

Hope Performance Systems LLC

COUNSELING SERVICES AND INFORMED CONSENT FORM

Staff:

Hope Performance Systems LLC specializes in individual, family and couples counseling, focusing on general adult issues as well as child and adolescent counseling. All of our therapists have a master's degree and/or Ph.D. in a counseling field and most are licensed. Occasionally, we host a student intern that is currently attending graduate school to become a therapist. Feel free to ask your therapist about his or her qualifications including their licensure status.

Confidentiality:

We understand that the information you share in counseling is of a personal nature, and want you to be assured that what you discuss with your therapist will be kept confidential. Therefore, it is important for you to know that your therapist may occasionally discuss your case with his/her clinical supervisor or with other therapists at Hope Performance Systems LLC. This allows your therapist to get feedback to ensure the best services possible. By signing this document you are acknowledging that you understand this is our policy and you are giving your therapist consent to speak confidentially about your case with other counseling staff when needed. Otherwise, your therapist is very committed to maintaining your confidentiality and will only speak with others under the following circumstances:

- As is outlined on the Consent to Use and Disclose Personal Health Information attached to this paperwork.
- When you give us specific written permission to share information regarding your treatment with a specific person or organization;
- In situations where we are required by law to disclose your information. The three situations in which this might occur are:
 - 1) When there is a court order or subpoena;
 - 2) When there is reasonable suspicion of child or adult abuse, neglect, and/or endangerment;
 - 3) If we believe that you are in real danger of harming yourself or someone else.

Goals and Outcomes:

In your first sessions, your therapist will discuss what your goals for treatment are. Generally, counseling is most beneficial when individuals are willing to examine their own thoughts, feelings, and behaviors, and willing to change how they interact with others or the choices they make. You will determine the nature and amount of change you wish to make. At any time in treatment that you do not feel you are accomplishing your goals, please speak with your counselor immediately.

Benefits and Risks:

Most people experience improvement or resolution to the concerns that brought them to counseling, but of course there are no guarantees; and there are some risks. For example, counseling could open up new levels of awareness that may cause some pain and anxiety.

Termination Criteria:

Termination of services is meant to be a mutual agreement and process between a beneficiary and their assigned provider. In the event of repetitive "No Shows," "Non-compliance," and extenuating circumstances, termination of services can be initiated by the beneficiary's provider. In the event a beneficiary is deemed "Non-compliant" (3 "No Shows" or absent for 30 days), the attending provider will notify the beneficiary, verbally or in writing, of their intent to terminate the beneficiary's services.

Evaluations:

Please note that Hope Performance Systems LLC does not do custody evaluations, home studies and/or legal mediation. In certain special circumstances we may respond to a request to write a report or appear in court. In such cases, you will be required to pay a full fee rate (\$100 per hour). Reports will only be released when full payment is received.

After Hour Emergencies/Phone Calls:

Our telephone is answered during posted business hours by the front office staff to ensure that you are helped promptly. Our therapists work varied schedules therefore your therapist may not be available every day of the week to assist you. However, arrangements can be made for you to speak to a supervisor and/or a different therapist if needed. This therapist will make every effort to be helpful to you. Please note that we do not answer or return calls after hours. If you have an emergency after hours, call the crisis line at 1-800-273-8255, call 911, or go to an emergency room.

Email Communication:

It is important to be aware that that email communication can be relatively easily accessed by unauthorized people, and therefore can compromise the privacy and confidentiality of such communications. For your online safety, please do not discuss content that is personal to you; please bring it to your session. Also, please do not use email for emergencies as email communications are not always monitored on a daily basis.

- I have received or have been offered a copy of the Notice of Privacy Practices statement.
- I have completed the Counseling Fee Agreement and Appointment Policy Form.

By signing my name below, I certify that I have read this consent form, and that I agree to all provisions contained therein. I do also hereby agree not to hold my Therapist or Hope Performance Systems LLC responsible for any consequences and I release them from all liability.

Client Name: _____

Client/Guardian Signature: _____

Date: _____

Agency Representative Name: _____

Agency Representative Signature: _____

Date: _____