



Informed Consent

Elemental Counseling & Consulting, LLC (ECC) is a private practice centered in Northeast Ohio. The goal of ECC is to provide quality mental health services to individuals, couples, and families. Please read the following statements and only sign after all questions and concerns have been answered.

General Information:

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together and please feel to discuss any questions and/or concerns regarding this consent at any time.

Clients Rights/Responsibilities:

All clients have the right to be treated with respect and dignity by clinical and office staff. This office does not discriminate in the delivery of health care services based on race, ethnicity, national origin, citizenship or immigration status, religion, gender, gender identity, age, mental/physical disability, medical condition or history, sexual orientation, evidence of insurability, or payment source. You have the right to ask any questions about your treatment or refuse to participate in treatment at any time. If participation in treatment does not fully benefit a client or if the client's concerns fall outside the scope of practice, alternative resources will be provided.

Clients have the responsibility to attend and participate in therapy appointments as scheduled. Therapy sessions may be discontinued if clients arrive under the influence of psychoactive substances, or if aggressive/disruptive behaviors are evident. Clients are responsible for rescheduling or cancelling appointments at least 24 hours in advance (see no show policy under cancellations section). If repeated unscheduled absences occur (3 or more), after attempts of contact have been made, cases may be closed and/or referred to other providers. The intent of therapy is to foster healthy relationships between family members. Therefore, consistent with MFT ethics, activities such as custody evaluations, court testimonies, and letters of recommendation for parenting arrangements are not considered within this intent.

The Therapeutic Process:

Therapy has been found to be beneficial to clients as a means of developing self-awareness, coping skills, communication skills, strengthening relationships and a sense of empowerment to move through troubling times. You have taken a very positive step by deciding to seek therapy. Clients who speak honestly and openly throughout the therapy process find this propels them toward their goals and ultimate healing. Therefore, the outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures, and I cannot promise that your behavior or circumstance will change. It is my promise to always see you as a

valuable, worthwhile human being and offer the guidance and tools necessary for you to reach your therapy goals.

Fees:

The assessment/intake session fee (1st session) is \$195. The fee per 50-minute following session is \$150 for individuals and \$175 for couples/families. This is payable at the time of our session, unless I am billing your insurance, in which case you must pay your copayment and/or deductible at the session. Should I be subpoenaed to appear in court for any situation related to your treatment and case, a fee of \$150/hour will be charged. Sliding scale fees can be arranged on an as needed basis. In consideration of the services provided to clients, the client/responsible party guarantees payment in full of the client's account in accordance with the financial arrangements made at the time of service. If the account becomes delinquent, a collection agency will be retained, and a 30% fee will be added to the delinquent amount plus any applicable court costs.

Insurance:

It is essential to let me know about all possible insurance plans you have that might cover services. Please note it is your responsibility for verifying and understanding the limits of your coverage. You are ultimately responsible for full payment of your account. If you have a copay, you are responsible for and shall pay your copay at the time services are provided. In addition, please be aware that I am required to provide a diagnosis on invoices and claims, and coverage may be limited to certain mental conditions. Even if you have coverage for unlimited sessions, health plans may review treatment, limit coverage, and/or request treatment notes. Although efforts can be made in obtaining insurance reimbursement, I am unable to guarantee whether your health plan will provide payment for the services provided. You are responsible for notifying ECC immediately of any changes to your insurance. If you fail to notify ECC, you may be billed for services that are not covered. As mentioned previously, if I am a provider with your plan, I will submit claims for you and you are financially responsible for any copayment, coinsurance, or any portion not covered by your plan. There may be a deductible (an amount you will need to pay out of pocket) before your insurance plan begins covering sessions. If I am not a provider with your plan, you will pay the full session fee at the time of service. I can provide an invoice if you wish to seek reimbursement from your plan. Please note many insurance plans do not cover sessions with a provider who is not in their network.

Cancellations:

Sessions are by appointment only. If you must cancel or reschedule a session, please text, email, and/or leave a voicemail at least 24 hours in advance. While charging for missed sessions is unpleasant, your session time is reserved for you. Therefore, you will be charged a \$50 no show fee for the second missed appointment and \$100 for subsequent missed appointments without notice (these cannot be billed to insurance or EAP) and will need to be paid before your next session. If repeated unscheduled absences (3 or more) occur, your file may be closed or referred to another provider.

Confidentiality & Limits of Confidentiality:

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. A charge of \$.50/page or \$50 for an entire chart will be assessed for photocopies of records. This fee is expected before records are released. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name. Additionally, clinical treatment may be utilized for research purposes. All identifying information will be anonymized for your privacy. If we see each other accidentally outside of the therapy office, I will not acknowledge you first. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office. In addition, I do not accept friend requests or contact requests on social networking sites. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy.

Limits of Confidentiality for Minors:

Since openness and trust are essential to effective therapy, it is important that a child or teen feels they have privacy to discuss all issues that are troubling them. While parents have the right to know about their child's progress in therapy, I will limit disclosures to what I believe is in the child's best interest, what the child has given me permission to share, and/or when there are safety issues. Additionally, since one of the primary goals is to build trust, clients will be made aware of any communications with family members.

Ohio law permits minors of 14 years to seek mental health treatment, excluding the use of medication for up to six sessions or 30 days without parent consent. Ohio law explains that legal guardians have the right to view the minor's record if desired. Lastly, Ohio law recognizes that unmarried women who give birth to a child is the sole residential parent and legal custodian of the child until a court of competent jurisdiction issues an order designating another person as the residential parent and legal custodian.

I attest that I am the residential parent of the named minor and have legal authority to do all things necessary with regard to seeking therapy/counseling for my child.

Limits of Confidentiality for Couples/Families:

ECC views the couple/family as the "client". In order for treatment-related information to be released, a written consent must be signed by all members of the couple/family. No secrets policy- Information learned in an individual session with one member of the couple/family may potentially be shared with the couple/family as part of the treatment process. This policy is to treat the entire couple/family while preventing conflicts of interest between parties.

Limits of Confidentiality for Support Groups:

ECC support groups will abide by the 'general limits of confidentiality' statement outlined above. However, since ECC support groups serve more than one client at a time, complete confidentiality on part of other support

group member(s) may not be possible. To minimize this risk, all support group members will be asked to complete an informed consent, rules contract, and to keep all group-related information confidential.

Emergencies:

Emergencies are defined as urgent issues requiring immediate action. ECC does not provide emergency or crisis intervention services. If you are experiencing a psychiatric or medical emergency, please call 911 and/or report to your local emergency room immediately.

Please refer to the following resources for support:

National Suicide and Crisis Hotline: Call or text 988

National Domestic Violence Hotline: Call 800-799-7233

LGBTQ Suicide/The Trevor Project Hotline: Call 1-866-488-7386/ Text 678678

Veterans Crisis Hotline: Call 988 and press 1/ Text 838255

Community Services Hotline for Northeast Ohio: Call 211

Contact Information:

Elemental Counseling & Consulting, LLC

Natasha Finney, IMFT-S, LPC

Address: 140 Wadsworth Road, Wadsworth OH 44281

Phone: (234)281-2721

Email: nfinney@elementalcc.com

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

X _____

Client 1

X _____

Client 2

X _____

Client 3

X _____

Client 4

X _____

Minor