

Bishop's Counseling FOR WOMEN

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INFORMATION AND CONSENT STATEMENT

I am pleased that you have selected me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship.

QUALIFICATIONS

Bachelors of Arts in Psychology

Masters of Science in Social Work

Licensed Clinical Social Worker

AGREEMENT FOR PSYCHOTHERAPY SERVICES

This form provides you (client) information that is additional to that provided in the Notice of Privacy Practices form.

CONFIDENTIALITY.

Confidentiality: All information disclosed within sessions and the written records pertaining to the sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

When Disclosure Is Required By Law: Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also Notice of Privacy Practices form).

When Disclosure May Be Required: In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized to do so by all adult family members who were part of the treatment.

Emergencies: If there is an emergency during our work together, or in the future after termination, where I may become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the consent to release information sheet.

Health Insurance & Confidentiality of Records: Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier or anyone else at any time. I have no control or knowledge over what insurance companies do with the information submitted or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the, congress- approved, National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access.

Confidentiality of E-mail, Cell Phone, and Faxes Communication: It is very important to be aware that e-mail and cell phone communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Please notify me in writing at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes for emergencies.

If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. I am ethically and legally obligated to maintain records of each time we meet, talk on the phone, or correspond via electronic communication such as email or text messaging. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. A judge can subpoena your records for a variety of reasons, and if this happens, I must comply.

Social Media Disclaimer: I utilize several different social media outlets to interact professionally with the community and other mental health professionals at large. I provide education, new research articles, and my own professional opinions regarding mental health issues. Please understand that these outlets are used for educational, connection and marketing purposes only. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Twitter, LinkedIn, Instagram etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective

privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation: I consult regularly with other professionals regarding my clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained. Because of the sensitivity of the content of the psychotherapy notes, the notes will not be released to anyone. I will release treatment plan and goals upon written request, unless I conclude that releasing such information might be harmful in any way.

Telephone and Emergency Phone Procedures: If you need to contact me between sessions, please leave a message with my voice mail (214-299-3758) and your call will be returned as soon as possible. I check messages a few times a day, unless I am out of town. If you need to talk to someone right away, you can call 911, your local hospital or your treating physician.

Payments and Insurance Reimbursement: Clients are expected to pay the standard fee of \$160.00 for an initial session. For additional 45- 50 minute sessions the fees are as follows: \$140.00 for individual, \$180 for relationship or family and \$60 per person for group. You may pay privately or through your insurance. You will pay at the end of each session unless other arrangements have been made. This is payable by check, cash or card. Bishop's Counseling for Women recommends that you call your insurance company to obtain information about your out of network mental health benefits. If you adequately complete the insurance verification form provided by Bishop's Counseling for Women, you should have a good picture of what your insurance company will cover. At the end of your session, you will receive a receipt with the necessary information for you to file directly with your insurance company. Should you wish not to file with your insurance for privacy reasons, you are welcome to pay the full session amount privately. Please note payment is due at the time service is provided.

Telephone conversations, site visits, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. For example, a 30 min phone call will be billed at \$60. This is a change that started being enforced May 1, 2019. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments. Not all of the issues, conditions, or problems, which are the focus of psychotherapy, are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

If you request any letters, forms, or any other paperwork to be completed, such as FMLA or disability forms, please be advised that there is a fee for paperwork if it takes place outside of session. My fee is \$140.00 per hour. FMLA paperwork generally requires a minimum of 30 minutes to complete, due to the need for supporting clinical documentation. Short-term disability often takes longer to complete, and may require additional assessments beyond my regular intake evaluation. The time required to make copies or prepare and send faxes, and any other administrative business (e.g. preparing releases of information or requests for records; phone calls to lawyers, request of payment for declined payment methods, or other non-clinical calls) not directly related to the provision of clinical services, will also be assessed based on a rate of \$140.00, with a minimum fee of \$20.00 (10 minute billing intervals).

I will not complete any FMLA, disability, other paperwork or letters of support unless I have met with you for at least 6-8 sessions. I will also not complete any FMLA or disability paperwork if I do not believe I can support it based on what you have presented at intake and during sessions.

If I am requested or subpoenaed to testify in court you will be responsible for my retainer fee even if the subpoena is sent from the opposing side of the case and even if our therapeutic relationship has ended. My fee will be \$200.00 per hour with a minimum retainer of \$800.00. The retainer is non refundable and must be received at least 48 hours before I am due at court to testify. If court gets cancelled or I am released from the subpoena on a day that I have cleared my calendar to testify, you will be charged my regular fee of \$140.00 per hour for the appointments that were cancelled to accommodate your legal case. The hourly rate of \$200.00 will be charged from the time I leave the office until I return to the office. Record copying fees are \$1.50 per page plus a \$100.00 per hour copying fee.

The Process of Therapy/Evaluation: Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. I will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, I am likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches include, cognitive-behavioral, solution focused, emotional-focused, relational, interpersonal, humanistic, and family systems.

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objectives, and the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide I will refer you to another professional.

Goals: To begin the therapeutic process, please list a goal or goals that you would like to accomplish in treatment. These may change over time, and can be revised as needed.

1. _____
2. _____
3. _____

Nature of Counseling: During the time we work together, we will meet for approximately 45-50 minute per session. This is a professional relationship rather than a social one. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any way other than the professional context of our counseling sessions.

Marriage and Family Counseling: In the case of marriage or family counseling, I will keep confidential (within limits cited above) anything you disclose to me without your family member's knowledge. However, I encourage open communication between family members and I reserve the right to terminate our counseling relationship if I judge the secret to be detrimental to the therapeutic progress.

Termination: As set forth above, after the first couple of meetings, I will assess if I can be of benefit to you. I do not accept clients who, in my professional opinion, I cannot help. You have the right to terminate therapy at any time. Some clients only need a few counseling sessions to achieve their goals; others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time, though I do request you inform me that you would like to terminate our therapy, and you participate in a termination session. You also have the right to refuse or discuss modification of any of my counseling techniques or suggestions that you believe might not be beneficial to you. I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please notify me in person or in writing, and I will work with you to resolve your concerns. It is my pledge that any problems will be resolved to your satisfaction.

Therapist's ethical obligations: I dedicate myself to serving the best interest of each client. I will not discriminate between clients or professionals based on age, race, creed, disabilities, handicaps, preferences or other personal concerns. I maintain an objective and professional relationship with each client. I respect the rights and views of other mental health professionals. I will end services or refer clients to other services when appropriate. I will evaluate my personal limitations, strengths, biases, and effectiveness on an ongoing basis for the purpose of self-improvement. I will continually attain further education and training.

Patient's responsibilities: You are responsible for your financial obligations. You are responsible for following the policies. You are responsible to treat me and fellow patients in a respectful, cordial manner in which their rights are not violated. You are responsible to provide accurate information about yourself.

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My signature at the bottom of this page constitutes my understanding of the information contained in the "Information and Consent" portion of this intake, receipt of a copy of the counseling agreement to retain for my personal files, and my agreement to the following:

FEE AGREEMENT AND CANCELLATION POLICY

1. Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for re-scheduling or cancelling an appointment.
2. Fees for all services are due at the time of my appointment by check, cash or charge.
3. If I do not cancel my appointment prior to 24 hours, I am responsible for paying the full amount of the session, not just the amount the insurance company agrees to cover. Insurance companies do not reimburse for cancelled appointments.
4. Two consecutive missed sessions without notice constitutes a termination of our therapeutic relationship.
5. The regular fee will be assessed for any phone calls lasting longer than 10 minutes.

CONSENT TO TREAT MINOR

- I am the managing conservator and I have the authority to authorize counseling treatments for:

Minor #1 - Name: _____ Age: _____

Minor #2 - Name: _____ Age: _____

Minor #3 - Name: _____ Age: _____

- I understand that minor children are granted the same right to confidentiality as adults in a counseling relationship, therefore, psychotherapy notes will not be released, only treatment plan and goals.

- I authorize counseling treatments for the minor children listed above.

I have read the above therapy agreement and give my consent to treatment.

Client Name: _____

Signature: _____

Date: _____