



## **Informed Consent and Notice of Privacy Practices**

### **Introduction**

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and complete the required sections. Be sure to ask your therapist any questions that you may have regarding its contents.

### **Fees and Insurance**

Fees for services vary depending on your insurance coverage and other factors. Treatment summaries generated for personal or professional use are \$125 paid upon completion of the document and require two weeks' notice. These documents cannot be faxed, emailed, or mailed and must be picked up by the client in person. Fees are payable at the time services are rendered. Please speak with your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. If you choose to use insurance to pay for therapy your fee may differ depending on your insurance plan, deductible requirements and or rates negotiated between this provider and your insurance company.

If your therapist is a contracted provider for your insurance company, they will discuss the procedures for billing your insurance. The amount of reimbursement and the amount of any co-payments or deductible depends on the requirements of your specific insurance plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental health conditions which will be shared with your insurance company. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. Although Clark Counseling Services, LLC or a designated agent is happy to assist your efforts to seek insurance reimbursement, we are unable to guarantee whether your insurance will provide payment for the services provided to you. If at any time your insurance company denies reimbursement you will be responsible for any outstanding balance. Please discuss any questions or concerns that you may have about this with your therapist. Payments are accepted via PayPal, credit card, cash, check or money order and may be made in person or through <https://clarkcounseling.com/client-forms/>. There is a \$35 dollar returned check fee.

If for some reason, you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time. Any unpaid therapy sessions after 90 days of non-payment and written attempts by this agency or an identified agent to the address we have on file will result in your bill being sent for collections. The client is responsible for all fees incurred by this agency during this process.

## **Confidentiality**

All communications between you and your therapist will be held in strict confidence unless you provide written permission to release information about your treatment. When you participate in services, Clark Counseling Services, LLC will not disclose confidential information about your treatment unless you provide written authorization to release such information. If you participate in family, and/or marital/couples therapy, your therapist may use information obtained in an individual session that you may have had when working with other members of your family. If conserved of person or under the age of 18 your therapist is permitted to discuss course of treatment, diagnostic information, recommendations, and other clinical information with your guardian at their request. You will be informed by Clark Counseling Services, LLC when this type of release happens. If you are conserved of estate your therapist may need to communicate with your conservator for billing purposes.

There are exceptions to confidentiality. For example, therapists are required to report instances of suspected child or elder abuse. Therapists may be required or permitted to break confidentiality when they have determined that a client presents a danger of physical violence to another person or when a client is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapists (and others) in certain circumstances, to provide federal and local law enforcement with books, records, papers and documents and other items and prohibits the therapist from disclosing to the client that these agencies obtained the items under this Act.

If you believe your rights have been violated during treatment you may file a complaint with the Department of Public Health at the following contact information or speak with Clark Counseling Services, LLC directly. **Practitioner Investigations Unit:** Connecticut Department of Public Health 410 Capitol Ave. MS# 12HSR Hartford, CT. 06134-7552 Phone: 860-509-7552 Fax: 860-707-1916 Email: [dph.pliscomplaints@ct.gov](mailto:dph.pliscomplaints@ct.gov).

## **Minors and Confidentiality**

Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are involved in their treatment and have access to a minor's health record. Consequently, your therapist, in the exercise of professional judgment, may discuss the treatment progress of a minor client with the parent or caretaker. Clients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with the assigned therapist.

## **Telehealth**

Telehealth refers to any session conducted either via secure online video service or over the phone. Some insurance plans cover telehealth services in addition to regular in person visits and some do not. If you are unsure if your insurance plan covers telehealth appointments, please contact your insurance provider directly. Procedures for telehealth appointments may differ depending on your current course of treatment so please ask your therapist prior to scheduling a telehealth appointment if there are any specific instructions or things needed to know.

If you decide to conduct a telehealth appointment with your provider, you agree to certain conditions. That the telehealth appointment is completely voluntary, and you can change to an in person visit at any time.

Telehealth sessions may not be recorded or photographed by either you or your provider. Privacy laws also apply to telehealth appointments. Appointments will be conducted over a secure communications medium that complies with current healthcare privacy standards. That your provider may not be held liable for breaches in the communication system that occur outside the provider's control and that no electronic communications system is guaranteed 100% secure. Technology interruptions and glitches may happen. If there is an emergency during a telehealth appointment the provider may contact emergency services to come to your location or home. That the no show or late fee applies also to telehealth sessions.

### **Outside of Office Appointments**

Therapy sessions may be conducted outside of the therapy office in a safe, reasonably confidential location of your choosing along with your provider. If you choose to conduct an out of office appointment, please be aware that insurance plans typically only cover in office visits and telehealth appointments and you may be liable for the cost of the visit. If you have questions on whether this type of session would be covered please contact your insurance company. Please be aware that when conducting an out of office appointment it needs to be conducted in a safe, reasonably comfortable location and that confidentiality can not completely be guaranteed.

### **Appointment Scheduling and Cancellation Policies**

Sessions are typically scheduled to occur bi-weekly at the same time and day if possible. Your therapist may suggest a different amount of therapy depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. To cancel or reschedule an appointment, you are expected to notify Clark Counseling Services, LLC at least **24 hours** in advance of your appointment. In case of inclement weather or other closings your Clark Counseling Services, LLC will contact you to reschedule your appointment. In some cases, there may be inclement weather in your town but not here at Clark Counseling Services, LLC. Please use your best judgment on whether you can make it to your appointment. In case of inclement weather or other emergency situations you do not have to provide 24hr notice of cancellation. We ask that you please contact Clark Counseling Services, LLC to let us know of the emergent or inclement weather cancellation and to reschedule your appointment. You may contact us through the website <https://clarkcounseling.com/contact/>, by email: [clarkcounseling@outlook.com](mailto:clarkcounseling@outlook.com) or by phone: 860-607-3235.

### **Therapist Availability/Emergencies**

Telephone consultations between office visits are welcome. However, your therapist will attempt to keep those contacts brief due to our belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for your therapist at any time on their confidential voicemail. If you wish for your therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during normal business hours. If you have an urgent need to speak with your therapist, please indicate that fact in your message and follow any instructions that are provided by your therapist's voicemail.

**In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.**

You may also visit the resources page on [www.clarkcounseling.com](http://www.clarkcounseling.com) or dial **211** to obtain information on services available in your area.

### **Therapist Communications**

Your therapist may need to communicate with you by telephone, mail, or other means. Please indicate your preference by checking one or multiple of the choices listed below. Please be sure to inform your therapist if you do not wish to be contacted at a time or place. We utilize a third party for appointment reminders and your contact information will be shared with them for this purpose. Please check forms of communication you would like to be contacted by.

#### **Please Check**

My therapist may call me at my home. My home phone number is: \_\_\_\_\_

My therapist may call me on my cell phone. My cell phone number is: \_\_\_\_\_

My therapist may send mail to me at my home address. \_\_\_\_\_

My therapist may communicate with me by email. My email address is: \_\_\_\_\_

### **About the Therapy Process**

It is your therapist's intention to provide services that will assist you in meeting your goals. Based upon the information that you provide to your therapist they will provide recommendations to you regarding treatment options. We believe that therapists and clients are partners in the therapeutic process. You have the right to agree or disagree with your therapist's recommendations. Your therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Due to the varying nature, severity of problems and the individuality of each client, your therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

### **Termination of Therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. This agency will close your case after 90 days of non-contact. You will have to complete a new intake if there has been 1 year between appointments.

## Signature

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask your therapist to address any questions or concerns that you have about this information before you sign. By signing or typing your name below you acknowledge that this is a legal representation of your signature.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative of  
Clark Counseling Services, LLC

\_\_\_\_\_  
Date