



Jennifer Hill, LPCC
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INFORMED CONSENT FOR TREATMENT: INDIVIDUAL THERAPY

Counseling: Individual psychotherapy begins with an evaluation of past and present concerns. I understand that because of the commitment and the potential impact therapy can reflect upon myself as well as other people in my life, it is important to make an informed choice when selecting my counselor. I agree to share responsibility with my therapist throughout the therapeutic process, including goal setting and termination.

Confidentiality: Information obtained during counseling sessions will not be disclosed to any outside persons or agencies without your written permission, except when required by law:

1. reasonable suspicion of abuse of children or elderly persons
2. client(s) present a serious danger of violence to another
3. client(s) may be harm to him/herself unless protective measures are taken

I understand that information discussed in therapy is for therapeutic purposes and is not intended for use in any legal proceedings, therefore I agree not to subpoena Jennifer Hill to testify on my behalf in a court action. I have been given the opportunity to ask questions and discuss confidentiality and disclosure policies with Jennifer Hill.

Payment: I understand that as a private paying client, I am expected to pay at the time of counseling services by credit card, cash, or check. The standard fee is \$80.00 per session, unless special arrangements have been approved. I agree to pay the agreed upon amount of \$_____ for all services provided by Jennifer Hill at the end of each session. Any check returned for insufficient funds will be assessed a \$35 fee. I understand that if I chose to pay with a credit card, then I must also pay 2.75% processing fee.

_____ (initial)

Insurance: It is recommended that you contact your insurance carrier to find out how much they pay for outpatient psychotherapy treatment. The amount of payment will depend on your policy. Many medical health insurance policies do cover at least part of the cost of outpatient psychotherapy. Keep in mind that if you are utilizing insurance funds, third parties may review your medical record to obtain information about diagnosis, treatment process and prognosis for the purpose of treatment authorization, quality care management and payment for services. As a courtesy service, depending on your particular insurance provider, your insurance may be billed. Payment is required at the time of service. You will be required to pay all fees not covered or denied by your insurance.

I understand my insurance will not be billed by my therapist and payment is due when services are rendered. _____ (initial)

I understand that payment is due when services are rendered and that a HICFA 1500 form will be given to me to file with my insurance company for reimbursement. _____ (initial)

I understand that my insurance will be billed. However, total payment is required at the time of service. The name of my insurance company is _____
_____ (initial)

Appointments: Sessions consist of 50 minutes made in advance starting and ending on time. If I arrive late, the session will still cost full price and ends at the pre-arranged time. Cancellations must be provided at least 24 hours prior to the scheduled appointment. I agree to pay \$50 no-show fee if notice is not given within 24-hour timeframe. I will call Jennifer Hill at (760) 458-1600 at least 24 hours in advance and leave a message in order to avoid being charged. Lateness or cancellations made by the therapist will be rescheduled.

_____ **(initial)**

Please initial the following correspondence options to authorize Jennifer Hill for future communication regarding appointments, billing issues, or other pertinent information regarding my treatment.

Voice messages at: _____

Text messages at: _____

Email messages at: _____

Email, texting, and other forms of internet-based communication are non-secure and non-confidential. If I send emails and texts to Jennifer Hill with a response requested, I am willing to accept the risks.

Emergencies:

In the event of an emergency call 911 or (888)724-7240. Jennifer Hill will answer telephone calls during business hours (9:00am – 6:00pm) on weekdays and Saturdays until 5:00pm.

By signing below, I agree to the policies entailed on pages #1, #2, and #3. I also agree to receive mental health services from Jennifer Hill MS, LPCC and accept full responsibility for payment for such services.

Client Signature

Date

Counselor Signature

Date