

Bella Vista Counseling Informed Consent

BELLA VISTA COUNSELING, PLLC

1801 Forest Hills Blvd. Suite. 121

Bella Vista, Arkansas 72715

GENERAL INFORMATION

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. This consent is intended to inform you about your rights (and limitations to those rights) and the therapist's responsibilities. The consent you provide by signing below will last the entire duration of your treatment unless you revoke or modify your consent in writing. Please do not sign this informed consent form unless you completely understand and agree to all aspects. If you have any questions, please let me know.

Understanding that therapy is NOT an emergency service. Bella Vista Counseling, PLLC and Kelly Wilson, LCSW, does not provide on-call, after hours, or emergency services. In an emergency, you will call 911 or medical emergency services. If you are experiencing a mental health crisis, you can contact 988 for the Suicide and Crisis Lifeline or 911. You can also contact Springwoods Behavioral Health at 479-973-6000.

THE THERAPEUTIC PROCESS

You have taken a very positive step by deciding to begin therapy and I look forward to supporting you in this process! The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. I will do my best to provide you with a safe and supportive environment to process those emotions and experiences.

The benefits of counseling can include, reducing and better managing the symptoms of mental health diagnoses, developing coping strategies, improving the quality of your life and your relationships, healing from past experiences, and better managing life stressors. I cannot guarantee any specific outcome but I will provide you with the best treatment I can based on my professional judgement, specialized trainings, and scope of practice. You have the right to choose whether to enter or remain in counseling services.

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. 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.

If we see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. 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.

A complete copy of the HIPPA (Health Insurance Portability and Accountability Act) information sheet has been provided to you as a separate document. Your signature below attests that you have received a copy of that document.

FINANCIAL POLICY

Therapy is a commitment of time, energy, and financial resources. If you have health insurance, Bella Vista Counseling, PLLC will verify your mental health benefits and eligibility. This verification is not a guarantee and it is ultimately your responsibility for any changes or updates to the insurance plan. Acceptable forms of payment include cash and major credit cards. I will also provide telehealth if requested, if your insurance does not cover telehealth, it is your responsibility to pay the full rate of the clinician's counseling session.

FEES AND BILLING

- Initial Diagnostic Evaluation Fee: \$200
- Standard Individual or Family Session Fee: \$180
- Self-Pay: \$180
- Appearance for Legal Proceedings Fee: \$2,000 + \$250/hour to prepare for court related proceedings- including talking to lawyers, preparing documents, traveling to court, etc. If the court or attorneys do not pay the fee, you will be charged for the time spent responding to legal matters.
- Late Cancellation or No-Show Fee: \$75 (24 hour notice for cancellations is required)

- Per the Arkansas Medical Board, the fee for paper copy requests are as followed: \$15.00 labor fee, plus \$0.50 per page for the first 25 pages, then \$0.25 for each additional page (26 and up).
- Bella Vista Counseling does not provide letters regarding emotional support animals, employment, disability insurance benefits, or other letter writing request due to being outside the scope of the therapist.

APPOINTMENTS AND CANCELLATIONS

Cancellations and re-scheduled sessions will be subject to a charge of \$75 if not received at least 24 hours in advance. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that face-to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

TELECOMMUNICATION AND PUBLIC CONTACT

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, 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.

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. 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.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine. Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your

consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

RELEASE OF INFORMATION

As the client, you may authorize release of your information whenever you choose. Bella Vista Counseling, PLLC will need a written release of information (ROI) in order to provide information concerning a client, including records, to a person or organization requesting information. The release of information must be signed by the client on Bella Vista Counseling ROI forms. The ROI can be revoked at any time by the client through a signed letter from the client.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. If, based on professional judgment, your therapist determines that she cannot provide (or continue to provide) treatment to you, she may discontinue treatment and, as appropriate, refer you to another provider. Your therapist may terminate treatment after appropriate discussion with you and a termination process if determined that the psychotherapy is not being effectively used or if you are in default on payment. Your therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, your therapist will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, your therapist must consider the professional relationship discontinued.

ABOUT THE THERAPIST

I (Kelly Wilson) am a Licensed Certified Social Worker (LCSW) in the state of Arkansas. I graduated with my Master of Social Work degree from Saint Louis University in 2016. I utilize a wide range of treatment modalities and evidence based interventions throughout the therapeutic process. I have specialized training in EMDR (Eye Movement Desensitization and Reprocessing) and The Flash Technique. I am also DBT informed. I am looking forward to beginning the therapeutic process with you!

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