282 E Main Street
Newark, DE 19711

Phone: 443-987-6557
Fax: 410-793-1599
www.hoperisinghs.com

CLIENT RIGHTS & INFORMED CONSENT

Welcome to the practice. This document contains important information about the professional services and business policies you can expect to receive. Please read over the information carefully, and feel free to discuss any questions or concerns with your clinician during your initial session.

COUNSELING SERVICES

1. **You have the right to treatment, regardless of race/ethnicity, religion, gender, sexual orientation, age, or disability**.

The purpose of meeting with a counselor or therapist is to gain help with problem areas in your life, which are keeping you from being successful in other areas. There are many different methods we may use, and in order for counseling to be most successful, you will have to work on things you and your clinician talk about both during sessions and at home.

2. **You have the right to determine who will provide treatment for you. You also have the right to deny counseling.**

Counseling can provide many benefits such as better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. Since therapy often involves discussing unpleasant aspects of your life, there exists the possibility that you may also experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

3. **You have the right to terminate counseling at any point without question or penalty.**

If for any reason you are thinking of or desiring to terminate your counseling sessions, it is asked that you speak with your clinician beforehand so that we may determine the appropriate course of action and/or assist you in finding alternate services.

CONFIDENTIALITY

4. **You have the right to have the information you share remain confidential.**

In general, the privacy of all communications between a client and a therapist is protected by law, and we can only release information about our work to others with your written permission.

The following are legal exceptions to your right to confidentiality. Your clinician will inform you of any time when we believe we will have to put these into effect:

- **a.** If we have good reason to believe you will harm another person, we must attempt to inform that person and warn them of your intentions. We must also contact the police and ask them to protect your intended victim.
- **b.** If we have good reason to believe you are in imminent danger of harming yourself, we may legally break confidentiality, and call the police or the county crisis team.
- **c.** If we are court subpoenaed for any reason, we may be required by law to provide documentation of your therapy sessions to the requesting judge.
- **d.** If we have reason to believe that you are abusing or neglecting a child or elderly adult, or if you provide information about someone else engaging in the behavior, we must

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immediately inform Child Protective Services and/or Adult Protective Services within 48 hours.

APPOINTMENTS

5. **You have the right to receive individualized treatment, including a verbal discussion of our treatment plans and goals, and to ask questions at any time about the therapeutic process and interventions used in our sessions.**

Your clinician will normally conduct an evaluation that will last from 1 to 2 sessions, at which point they can decide if we am the best practice to provide the services you need. If counseling is begun, one 45-55 minute session per week will be conducted unless it is determined that more or less sessions are required. You must provide 24-hours advance notice of cancellation, unless we agree that you were unable to attend the session due to circumstances beyond your control. These circumstances may include, for example, inclement weather or an unforeseen emergency. At that point, attempts will be made to reschedule the appointment. If you are late for a session, we will end at the regularly scheduled time. **If you should miss a session without canceling or with less than 24 hours notice, you will be responsible for paying for that session at the next scheduled meeting.** *If you fail to show for two or more consecutive sessions and do not respond to our attempts to reschedule, we will assume that you have terminated counseling and thus, make that space available to another person.*

PROFESSIONAL FEES

6. **You have the right to know the cost of the service we offer to you**.

The cost for services rendered by Licensed Clinicians are as follows **(effective 9/1/2019)**:
- $140 per initial 45 - 60 minute intake session (individual, couple, or family)
- $120 per 45-55 minute individual session
- $130 per 45-55 minute couple or family session
- $150 per 90 minute couple or family session
- $125 per hour for psychological assessment (hours include testing, interpretation, and report writing)
- $120 per 60 minute online teletherapy session (with established clients)
- $25 per 15 minute phone session (with established clients)

The cost for services rendered by Graduate Interns are as follows:
- $35 per initial 45 - 60 minute intake session (individual, couple, or family)
- $30 per 45-55 minute individual, couples or family session
- $25 per 45 minute online teletherapy session (with established clients)

Additional services are billed as follows:
- $100 per hour for report/letter writing, preparation of treatment summaries or records (time needed and payment schedule will be agreed upon in advance)
- $200 per hour for any type of legal proceedings, including written information or appearances in court (to be paid in advance)

Fees are reviewed and adjusted on a semi-annual basis, and you will be informed in writing of any changes to these fees including effective dates.

BILLING AND PAYMENTS

7. **You have the right to understand how you will be billed**.

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You will be expected to pay for each session at the time it is held unless we agree otherwise, or unless you have insurance coverage which requires another arrangement. In circumstances of unusual financial hardship, we may negotiate a fee adjustment or payment installment plan. If your account has not been paid for more than 60 days, and arrangements for payment have not been agreed upon, we have the option of using legal means to secure payment.

INSURANCE REIMBURSEMENT

8. You have the right to know how your insurance coverage may or may not impact the number of sessions you receive.

It is very important that you find out exactly what mental health services your insurance policy covers. "Managed Health Care" plans such as HMOs and PPOs often require authorization before providing reimbursement for mental health services, with some not allowing services to be provided once your benefits end. Most insurance companies require you to authorize us to provide them with a clinical diagnosis, which may require providing clinical information such as treatment plans or summaries. Your clinician will provide you with a copy of any report we submit, if you request it.

CONTACTING US

9. You have the right to know when and how your counselor may be reached outside of your session.

While we are usually in the office between 8:00AM and 8:00 PM, your clinician will not answer the phone while meeting with another client. When unavailable, the telephone is answered by voice-mail that is monitored frequently. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If your clinician will be unavailable for an extended time, we will provide you with the name of a colleague to contact, if necessary. In emergency situations only, your clinician may be reached by cell phone; if you are still unable to reach your counselor, please contact your family physician or the nearest Hospital emergency room and ask for the mental health professional on call.

ELECTRONIC COMMUNICATIONS

10. You have the right to receive notice about the limits of electronic communication outside of our scheduled face-to-face sessions.

Email Communications and Text Messaging
Email exchanges with the office should be limited to information such as setting and changing of appointments, billing matters and other related issues. Text messaging will only be acceptable in cases of appointment rescheduling or cancellation.

Social Media
We do not communicate with or contact any of our clients through social media platforms like Twitter and Facebook. In addition, if we discover that we have accidentally established an online relationship with you, your clinician will cancel that relationship as these types of casual social contacts can create significant security risks for you, and potentially compromise the therapeutic relationship.

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Websites
Our company website is easily accessible and is only used for professional reasons to provide information to others about clinicians and the practice. Any questions you have should be discussed during your counseling sessions.

Web Searches
We will not use web searches to gather information about you without your permission, as we believe this violates your privacy rights; however, we understand that you might choose to gather information about your clinician in this way. Please be aware that any information gathered outside of our company website may or may not be accurate. Therefore, please come prepared to discuss any information received in this manner with your clinician during your time together, so that we may properly address any concerns or issues and its potential impact on your treatment.

PROFESSIONAL RECORDS

11. You have the right to request a written copy of our session records.

The laws and standards of my profession require that we keep treatment records that you are entitled to receive for a designated number of years, or we can prepare a summary for you instead. We recommend that you review them in the presence of your clinician so that we can discuss the contents.

12. You have the right to receive a written statement of your rights.

A copy of the client rights and responsibilities, as well as the informed consent, shall be provided to you prior to the first session which you may keep for your records.

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INFORMED CONSENT

I, ______________________________, have read the "Client Rights and Responsibilities," and have asked any questions that have arisen from my reading of the statement.

I understand the risks and benefits associated with beginning counseling and that I may stop at any time without question or penalty, so long as I have previously paid in-full for any services rendered.

I understand that my identity will be protected unless confidentiality must be breached for the reasons stated in the "Client Rights and Responsibilities."

I understand the fees that I am responsible for paying and the timeframe for doing so.

My signature below attests to my having read and understood all of the above information. Moreover, my signature indicates my agreement to become a client of Hope Rising Health Services, LLC.

____
Client Signature
(Parent/Guardian if under 18)

____
Date

____
Clinician Signature

____
Date