBILITES

I understand that I am financially responsible for the cost of the counseling services. I must make payment arrangements with the office staff prior to future appointments being made. Failure to pay these bills may result in collection procedures (including court proceedings) being taken against me by IPC or a collection agency contracted by same to collect these bills. There is a $20.00 fee for checks returned for insufficient funds. A flat fee of $20.00 will be charged for any forms that a client asks the clinician to complete, such as SSA, Disability papers, FMLA or leave of absence form. Additional fees may be billed for extra services, including treatment or case summaries and reports, court related proceedings, and phone calls lasting more than 10 minutes (including coordination of care with other professionals and phone calls to clients directly). The counselor's fee is $110.00 for a regular counseling session and $90 for Life coaching session. If you or an organization on your behalf is requesting your medical records, we can do so with your written consent. Medical records fee is $.50 for pages 1-50, and .25 for pages 51+. It is the client's responsibility to pay for extra services.

If you ever experience something you identify as a life-threatening emergency, including your unwavering commitment to kill yourself and/or someone else, please call 911or Mobile Crisis Line: +1 216 623 6555.

ASSIGNMENT & RELEASE: I AM FINANCIALLY RESPONSIBLE FOR FULLY COVERING SERVICES. MY SIGNATURE BELOW INDICATES THAT I HAVE AGREED TO ALL THE ABOVE TERMS OF THIS CONSENT FOR TREATMENT/PROFESSIONAL SERVICES.

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COUNSELOR **DATE**

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CLIENT'S SIGNATURE OR PARENT/GUARDIAN/REPRESENTATIVE **DATE**

_____

WITNESS **DATE**

** SIGNATURE REQUIRED ON BACKSIDE **