

Whitling Counseling and Consulting

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Consent For Treatment

Welcome to Whitling Counseling and Consulting. This agreement provides those who seek treatment and/or consultation services with a clear understanding of how this private practice is managed. I hope this information will help you understand the nature of the services. This document is intended to provide you with enough information to make an informed consent to participate in treatment. Please read this carefully and do not hesitate to discuss your questions or concerns about this information with myself.

Assessment: The initial stage of treatment is designed to help me understand your expressed need for services. I will gather historical information to help to learn about your situation and determine what treatment intervention would be helpful. By the end of the evaluation, which will last from 2 to 4 sessions, I will be able to offer you some initial impressions of your situation and discuss an initial treatment plan. You are encouraged to be actively involved in the development of treatment goals.

Treatment: Once treatment goals are identified, I will begin to work with healthy communication between patients and their providers. I will commit to offering patients the most professional services.

If a patient needs a higher level of care, I will work closely with the individual and/or family to refer them to a more appropriate treatment program and/or facility.

Services Offered: You will be offered services specifically designed for you presenting issues. These may include individual, marital, and/or family therapy. If it is determined you may benefit from the addition of medications, a referral to your PCP and/or a Psychiatrist may be recommended. It is your right to accept or decline this recommendation.

A release of information will need to be signed prior to any consultations with medical doctors and/or psychiatrists.

Appointments: Barring any emergencies, you will be seen at the time of your scheduled appointment. Please note, most insurance companies consider 50 minutes a clinical hour. This allows for therapists to complete a psychotherapy note in between sessions. If you need to cancel your scheduled appointment, please cancel within 24 hours. With three or more no show appointments and/or late cancellations, you can be discharged from services.

Office Hours: I will be available the following hours:
Mondays 10:00 am - 6:00 pm, Tuesdays 10:00 am - 6:00 pm,
Wednesdays 10:00 am - 6:00 pm and Thursdays 10:00 pm - 7:00 pm.

Mental Health Emergency Calls: If you are experiencing a mental health emergency and are experiencing suicidal and/or homicidal ideations/thoughts/plan etc., immediately report to the local emergency room for a mental health evaluation. You can also contact a mental health on call professional by calling 911. You are encouraged to leave a message for myself as well.

Confidentiality: Treatment services are best provided in an atmosphere of trust. It is important that you and I honestly discuss your issues and the progress being made in counseling. In order to guard this trust, everything that is discussed during your sessions is held in strict confidence. If you receive a call from our office, the business name will likely appear on your caller ID. If this is a problem, please let me know and we will find an alternative way of communicating when needed. There are, however, limits to my ability to maintain confidentiality. I and my billing staff are required to communicate to insurance companies involved in approving your services for reimbursement. These communications may occur by postal service or by facsimile machine. I am also required by law to report known/suspected incidents of child abuse, and circumstances where there is immediate danger to you or another person. Finally, and importantly, there are limitations to confidentiality in the event of a court order or subpoena.

Professional Records: Both the law and professional standards require that I keep appropriate treatment records. I handle these records carefully and keep them in locked filing cabinets, in a locked office, in a locked building to best protect confidentiality.

Termination: Termination is inevitable. Either you or myself may terminate our work together if either believes it is in your best interest. If a conflict arises with me, I ask that you communicate any concerns so this can be resolved in a therapeutic manner.

Charges: The customary charge for sessions are determined by contractual amounts reimbursed by insurance companies.

If your insurance changes, it is your responsibility to let me know as soon as possible so we can review new coverages and whether I am a provider for the new insurance coverage. This is important because some insurance companies require prior-authorizations. Failing to report changes in insurance can result in the patient self paying for services.

Billing: I have individuals who will be completing the medical billing for this practice. Both individuals have signed confidentiality statements and are bound by confidentiality standards. The medical billers do not have access to treatment information and/or records.

Copays are due at the time of service. Cash, check and/or credit card payments can be made through Ivy Pay which is a HIPAA protected service.

Your signature notes you understand this consent for treatment.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____