Restoration Counseling

Informed Consent, Policies and Information

Privacy and Confidentiality

- Confidentiality means that therapists have a responsibility to you to safeguard information obtained during treatment. All identifying information about your assessment and treatment is kept confidential. Even within the agency, information about your case is only shared with those other therapists who might be able to enhance the services you receive.

- It is important that you understand that the laws of the State of Indiana mandate exceptions to confidentiality in specific cases. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, in these situations your therapist may not be required to inform you of their actions:

    - A mental health professional is required to report suspected child abuse or neglect and to report suspected abuse of the disabled or elderly.

    - A mental health professional is required to disclose information to law enforcement personnel in order to protect the patient or others when there is a high probability of imminent physical injury. A mental health professional is required to disclose information to law enforcement personnel in order to protect the patient when there is a high probability of immediate mental or emotional injury.

    - A mental health professional may be required by the court to disclose treatment information in proceedings affecting a parent-child relationship.

    - A mental health professional may disclose confidential information in proceedings brought by a patient against a professional.

    - There is no confidentiality of mental health information in connection with criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.

    - In the treatment of a minor client, a mental health professional may advise a parent, managing conservator or guardian of a minor, with or without the minor's consent, of the treatment needed by or given to the minor.

- If the treatment we provide is covered by health insurance, you should note that many times "Managed Health Care" plans such as HMOs and PPOs require prior authorization before they will provide reimbursement for our services. If your contract with your insurance company requires that we provide it with information relevant to the services we provide we may be required to provide them with a clinical diagnosis, as well as clinical information such as treatment plans or summaries and/or copies of any records we maintain about your therapy sessions.

- In the case of marriage or family counseling, your therapist will keep confidential (within the limits cited above) anything you disclose to him/her without your family member's knowledge. However, we strongly encourage open communication between family members and your therapist reserves the right to terminate the counseling relationship if he/she judges the lack of open communication to be detrimental to therapeutic progress.

- Clients will have a file created in his, her, or their name(s). The purpose of that file is to help the therapist remember relevant information and to carry out his/her responsibilities effectively and efficiently. Files

will be maintained for seven (7) years after termination of the counseling relationship at which time the file will be shredded.

- In the case that you are seeing a Masters Level Therapist (resident therapist), who is not yet licensed by the State of Indiana, your case will be discussed with their immediate supervisor. The resident therapist is required to obtain supervision from a licensed mental health professional as they work towards their requirements for licensure. This means that your case and relevant information will be discussed between the resident counselor and supervisor to ensure that you are receiving the best treatment possible.

The Therapeutic Process, Benefits and Risks of Counseling

- The therapeutic process can be beneficial to you in many ways. Your therapist and you will endeavor to work collaboratively to reach your personal goals, attain resolution for interpersonal conflicts, provide symptom relief, healing from past trauma and to obtain personal growth. It is important to mention that in pursuit of the aforesaid changes some possible unpleasant emotions may arise and cause distress, and lead to disruption in other areas of your life. This is a normal part of any process of change. While positive gains are expected in psychotherapy there is no certainty of growth. If a situation fails to improve or a situation deteriorates, your therapist can provide you with referrals to other professionals for consultation and/or treatment.

Fees

- For a licensed mental health professional at Restoration, the standard fee schedule for licensed therapists is $90.00 for a 50 minute session. For a graduate level intern at Restoration, the standard fee for a 50 minute session is $45. For a resident intern working towards full licensure at Restoration, the standard fee for a 50 minute session is $75. If additional time is needed a prorated session fee will be charged to the client. Payments are expected at the time of service. A $25 charge will be assessed for returned checks. Ultimately, the client is responsible for paying for the rendered services.
    - Adjusted Fee: _____
    - Number of Sessions/Agreed Upon Time: _____

- Clients are responsible for any additional fees pertaining, but not limited to, assessments and educational materials.

- The client's signature on this document indicates that they give permission to Restoration Counseling, LLC to charge the credit card they have on file with Restoration for services rendered. If for any reason their credit card changes, it is their responsibility to notify Restoration of the changes. The client's signature also indicates that if they have a credit on their account that Restoration can reimburse the proper amount to their credit card which will be on file. _____ (initial)

- If a therapist is subpoenaed to testify or submit records to the court, a fee will be assessed. For any written report and/or summary, a fee of $150 an hour will be charged. For testifying within fifty miles of Restoration's office, in court or a deposition, the therapist will bill $350 for the initial hour and $150 for every subsequent hour. For testifying outside the fifty mile radius, travel time to and from the place of testimony will be included in the billable time. Furthermore, the therapist will bill $150 per hour for preparation time. Time will be billed in increments of one hour. If the court proceeding requires travel out of the state, travel expenses will also be billed to the client. Additionally, the client and/or his guardians will be responsible to reimburse Restoration Counseling Services for all expenses (including attorneys' fees) incurred in responding to, resisting, or limiting the scope of the subpoena or discovery request or in obtaining a protective order to limit further disclosure. _____ (initial)

- If a therapist is contacted by phone by a client, after 10 minutes a fee will be applied comparable to prorated session fees. If the client calls several times during the week the total number of minutes spent on the phone with the client will be assessed using a prorated session fee and the client will be responsible

to pay the charges. The client will be responsible for these charges, since they are not eligible to be billed to insurance.

- If you are using insurance, Restoration will bill your insurance company the contracted rate and the client will be responsible for their portion. If the insurance changes for any reason or does not compensate for their portion, the client will ultimately be responsible for the remaining costs. If the client's insurance changes, it is their responsibility to inform Restoration Counseling.

- If an unforeseen financial incident occurs and you are unable to pay for services at the standard rate, discuss with your therapist a brief reduction in fees or possible referrals for lower cost counseling.

Cancellation Policy

- Clients who need to cancel appointments are requested to do so at least 24 hours in advance. If a client does not show up for an appointment or provide at least 24 hours' notice of cancellation then a $75 charge will be assessed. The client's signature below indicates they give permission to charge the credit card they have on file with Restoration Counseling, LLC for any missed sessions. It is important to know that insurance companies will not pay for missed or canceled appointments; therefore, it will be the client's absolute responsibility to pay for the missed or canceled appointment. Appointments can be scheduled or canceled by contacting (317)710-7772. If for some reason, your therapist must cancel an appointment, they will call the phone number you have provided and, if you are not there, will leave a message.
  _____ (initial)

Phone Calls and After Hour Emergencies

- You may leave voice messages at the number provided by your therapist. Your therapist will attempt to get back to you by the end of the next business day, unless otherwise stated on their voicemail. Please note that Restoration does not offer crisis or emergency services. In the event of an emergency, please call 911 or go to your local emergency room. Additionally, below are useful numbers:
  - St. Vincent's Crisis Hotline: (317)338-4800.
  - Community Hospital Crisis Hotline: (317)621-5700
  - Mental Health Talk Line: (317)251-7575

Electronic Communication/Social Media

- Cell phones, portable phones, emails and faxes may be used within the scope of treatment by mutual choice between you and your therapist. While Restoration Counseling takes every available safeguard to provide safe electronic communication, all electronic communication has the potential to compromise confidentiality. Likewise, social media sites are not confidential. Should you choose to post on any of Restoration Counseling's social media sites (including but not limited to our website, blogs, Facebook, and Twitter) you are waiving your right to confidentiality.

Length of Therapy and Referrals

- Therapy will end when your therapist and you decide that your personal goals have been reached. You have the right to discontinue therapy at any time; however, Restoration would recommend discussing your decision with your therapist so that they can provide adequate referrals. Should you and/or your therapist believe that a referral is needed, he/she will provide some alternatives including programs and/or other mental health providers who may be available to assist you. You will be responsible for contacting and evaluating those referrals.

Restoration Counseling

Acknowledgment and Consent

By signature below, and in exchange for my receiving counseling services through Restoration Counseling, LLC, I (sometimes referred to below 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 understand that the Restoration Counseling staff, counselors, therapists, counselors in training and residents will attempt to assist me in developing an emotional/mental health plan, but that they do not make any representations or warranties with respect to the results of their services and/or referrals, or their ability to help me with my credit/financial/emotional management. I understand that Restoration Counseling counselors may consult with a licensed supervisor to discuss various aspects of cases.

By signing below I acknowledge that I have received a copy of Restoration Counseling's Notice of Privacy Practices. I further acknowledge that I have been informed of my rights and responsibilities and have read and understand the administrative polices of Restoration Counseling.

Printed Name of Client	Signature of Client	Date
Printed Name of Parent/Guardian	Signature of Signature/Guardian (If client is under 18)	Date
Printed Name of Counselor	Signature of Counselor	Date