

20 N Front St Box 28

Bally PA 19503

Solsticetherapy@outlook.com

www.solstice-therapy.org 267-461-8831



INFORMED CONSENT

GENERAL INFORMATION

Therapy is a collaborative process and contractual agreement between yourself and your therapist. It is a unique relationship in that it is highly personal to assessing and targeting your area of needs, and developing identified goals to work towards together. Due to this, it is important for us at Solstice Therapy to provide a clear understanding about how our relationship will work, and what each of us can expect from each other. The purpose of this document is to provide a clear framework and foundation for building a safe therapeutic relationship with you and our work together.

THE THERAPEUTIC PROCESS

Therapy begins with the intake process, where your therapist will review all documents with you, and address any questions or concerns you may have. You will have the opportunity to explore different therapy types, the length of treatment, and potential risks and benefits that may arise. Treatment planning is necessary in the initial steps of therapy, as it outlines steps towards achieving short term and/or long-term goals, and provides direction for your therapist to help guide and lead your therapeutic journey. You have the right to adjust and edit your treatment plan, as new areas of need may arise. Please be aware that the outcome of your treatment depends largely on your willingness to engage in this process. It may result in considerable discomfort, as you become more aware of feelings attached to certain events or experiences that are being discussed. Therapists do not have miracle cures, and cannot promise that your situation or behavior will change. Solstice Therapy staff will do their best to support, understand and help uncover what is important for yourself and your growth. Participation in therapy is voluntary, as you can stop at any time. You are the best advocate for yourself!

TERMINATION

While it may be the start of your therapy journey, it is a good idea to think about termination of services. At some point, we hope you will achieve your goals. The timing of this outcome will depend on the specifics of your treatment needs and the progress of which you achieve it. At this time, I will be in collaboration with you to discuss a plan for termination, and identify support that will help you maintain your progress. Furthermore, you and I both have the right to determine whether or not this treatment is benefiting you, and either of us may elect to initiate a discussion of treatment alternatives. This may include, changing your treatment plan, terminating your therapy, or seeking referrals that will more greatly match your needs (including but not limited to, change in Solstice therapist, referral to outside mental health agency, and/or assessment of higher level of care).

CONFIDENTIALITY

You have the right to the confidentiality of session content and all relevant materials to your treatment. As a general rule, working with a mental health provider, we will not release any information without your written consent. With your written consent we can share treatment information with other health care providers who are treating you, or other non-healthcare providers that may be involved for legal proceedings, custody determinations or disability.

Please be aware that there are some exceptions to the confidentiality rule. Meaning, as therapists, we are required to break client privilege of confidentiality under certain circumstances. These may include:

Important: This transmission and any attachments are confidential and privileged information including PHI which is protected by Federal and State privacy laws and is intended for the person(s) above. If you are not the intended recipient please be advised you are not to review, duplicate or distribute this message and or its contents. If you received this in error, please notify the sender via email and destroy all copies of the original message.

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1. If a therapist believes you to be a clear and imminent danger to yourself or another person, they must take the proper steps to prevent that occurrence.
2. If the therapist has reasonable suspicion that a client under the age of 18, or other named child, is the victim of physical, emotional or sexual abuse. This also includes suspected neglect. A report to ChildLine will be made.
3. If a client admits to abusing a child, even if that child is no longer in danger. A report to ChildLine will be made with necessary contact information.
4. If the therapist has reasonable suspicions that a client over the age of 60 years (or a client admitting to abusing an elderly person), is a victim of physical, emotional, financial or sexual abuse. This also includes suspected neglect.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. When a child is in treatment and the parents are divorced and have joint custody, the PA Attorney General's Office has advised us that as therapists, we are obligated to inform both parents that the child is in treatment and the nature and course of treatment.
7. Your records can be released without your consent to prove to the appropriate agencies, that as your therapists, I am in compliance with federally mandated HIPAA Privacy Laws.
8. If choosing to file and bill through insurance, it is required to provide the insurance company, or third-party payer, a diagnosis and date of service. If you are choosing to utilize an employee group health plan, this information may come back to an insurance administrator at your place of employment. Furthermore, sometimes insurance companies or third-party payers require more extensive information such as progress notes, before processing claims. This does not usually come back to the employer. If you are concerned about this, you should check to see how your company protects insurance information.

If your therapist is practicing under the supervision of another professional: your therapist may be presenting your treatment to seek further support and guidance for your needs. Your therapist has the responsibility to inform you of this, and the name of their supervising professional.

If your therapist is already licensed they may wish to consult with colleagues at Solstice Therapy in their area of expertise in order to provide the best treatment for you. If another family member is also participating in counseling with a different therapist at Solstice Therapy, staff may consult with the other clinician regarding your case and pending treatment needs.

If we were to see each other outside the therapy office, I will not acknowledge you. Your right to privacy and confidentiality are to be protected and not jeopardized at all times. However, if you wish to acknowledge me first, I am able to speak with you briefly but not engage in any long discussions outside the therapy office.

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RIGHTS AND RESPONSIBILITIES

There are rights and responsibilities you are entitled too when entering into therapeutic contract with Solstice Therapy.

You Have the Right To:

- Be treated with respect and dignity, and not be denied treatment due to race, sex, age, origin, religion or handicap
- Be free of any sexual exploitation or harassment
- Have your privacy protected in a confidential manner (unless otherwise noted above).
- Be an active participant in the development of treatment and services that meet your unique needs
- Receive services in an easily accessible location
- Understand available treatment options and alternative, including requesting information about names, locations, phone numbers and languages for local agencies
- Choose a mental health provider or choose one for your child who is under 14yrs of age
- Be informed of your rights and responsibilities with regards to treatment prior to the start of your session
- Make a directive which states your choices and preferences for mental health care

You Have the Responsibility To:

- Abide by Solstice Therapy's payment arrangements
- Contact my therapists one business day in advance to cancel a session
- Provide updated and most relevant information needed for your care
- Follow the plans for care that you have agreed to with your other health providers or therapist
- Report any changes in my condition, employment, support systems or personal situations that may affect my treatment
- Treat therapists and other clients with the same respect and report any disrespectful behavior to human resources
- Not drink, smoke or use illicit drugs during my therapy sessions

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PAYMENT

Your mental health therapy at Solstice Therapy, will include an initial evaluation and ongoing mental health sessions that may include individual, family, and/or couples counseling. The total cost of your care will include the initial visit, plus any follow-up visits, and will be paid at time of session. The number of visits will vary based on your goals, which will be discussed during your initial evaluation, and reviewed during treatment planning.

There are a variety of payment options to be considered. Solstice Therapy offers the ability to utilize certain insurances (including Employee Assistance Programs) and/or self-pay for those opting out of insurance and/or are uninsured.

If your therapy is being paid for in full or in part by your health insurance company, you agree to Solstice Therapy releasing client information deemed necessary for payment of services rendered, including but not limited to, diagnosis, treatment plans, summaries of treatments or copies of the clinical chart. Solstice Therapy will only submit claims and necessary information to your insurance company for services rendered.

You are responsible to inform us of any changes to your insurance at the time of change. Co-pays, deductibles and payment of services must be made at each session. You are financially responsible for all charges whether or not paid for by insurance.

Payment Fees:

We reserve the right to collect on unpaid invoices older than 30 days by using a credit card on file. Should a client, or a client's guarantor, refuse to make payments on the balance of the client's account, and Solstice Therapy is unable to collect the balance through payment, after 90 days the unpaid balance may be sent to collections. You will be responsible for any fees associated with collection costs, legal fees, attorney fees, magistrate fees and court costs on unpaid balances.

Medicaid clients will never be billed for co-payments or for missed appointment fees. You are responsible to inform us any changes to your coverage, and report to Solstice Therapy.

Your signature below authorizes Solstice Therapy to bill claims to your insurance company, and for the insurance company to directly pay Solstice Therapy for reimbursement.

Client Signature: _____ **Date:** _____