



INFORMED CONSENT FOR TREATMENT FORM

Welcome to Counseling at White Lotus Wellness Center. Thank you for choosing to enter into therapy. Below you will find information regarding therapy expectations and policies. Your counselor will be happy to answer any questions you may have regarding this information. Signing this form allows us to treat you.

White Lotus Wellness Center (WLWC) POLICIES and PROCEDURES

Risks and Benefits:

Counseling is beneficial but as with any treatment, there are risks. During counseling, you will have discussions about personal issues which may bring uncomfortable emotions such as anger, guilt and sadness. These emotions may even be directed at your Counselor. The benefits of counseling can outweigh any discomfort encountered during the process, but it may take time. Some of the possible benefits include improved personal relationships, reduced feelings of emotional distress, development of healthy coping strategies and specific problem solving. These benefits cannot be guaranteed. It is the Counselor's desire however, to work with you to attain your personal goals for counseling.

It is your responsibility to provide necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your Counselor to outline your treatment goals and assess your progress, completing any questionnaires, or complete homework assignments (if any). Your progress in therapy often depends much more on what you do in between sessions than the actual sessions.

The counselor's goal is to provide the most effective therapeutic experience available to you. If at any time you feel that we are not a good fit, please discuss this with your Counselor so we can determine if transferring to a more suitable Counselor is right for you.

Confidentiality:

Counselors at WLWC adhere to the ethical and legal standards/principles of their profession.

Counseling services as well as the storage and disposal of Protected Health Information (PHI) will be kept confidential within these ethical and legal limitations.

You will be informed if information regarding you is released. You will be asked to sign a **Authorization to Release/Obtain Information Consent Form** so that your counselor may speak with others (mental health professionals, family members, doctors, teachers, psychiatrists, etc.) about issues discussed. In general, information will only be released with your written consent.

We are legally obligated to release information about your treatment without your consent in the following circumstances:

- Your therapist believes you pose harm and/or threat to yourself or another person
- You are unable to care for yourself and/or require hospitalization
- You reveal that a child or an elderly person is being abused (or suspected abuse or neglect of a child, elderly person or a disabled person)
- You are under the age of 17 and have been sexually or physically abused, raped or the victim of another crime
- When the information is court ordered by a subpoena or a parole officer
- In natural disasters whereby protected records may become exposed

Our counselors may occasionally consult with other mental health professionals about a case to provide you the most complete and helpful care. Supervision sessions with other professionals may occur to ensure your Counselor is practicing ethically and competently. Every effort is made to avoid revealing the identity of our clients during consultations. The other professionals are legally bound to keep all information discussed in consultation confidential. If you have any questions or concerns about consultations, please discuss them openly with your Counselor.

If you are participating in a group, couples or family counseling, reasonable attempts to ensure confidentiality will be taken but absolute confidentiality cannot be guaranteed.

Please note that if you send your Therapist a text message or email that is not secure, then your confidentiality cannot be guaranteed. **Please use telephone communications for emergencies or extremely confidential content.**

A clinical chart is maintained describing your treatment, progress in Treatment, dates of and fees for sessions, and notes (if applicable). Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. Medical records are locked and kept on our main site.

For further details regarding confidentiality policies/procedures please see the **Notice of HIPAA Policy and Practices.**

Social Media Policy:

In accordance with the ethics of the counseling profession, the Counselors or staff at WLWC does not accept friend or contact requests from current or former clients on Facebook or other social media sites. Doing so has the potential to compromise your confidentiality and our respective privacy. The Counselors will not write professional endorsements for clients due to the potential for violating the ethical code on dual relationships.

White Lotus Wellness Center (WLWC), LLC does have a company Facebook, and other social media, page(s) where we post counseling related information that you are welcome to follow. Some Counselors may also have a LinkedIn account where professional information is posted.

Appointments:

Appointments are usually scheduled on a weekly or bi-weekly basis and are for **50 minutes**. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by you and your Counselor.

Cancellations:

We have a 24 hour cancellation policy. **If you need to cancel or reschedule your appointment, please email or call your Counselor at least 24 hours in advance.** We will not charge a cancellation fee if you notify your counselor 24 hours in advance. This will free you appointment time for another client. Without such notice fee of \$75.00 will be charged for a late cancellation or missed appointment. If two sessions in a row are cancelled with less than 24 hours' notice, your Counselor may request to speak with you before continuing to reschedule appointments. Continuity is crucial to the effectiveness of therapy.

Contacting your Counselor:

Please discuss with your counselor the best way to contact him or her or they/them.

Fees:

Our fees are \$150.00 for 50 minute individual or couples therapy sessions
\$75.00 Late Cancellation or No Show fee
\$40.00 returned check fee

Financial assistance may be available in the form of a sliding scale based on gross family income and other resources. Please inquire your Counselor for more details.

Payment should be made to your Counselor directly.

If you become involved in any court or legal proceedings that require your Counselor's participation, you will be expected to pay for all of the counselor's professional time, including preparation and transportation costs, even if they are called by another party. The fee is \$250.00 per hour for preparation, communication, travel and attendance at any legal proceeding. A one hour minimum payment of \$250.00 is due in advance for our time.

We accept cash, checks, Debit, Mastercard, Visa, and Discover Cards for payment.

Insurance:

WLWC does not work directly with insurance companies. Payment is due at time of service.

Some insurance companies may reimburse for our services, but it is your responsibility to find out and make arrangements. WLWC does not guarantee insurance reimbursement. Additionally, WLWC does not take any responsibility regarding insurance reimbursements.

Emergencies:

Our counselors check their voicemail daily and will respond to all messages within 2 business days during their office hours. This excludes national Holidays or days your Counselor is not in the office. If you are experiencing a mental health emergency and cannot safely await your counselor's return call, please call 911 or go to your local emergency room or Crisis Center.

Every attempt will be made to schedule you as soon as possible after you receive emergency services or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, attempts will be made to return calls in a timely manner. When out of town travel is planned, your Counselor will make reasonable attempts to inform you of this absence and develop a plan with you to be used during this absence.

Discontinuing Services:

You or WLWC can initiate termination of services at anytime. Please discuss any plans or desire to terminate therapy, as ending is an important part of the therapeutic process. Referrals and transfers to a different Counselor are available.

Clinical Supervision:

Non-licensed counselors work under the supervision of licensed counselors. Supervisors are required to keep all information confidential.

Consent for Treatment:

By signing this consent form as the client or guardian of said client, I acknowledge that I have read all four pages, understand and agree to the terms and conditions contained in this form in its entirety. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving a mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time.

By signing below, you are stating that you have read the above and understand the policy statement and that you have had your questions answered to your satisfaction. I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

I, _____, agree to the policies, procedures, fees and payment arrangements as described above.

Client Signature: _____ **Date:** _____

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

Therapist/Witness: _____ **Date:** _____

FINANCIAL POLICY

Thank you for choosing White Lotus Wellness Center (WLWC) for your professional services. The following is our financial policy, which we require you read, agree to and sign prior to any treatment. This policy is strictly enforced with all clients.

Payment Terms

Full payment of _____ is due at time services are rendered. We accept as payment:

- Cash/Check
- MasterCard/Visa Health Insurance Terms

If Applicable, Please read and initial the following:

_____ I understand that my insurance company does not guarantee payment and that I am responsible for payment of series if my insurance company fails to cover the cost of therapy.

_____ I understand that I am responsible for finding out my own insurance benefits and authorizations as necessary and cannot rely on WLWC to have this information.

_____ I authorize WLWC to release pertinent information concerning my care to my insurance company or any agency necessary for payment on my account, if needed.

Court Terms

There is a \$250.00 minimum fee that needs to be paid in advance if this therapist is requested to be an expert witness in court for any matter involving the client. This covers travel and preparation. Every hour thereafter is charged at a rate of \$250.00.

Returned Checks

If a check is returned unpaid or non-sufficient funds, there will be a \$40.00 returned check fee. Fees may be recovered using electronic debit through your financial institution. Checks will no longer be accepted once a check is returned unpaid or with non-sufficient funds.

Collection Terms

Any account past due 60 days will be turned over to a collection agency. All applicable collection fees will be the client's full responsibility. Fees for collection are equal to 50% of the past due amount.

Cancellation/Missed Appointments

As a courtesy, we require a 24 hour cancellation notice prior to the scheduled appointment. Individual appointments not canceled within 24 hours will be charged a fee of \$75.00 which must be paid prior to next appointment.

Acknowledgement

Your signature below acknowledges you have read, understood, and agree to the terms of our **FINANCIAL POLICY**.

Signature: _____

Date: _____ Print Name: _____