



POSITIVE SELF
CENTER

COUNSELING RELATIONSHIP AND INFORMED CONSENT AGREEMENT

Thank you for choosing Positive Self Center to provide you with counseling services. Our goal is to provide you with complete and personal counseling. Every effort will be made to ensure that your counseling experience is beneficial. In order for this to be possible, it is important that we each commit to fulfilling certain responsibilities.

Client Rights:

1. To have the Counselor available for the agreed upon appointment time.
2. To understand any issue related to his or her treatment or the counseling process.
3. To ask questions about his or her Counselor, the Counselor's methods, and/or the direction the counseling is headed.
4. To confidentiality and privacy in accordance with standard physician-patient privileges and HIPAA regulations.
5. To discontinue counseling at any time, without repercussion. *Should the Client decide to discontinue, the Counselor may request a termination session to discuss progress or areas of continuing concern.*

Client Responsibilities:

1. To participate in the treatment planning and goal setting with respect to maintenance or improvement of Client's wellness.
2. To involve yourself in the Counselor's recommendations with respect to maintenance or improvement set forth in the treatment plan and goals.
3. To arrive for counseling sessions on time, so that the counseling session can be utilized maximally. *Each session is 45 minutes in duration. If you are late, you will lose some of your session time, as your session will still end at the scheduled time.*
4. To pay at the time of service, or enroll in an automatic payment plan. *Payments more than 30 days past due will be automatically charged to the credit card on file.*
5. To cancel appointments 48 hours in advance. *A full fee is charged for missed appointments or no shows. Cancellations occurring with less than 48 hours notice are subject to a cancellation fee amounting up to the full fee for the appointment, and will be charged at the discretion of the Counselor. To avoid cancellation fees, call the Positive Self Center at least 48 hours before your scheduled appointment. The Client will be billed directly for the missed appointment. Frequent cancellations also may result in the termination of the Client's counseling relationship with the Counselor.*
6. To contact one of the following resources for immediate assistance if the client has a counseling emergency and is unable to reach the counselor:
 - a. Crisis Intervention (24/7): 800-231-1127 or text 248-809-5550
 - b. National Suicide Prevention Lifeline (24/7) 800-273-8255
 - c. If client is unable to reach anyone through the above resources, the client should dial 911 or go to the nearest emergency room.

Counselor's Responsibilities:

1. To provide expanded office hours.
 2. To see Client's as closely as is reasonably possible to the scheduled appointment time.
 3. To encourage a culture of open, full and frank communication.
 4. To develop a comprehensive treatment plan and set goals with respect to maintenance or improvement of Client's wellness.
 5. To provide counsel and information regarding the different treatment plans for chronic conditions.
 6. To provide telephone and text message availability for urgent communications 24 hours a day, 7 days a week.
 7. When and where appropriate, and with the consent of the Client, to use a team approach to Client's wellness by coordinating and integrating care with other clinicians and healthcare institutions.
 8. To maintain clinical information in a format that allows for ready search, retrieval and transfer while protecting privacy and confidentiality.
 9. To uphold the Client's right to confidentiality.
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Limits of Confidentiality:

_____ Initials _____ Initials

1. The results of treatment or tests must be revealed to a court when a Client has been ordered into treatment by court.
2. The Counselor may take steps to protect a Client, or others, from imminent danger when a Client threatens physical injury to self or others.
3. The Counselor must report disclosures or reasonable suspicion of physical or sexual abuse or neglect of a minor to the local children’s protective service.
4. The Counselors and Counselors In Training may consult with a licensed supervisor about Client’s progress.
5. Positive Self Center’s records are subject for disclosure in accordance with state and federal legal requirements.
6. In couple and family therapy, or when Clients are seen individually, confidentiality and privilege do not apply between the couple or among family members. The Counselor will use her clinical judgment when revealing such information.

Fees

1. Your fee will be established prior to your first session. The fee is to be due in full at the end of each session, unless enrolled in an automatic monthly payment plan.
2. In-network insurance: it is your responsibility to know what your policy will cover. For services not covered by your insurance you will be billed directly for the full fee.
3. Out-of-network insurance: If you are seeking reimbursement for the services provided, you must pay in full at the end of each session. You will be given a receipt to be mailed along with your claim form.
4. Cancellations and Missed Appointments: The full fee for the session scheduled is charged directly to the client for missed appointments, no shows and appointments cancelled less than 48 hours prior to the scheduled time.
5. Other professional services you may require: Telephone conversations which last longer than 5 minutes, attendance at meetings or consultations with other professionals at your request, report writing, preparation of records or treatment summaries, or the time required to perform any other task you have requested of your Counselor or other staff of the Positive Self Center will be charged directly to you on a prorated basis.
6. In unusual circumstances, you may become involved in a litigation, which may require your Counselor’s participation. You will be charged for the professional time required at a rate of \$200 per hour, even if the Counselor is compelled to testify by another party, for preparation for and attendance at any legal proceeding.

Potential Benefits and Risks of Counseling:

Participating in counseling can result in a number of benefits to you, including reducing psychological symptoms, improving interpersonal relationships, increasing personal effectiveness and resolving specific concerns that brought you to counseling. However, counseling requires your active involvement, honesty and openness in order to experience growth and change. During counseling, you may experience discomfort by talking about unpleasant events, feelings or thoughts. It is possible for things to seem to get worse before they get better, and there is no guarantee of a positive result.

The Positive Self Center staff, counselors, therapists, counselors in training and residents will attempt to assist you developing a treatment plan and goals, but do not make any representations or warranties with respect to the results of their services and/or referrals, or their ability to help you with your improvements and maintenance.

Agreement with Positive Self Center:

By signing below, and in exchange for receiving counseling services through Positive Self Center, I, referred to as the “Client”, and if I am not yet 18 years of age, my parent(s) or legal guardians(s) (individually and collectively referred to below in the first person), confirm and agree to be bound as follows:

I have read, understood, acknowledge, and where applicable, agree to the provisions in this document entitled, “Counseling Relationship and Informed Consent Agreement.” Furthermore, I understand that the Counselor has the right to discontinue counseling should I persistently fail to adhere to the above Client Responsibilities.

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Legal Guardian
(If client is under 18)

Signature of Parent/Legal Guardian

Date