

# H&L Psychological Services, LLC

## Informed Consent Statement

	<b>Therapy Process</b>
	<p>Our goal is to create an environment in which you feel safe and comfortable working through thoughts, experiences, and stressors. You can receive many benefits from the therapy process; such as a greater understanding and acceptance of self, more functional relationships, and a greater sense of consistency between goals and choices. Risks of therapy include the possibility of feeling an increase in painful emotions while working through difficult subjects. The decision to conclude therapeutic work is often made as a mutual agreement between therapist and client, however the decision to continue or cease therapy is yours to make. If you decide to terminate sessions before a close is mutually agreed upon, a closing session will be scheduled.</p>
	<b>Therapeutic Relationship</b>
	<p>The therapeutic relationship differs from other relationships in your life. In order for you to examine and process aspects of your life in a safe and healthy way, it is important that efforts are made to protect the professional and focused nature of this relationship. The therapeutic relationship will remain professional and all encounters will be held in the office setting. Therapists cannot accept gifts or social invitations of any kind.</p>
	<b>Confidentiality</b>
	<p>All information shared in treatment is confidential except in circumstances governed by law. Information will only be shared when requested and permitted by you in writing.</p> <p>Legal exceptions to confidentiality include:</p> <ul style="list-style-type: none"><li>▪ When a client is intent on hurting self or others</li><li>▪ When there is reason to suspect the abuse or neglect of a minor child*</li><li>▪ When records or information are ordered by a court of law</li></ul> <p>* Regarding the 2<sup>nd</sup> exception, your therapist is required to report suspicions of abuse/neglect if there is reason to suspect a child (under age 18) is or has been abused. Your therapist is required to report suspected abuse even if the child is not currently in danger, the child is not seen by your therapist in a professional capacity; if anyone age 14 or older has committed child abuse; and if anyone discloses knowing of any child currently being abused.</p> <p>Clinical information is shared for the purposes of supervision and professional consultation with other therapists at H&amp;L Psychological Services who are all bound by confidentiality.</p> <p>Therapists may participate in other professional consultation outside of H&amp;L Psychological Services. Your identifying information (name, date of birth, etc.) is not shared in these meetings to protect confidentiality.</p> <p>Clients under age 14 are not permitted to legally withhold session content or records from their parents/guardians. Upon reaching the age of 14, clients are granted the rights of confidentiality and power to consent to or refuse treatment.</p>
	<b>Contact Information</b>
	<p>Contact your therapist directly for scheduling. Generally, messages are returned within a 24-hour period. Email and text messaging are <u>only</u> to be used for scheduling purposes or to exchange forms or resources as these are not completely secure or confidential. Please do not include content related to your therapy sessions or evaluations. Electronic communication becomes a part of your legal record. Your therapist does <u>not</u> provide emergency mental health services. During an emergency, call 911, go to an emergency room, or call your county's crisis intervention number; Lehigh County 610-782-3127 Northampton County 610-829-4801.</p>

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	<b>Attendance &amp; Cancellation</b>
<p>Appointments over 15 minutes late will need to be rescheduled. If you need to cancel a session, please provide a minimum of 24 hour notice. If you do not attend your scheduled therapy appointment, and you have not notified us at least 24 hours in advance, you may be required to pay a fee of \$60. Your therapist has set aside this time for you and it is important to communicate if you will be unable to attend so the appointment time can be offered to someone else. Although we understand cancellations due to emergencies happen, please give as much notice as possible. Frequent cancellations can impact the progress of therapy. If your therapist needs to cancel a session, this will be relayed to you and another session will be scheduled.</p>	
	<b>Billing &amp; Payments</b>
<p>All payment is due at the time of service. Forms of payment accepted include cash, check, money order, and credit/debit card. Please have exact change if using cash. If you choose to use your insurance, your protected health information will be shared with your insurance company. It is your responsibility to investigate what your insurance plan covers, its limits, and its approval policies. Please call the toll free number on your card to verify your coverage. You will be billed any applicable deductibles, copays, or coinsurance. It is your responsibility to promptly update the office about any change in coverage or insurance provider. A lapse in insurance coverage may result in you being billed the full amount for any sessions occurring during the lapse.</p>	
	<b>Social Media Policy</b>
<p>Due to the risks associated with upholding client confidentiality, we do not communicate with clients through social media outlets (Facebook, Twitter, etc.) nor can we accept any invitations from clients or clients' family members. It is not a regular part of our practice to search for clients on social media or search engines. Extremely rare exceptions may be made during times of crisis. If you use location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services; it is possible others may surmise you are a therapy client due to regular "check-ins" at the office. You may find this practice listed with online business review sites, which can include forums for users to rate providers and add reviews. If you find a listing on any of these sites, please know this is not a request for a testimonial, rating, or endorsement from you as a client. Due to confidentiality, your therapist cannot respond to any reviews on these sites.</p>	
	<b>Building Rules &amp; Regulations</b>
<p><b>Smoking</b></p> <ul style="list-style-type: none"><li>• No smoking is permitted anywhere within the building</li><li>• There is a designated smoking area on the northeast side of the building</li></ul> <p><b>Weapons</b></p> <ul style="list-style-type: none"><li>• No firearms or explosives of any type or nature are permitted anywhere within the building</li></ul>	
	<b>Conclusion</b>
<p>Thank you for taking the time to review the Informed Consent Statement. If you have questions or concerns about any of these policies, please bring them to your therapist's attention. If you feel your therapist has done something harmful or unethical, you may contact his or her licensing board. Please keep this statement for your records</p>	

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