



New Hope Counseling, Coaching and Consulting, P.C. Informed Consent

Welcome:

Thank you for choosing New Hope, Counseling Coaching and Consulting, PC (New Hope). We realize that starting counseling or coaching is a major decision and you may have many questions. This document (along with the Notice of Privacy Practices form) is intended to inform you of our policies, state and federal laws and your rights. If you have any other questions or concerns, please ask and we will try our best to give you all of the information you need.

You've Already Taken the Biggest Step...

Deciding to come in for counseling/coaching is a big step for many people. We recognize the courage and determination it takes to decide to deal with the situations you are facing. Because counseling/coaching depends on honest, two-way communication, we want to explain what you can expect from us, as well as what we will expect of you, while you work together with us at New Hope.

May We Call You?

New Hope staff may need to contact you regarding scheduling or other issues. What telephone number(s) may be used?

- Phone 1 _____ (Home/Work/Cell/Other _____)
- Phone 2 _____ (Home/Work/Cell/Other _____)

May we leave a brief confidential message? Yes No

If yes, please indicate where _____ (e.g. voice mail, answering machine, person)

Emergencies:

- New Hope does not have staff to provide 24-hour crisis/emergency intervention - You will not be able to contact your counselor directly in time of emergency.
- If you are experiencing a life-threatening emergency (e.g., feeling suicidal, assaulted), dial 911 or go to your local emergency room immediately.

Confidentiality and Release of Information:

- At New Hope we work to provide you with a safe, private atmosphere and secure confidentiality.
- The recording of sessions is strictly prohibited unless there is written permission by the client and therapist and mutually agreed upon arrangements are made.
- Cell phone use during sessions is prohibited unless the client and therapist make temporary arrangements as an exception.
- You have the right to have your treatment information kept private. However, there are certain situations, as required by law, in which your counselor/coach is required to break confidentiality. Please become familiar with all policies and regulations outlined in the **Notice of Privacy Practices**, included in this packet, prior to your first session. Read it carefully and feel free to ask your counselor/coach questions if you have any concerns.
- If you would like your counselor/coach to speak with someone about your treatment (e.g., physician, minister, family member, etc.), you will need to give your permission in writing. Simply ask your counselor/coach to fill out a **Release of Information** form. You can revoke your Release of Information authorization by submitting a written statement at any time.

E-Mail Correspondence:

Although E-mail is simple and efficient way to communicate and exchange information, **it should never be used during a time of crisis or emergency**. During your time in counseling/coaching at New Hope, e-mail exchanges with your counselor/coach may be helpful for issues such as rescheduling an advanced appointment, providing a brief update on events/issues or sharing journaling. While there are benefits to corresponding through e-mail, you need to be aware of, and agree to, the following provisions:

- The staff at New Hope usually checks their email accounts one or two times per day, therefore information needing prompt attention should never be emailed (e.g. emergency, crisis, less than 48 hour cancellation notification)
- New Hope cannot guarantee the confidentiality of the information that you send or receive via e-mail. If other people in your home or office have access to your e-mail account and sent/received emails, it is important to remember they may see the emails exchanged between you and your counselor/coach.
- If you change your e-mail address or would like messages sent to a different e-mail account, you are responsible for informing your counselor/coach of these changes.

Insurance:

- New Hope does participate in some managed-care insurance plans and does directly bill these participating insurance companies.
- A client's annual deductible amount or the required session co-pay amount will be due at the time of service.
- If you decide to submit a claim to your insurance carrier (other than with those whom we participate), you are responsible for submitting all paperwork to the insurance company and payment needs to be made to New Hope at the time of service.
- At times, after a claim is submitted to an insurance company, they contact our office to obtain information about the diagnosis, treatment plan and licensure of the counselors. If you submit a claim for mental health care provided by New Hope to your insurance carrier and they contact us for more information, you give New Hope permission for us to release any information necessary to file that claim.

- **If, for whatever reason, your insurance provider denies payment to New Hope, you will be responsible for setting up payment arrangements for the unpaid balance of your account. This balance may be paid via a credit card transaction or from a flexible spending account.**

Fees For Counseling:

- The New Hope standard rate for counseling services is \$220 per 45 – 60 minute original diagnostic intake session, \$200 per 60 – 75 minute session and \$134 per 45 – 50 minute session. If clients choose to pay out of pocket at the time of service rather than use insurance, there is a discount rate available for immediate payments via credit card, debit card, cash or check.
- Coaching fees are agreed upon at the time of initial contract, depending on the number of sessions and the needs as defined by the client and coach.
- There is no sliding fee scale for counseling/coaching services.
- *You have a responsibility to pay the fee that you agree upon and to let your counselor know about any problems with payment of fees.*
- *You will be charged for a late cancelation or not showing up for your session. (To avoid this charge, see next section.)*

Cancellations and No-Shows:

- Your counselor/coach has reserved your appointment time only for you. As a result, it is your responsibility to keep your scheduled appointment. **New Hope expects that you will notify the business office in advance– a minimum of 48 business hours– if you are unable to keep an appointment.** If leaving a voicemail, place request that the office contact you with verification that the message was received.
- Late cancellations do not always afford the office an opportunity to fill your missed appointment. With the rare exception, *you will be billed for any late cancelled or missed appointment.*
- You will need to provide a valid credit card number for late cancellation fees.

Consent for Treatment:

- You have the right to choose among various treatment options that can be used to deal with your issues.
- You have the right to know the risks and benefits of any counseling techniques used in your treatment.
- You have the right to know the clinical guidelines used in providing and managing your care.
- You have the right to know your counselor’s/coach’s education/training, licensure and clinical specialties. (staff credentials can be found at www.grownewhope.com)
- By entering into this counseling/coaching arrangement you give consent to be treated by your counselor/coach.

Challenges of Counseling and/or Coaching:

- In counseling (and sometimes coaching), you face the challenge of learning things about yourself or your relationships that you may not like or are difficult to deal with at the time. Often, personal growth cannot occur until you confront those issues/struggles that cause you to feel sadness, sorrow, anxiety, pain, etc. Your counselor/coach will be there for support as you learn to embrace these challenges.
- Your goal will be to distinguish between those things you do and do not have control over in your life and to assess what responsibilities you have. Often times these responsibilities include identifying the choices for change that are required to achieve your goals.
- There is also the possibility that your counselor/coach alone may not be sufficient in providing assistance in the areas of your struggle. If this is the case, the counselor/coach will assist you in exploring alternative personal growth plans.

ACKNOWLEDGMENT/CONSENT FOR TREATMENT:

I acknowledge that I have read and understand the information described above and on the Notice of Privacy Practices, and I authorize New Hope Counseling, Coaching and Consulting, P.C. to provide counseling and/or coaching services for my care. I understand that I may withdraw this consent in writing and terminate treatment at any time.

Print Name _____ Signature _____ Date _____

SIGN ONLY IF APPLICABLE: (for dependent clients)

I/We consent that _____ may be treated as a client by New Hope – or –
The faculty/staff member who referred me to this office, _____, may be informed that I have made an appointment for counseling/coaching.

Print Name _____ Signature _____ Date _____

CREDIT CARD or FLEX SPENDING CARD INFORMATION: Master Card/Visa/Discover/Am Ex (circle one)

Account # _____ Exp. Date. _____ Verification # (back of card) _____

Name On Card _____ Authorized Signature _____

PLEASE RETAIN A COPY OF THIS CONSENT FOR YOUR PERSONAL RECORD