

Welcome

I am delighted you chose me to provide you with support during this time in your life. Every effort will be made to ensure that your experience here is beneficial. The following information is provided for you including but not limited to your rights and responsibilities as a client here, and the limits of confidentiality. If you have any questions, please feel free to discuss them with me.

Client Rights

You have the right:

1. to be fully informed about the training and qualifications of your therapist. She is a Licensed Professional Clinical Counselor in Ohio.
2. to understand any issue related to your sessions.
3. to have your therapist available at the appointment time agreed upon in advance.
4. to discontinue meeting. Should you decide to stop, please discuss with her your progress to date and the reason for terminating.

Client Responsibilities

You are expected to:

1. to arrive for the session on time, so that the hour (45 minutes) set aside can be maximized.
2. to cancel appointments at least 24 hours in advance, so that I can plan an alternative use of my time. If cancellation is made under 24 hours, there will be the full charge for the appointment.
3. If you are running late, call or text 513-477-9588 to alert me. Please realize that I will not be able to extend your session time.
4. Payment in full is expected at beginning of each session.

Fees for Counseling Services

Session cost is \$75.00. Couple session cost is \$110.00. Payments may and may be made in cash (you will receive a receipt) or check. There is a \$25 charge for a returned check. If you need to receive assistance by telephone, a charge of \$50.00 will be incurred if the conversation is longer than 10 minutes, and a charge of \$75.00 for a conversation longer than 30 minutes. This will be due at the next in person appointment.

I understand the above information _____
(Client signature, parent guardian of minor)

Limits of Communication

The use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

_____ Initials

Email Communications and Text Messaging

I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. If you need to receive assistance by telephone, a charge of \$50.00 will be incurred if the conversation is longer than 10 minutes, and a charge of \$75.00 for a conversation longer than 30 minutes. This will be due at the next in person appointment.

_____ Initials

Social Media

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

_____ Initials

Website and Web Searches

I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

No web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. There is a considerable amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

____ Initials

Incapacity or Death

In the event of my incapacitation or death, it will be necessary for another therapist to take possession of the confidential records and contact you for next steps. Jessica Campbell, LPCC is the designated mental health professional.

____ Initials

Limits of Confidentiality

1. This organization may be required to provide information specified by a subpoena issued by a court of law. We will make every attempt to protect your confidentiality.
2. Ohio law designates therapists are mandated reporters who must report disclosures of physical or sexual abuse of a minor, an elder person, or a disabled person to local authorities. As your therapist, I must take steps to protect a client or others from imminent danger when a client threatens physical injury to her/himself or others. (Continue on next page)

- 3. By your signature, you give consent for me/your therapist, to contact any person deemed necessary to prevent harm to you, me or the person in danger. This includes medical or law enforcement as well as your emergency contacts.
- 4. Your therapist may consult with professional peers to improve her assistance to you.
- 5. In case of an emergency, please list two (2) persons who can be contacted:

a. _____ Phone _____

b. _____ Phone _____

Consent to Counseling

At any time, you may stop counseling. With your signature, you acknowledge you have read and understand this Informed Consent to Counseling and voluntarily agree.

I understand the above information _____
(Client signature, parent guardian of minor)

Therapist signature: _____ Date: _____

____ Initials - Client ____ declined ____ received a copy of this completed form.