

COMPLETE CONNECTIONS COUNSELING

INFORMED CONSENT

AGREEMENT FOR PSYCHOTHERAPY SERVICES/CLASSES CONDUCTED BY JOYCE STARKS, MSW, LCSW

THERAPEUTIC PROCESS

Participation in therapy can result in several benefits, including resolution of the concerns that led you to seek therapy. Working towards these benefits requires your honesty, openness and active involvement. As therapy progresses, we will discuss its effectiveness for you. It is expected that you will provide honest feedback about your progress and your views of therapy. Discussing the issues that brought you into therapy can result in discomfort (fear, sadness, anger, anxiety, etc). I may challenge some of your perceptions and suggest different ways of looking at or handling situations. This also may cause you to feel discomfort (disappointment, anger, etc). Sometimes, as you are working towards resolution of your personal issues, it may feel that the issues “get worse” before “getting better.” This is a normal part of the therapeutic process. During the course of therapy, I will utilize various psychological approaches, depending on the problems being treated and my assessment of what will benefit you. These approaches include but are not limited to cognitive-behavioral, emotional focused, solution focused, developmental, attachment, crisis intervention or psycho-educational techniques.

PRIVACY & CONFIDENTIALITY

All information that you disclose within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. The notice of Privacy Practices, which you received with this Informed Consent has more details of when disclosure is required by law. Disclosure is required where there is a reasonable suspicion of child, dependent or elder, abuse or neglect; and where a client presents a danger to self, to others, or to property. If there is a situation in which I become concerned about your personal safety, or the possibility of you injuring someone else, I will contact the police, hospital or an emergency contact whose name you have provided. In addition to these limitations of confidentiality, disclosure may be required in a legal proceeding.

Electronic Communication

I use a HIPAA compliant Electronic Health Record “cloud” system. This system has a “Client Portal” in which you will complete forms, schedule appointments, make payments, and otherwise communicate with me. All of these records are secure and encrypted within this system. Please be aware that if you email me from your personal email account, not within the client portal system, that communication is not secure.

Dual Relationships

I will never acknowledge working therapeutically with anyone without his/her written permission. Even with permission, I will preserve the integrity of our working relationship. For this reason, I will not accept any invitations via social networking sites such as Facebook, Twitter, LinkedIn, Pinterest, or other social networks, nor will I respond to blogs written by clients or accept comments on my blog from clients.

Litigation Limitation

As the therapeutic process is of a confidential nature, it is agreed that should there be legal proceedings (such as divorce, custody disputes, personal injuries, etc), neither you nor your attorney will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

Consultation and Peer Supervision

I regularly consult with other professionals regarding my clients as a way to maintain objectivity and to utilize best practices. During this consultation, a client’s name or other identifying information is not shared. As the client’s identity remains anonymous, confidentially is maintained.

FEE FOR SERVICE & CANCELLATION POLICY

Fees are due before or immediately prior to your appointment. For insurance panels, I can at your request, participate as an out-of-network provider. This means that you pay the full session fee and submit an invoice to your insurance provider. They may or may not choose to reimburse you for a portion of the session fees. Also, I can accept payment from your Ecclesiastical Leader, if the Ecclesiastical Leader Authorization for Payment of Services form has been completed and signed by you and your Ecclesiastical Leader.

Session/Class payments must be processed through my website via PayPal.

As scheduling an appointment reserves a time specifically for you, there is a minimum 24 hour notification required for canceling a session, 10 business days for a class. If less than 24 hours is provided for a session, or less than 10 business days for a class, you will be charged half of the session/class fee. If there is a second cancelation occurrence without the minimum notification time, you will be charged the full session/class fee. If there is a third occurrence, you will be charged the full session/class fee, and no further appointments may be provided. The same policy applies for a No Show sessions. No shows to classes will be charged their full fee and will not be entitled to refunds or reimbursements

By signing below, I am stating that I have received and read the *Notice of Privacy Practices* (available on joycestarks.com), and that I also agree to the terms listed above.

Client

Date

Client

Date

Joyce Starks, MSW, LCSW

Date