



### **CLINICAL SERVICES INFORMED CONSENT AGREEMENT**

Welcome to my practice. This document answers some questions clients often ask about any therapy practice. It is important to me that you know how we will work together. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting.

#### **THERAPEUTIC SERVICES**

As a Marriage and Family Therapist I am trained to view problems within the context of the family. I focus on understanding client's symptoms and the interaction patterns with family and friends that may contribute to the problem. I work with the individuals, couples and/or families to modify interaction patterns so that the issue can be resolved. There are many different methods I may use to deal with the challenges that you hope to address. My primary theoretical approach, however, is based on Solution Focused Therapy. Using this strength-based approach I do not focus on pathology, but instead work with clients to help them cultivate their innate capacity for creative problem solving. The modality that I often use with couples is Imago Relationship Therapy. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for our work together to be most successful, you will have to work on things we talk about both during our sessions and at home.

Counseling can have very many benefits and may also present some challenges. Sometimes therapy involves discussing unpleasant aspects of your life and you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. You may also experience changes in your relationships. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience.

#### **MY BACKGROUND**

- M.A. in Rehabilitation Counseling from Bowling Green State University.
- Ed.S in Marriage and Family Therapy from Seton Hall University accredited with the American Association of
- Marriage and Family Therapy (AAMFT) - Clinical Member.
- Chemical Dependency Associate Certification.
- Certified Imago Relationship Therapist.
- Licensed Marriage and Family Therapist in the Commonwealth of Pennsylvania.

#### **FEES, PAYMENTS, AND BILLING**

Once counseling begins, I will usually schedule one 50-minute session per week at a time we agree upon. Occasionally sessions may be longer or more frequent. If a scheduled appointment is missed, there is a Missed Appointment Fee of \$50 unless you provide 24 hours advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment. My hourly fee is \$120 for individual sessions and \$150 for Marriage Counseling. Please pay for each session at its end. This arrangement works best because it helps us stay focused on the goals of treatment. If I am an in-network provider with your insurance company, the fee will be dictated by your particular policy. Many insurance companies do not cover marriage counseling. If your insurance company does not cover this service I can see you on a fee for service basis. Please refer to my website under fees and insurance for detailed information.

There is a record request/letter fee of \$35 for any formal correspondence pertaining to your record that you may request from me. At your request I will provide you with a receipt, which can be used for health insurance claims. There is a \$40 fee for all checks returned for insufficient funds in addition to the bank fees. If I am unable to collect payment from your insurance company within 60 days, you will be responsible for the balance of payment. It is important to keep any unpaid balances current. If your account is not paid within 90 days of invoicing it will be sent to TSI for collections. There will be a \$25 collection fee added to your account. My goal is to do everything I can to avoid this unpleasant occurrence including working out a payment plan so feel free to discuss with me any problems with my billing, your insurance, or any other money related issues. I will do the same with you. Such problems can interfere greatly with our work together if they are not resolved openly and quickly.

## CONTACTING ME

I try to make myself as accessible as possible; however, I am sometimes not immediately available by telephone. I have a voice mail service that I monitor frequently. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of some times when you will be available. If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist [psychiatrist] on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary. It is important to be aware that computers, email communication, and texts can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Faxes can sometimes be sent to the wrong address. Emails are vulnerable to unauthorized access because internet servers have unlimited and direct access to all emails going through them. My emails are not encrypted. My computer is virus protected and equipped with a password and firewall. Please notify me if you decide to avoid or limit the use of email, cell phones, texts or faxes. If you communicate confidential information by these means, I will assume that you have made an informed decision, and will view it as your agreement to take the risk noted above. Please do not use emails, texts or faxes for emergencies. You also have the option of signing up for my secure Client Portal. It's called **Patient Ally** and it allows you to communicate securely with my office. The most secure and effective ways to contact me are by phone where you can leave a confidential voicemail message, or via the Client Portal.

## SOCIAL MEDIA POLICY

The care and welfare of every client I see is my primary concern, which includes client privacy. Of course ethical considerations do not permit us to be friends. Sometimes clients will friend request me on Facebook. I will usually accept these friend requests and here's why. Facebook requires that I establish a personal account in order to create my professional page, however this personal account is a skeleton account and redirects people directly to my professional page where clients can access great tools and tips to help them with their relationships. I use all social media sites strictly for business and not for personal use.

## CONFIDENTIALITY

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written permission; however, there are a few exceptions which are enumerated in the Notice of Privacy Practice (NPP) form enclosed in this packet. Since I am a mandated reporter, I am required by law to report any incident of child abuse. I will also take every action to keep a client safe if they are actively suicidal. This may include telling a friend or family member and/or calling crisis intervention. I am also mandated to contact the authorities if a client has intent and a specific plan to harm him or herself or another. I have a business associate agreement with my billing provider Office Ally. They are required to have safety measures in place to keep your protected health information secure and confidential. Office Ally complies with all requirements of HIPAA. In my work with couples my policy is that I do not keep secrets. Information revealed in any context may be discussed with either partner.

Should there be legal proceedings such as, but not limited to divorce and custody disputes, injuries, etc., I do not testify in court or at any other proceedings, nor will a disclosure of the psychotherapy records be released unless otherwise agreed upon. I do not perform psychological or drug and alcohol evaluation.

Your signature below indicates that you have read and understand the information in this Clinical Services Informed Consent Agreement and have received a copy of the Notice of Privacy Practices.

I authorize Christine M. Wilke, Ed.S, LMFT to release any information obtained during treatment of this client, which is necessary to expedite and support any insurance claims account. I understand that I am responsible for all charges regardless of insurance coverage. I authorize the payment of benefits otherwise payable directly to this provider.

Client or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_