Karoll Counseling, LLC
744 Dulaney Valley, Ste. 8B
Towson, MD 21204
(p)443.535.3130
(f)410.630.3744

INFORMED CONSENT
PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This framework helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because the goal of therapy is your wellbeing. There are certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

CONFIDENTIALTY

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone what you have told me, or even that you are in therapy with me, without your permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy, even if you do release me to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may also request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically, it will be done with special safeguards to insure confidentiality. If you elect to communicate with me by email, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are available to be read by system administrators of the internet service provider. Any email I receive from you and any responses that I send to you will be printed out and kept in your treatment record.

All precautions will be taken to keep records strictly confidential. A client's record may only be released with his or her consent. For insurance reimbursement purposes, I will provide information that is confidential but necessary for reimbursement purposes. In accepting the terms of this contract, the client agrees to release such information that will be submitted along with his or her claims for purposes of receiving reimbursements from their insurance company.

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The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1) If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this, and would explore all other options with you before I took this step.

2) If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn him or her of your intentions. I must also contact the police and ask them to protect the intended victim.

3) If I hear about child abuse, elder abuse, or disabled person abuse, I am legally required to report this to the corresponding Department of Social Services

4) Additionally, if you are under the age of 18, any information shared with me that is dangerous or potentially puts in you risk of future danger must be shared with your legal guardian, although you will be invited to participate in this disclosure with every consideration given to the therapeutic process.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to request a copy of your records. In some cases I may prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. Therefore, you and I will discuss the most appropriate way of providing you with information about your treatment. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

Risks and benefits of psychotherapy

Psychotherapy can be of great benefit for most individuals, although there may be certain risks involved in engaging in the process of therapy that must be taken into consideration. Risks sometimes include experiencing uncomfortable feelings such as sadness, anger, guilt, shame, or

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frustration and can include discussing unpleasant aspects of your life. However, many discover that therapy leads to a significant reduction in your feelings of distress, improvements in relationships, and problem resolution. Ultimately, there are no guaranteed outcomes in the therapeutic process and I encourage client involvement every step of the way concerning treatment goals, procedures, and mutual feedback during that time that you are in therapy.

MEETINGS

Most evaluations in my practice will last from 2 to 4 sessions During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy services are initiate, I will usually schedule appointments with a recommended duration and frequency. For example I may suggest one 50-minute session (one appointment hour of 50 minute duration) per week, or two session per month.

FEES AND FINANCIAL RESPONSIBILITY

The following is information regarding payment and office policies. I am available to answer any questions that you may have regarding this information. My fees as of July 10, 2017 are as follows:

Initial evaluation, 80 minutes (CPT Code 90791)	$225
Individual Psychotherapy, 50 minutes (CPT Code 90837)	$150
Conjoint/Couples/Family, 50-80 minutes (CPT Code 90847)	$170-$245

These fees include reasonable time for phone calls, coordinating treatment with other treatment professionals, record keeping, and treatment plan completion. In the unusual event that more extensive written work or telephone consultation (exceeding 15 minutes) is required a fee of $150 per hour will be charged, though I will break the hourly costs for periods of time less than one hour. I reserves the right to periodically adjust this fee. Representative will be notified of any fee adjustment in advance.

Fees are due at the time that services are rendered. Account balances are considered delinquent if unpaid by the end of the month in which services are provided. At that time at 1.5% finance charge will be assessed to the unpaid balance. I do accept cash, checks, HSA/FSA and credit cards. There is a $30 fee for any returned checks

I am an out of network provider for insurance. I will provide you with a receipt should you decide to submit insurance claims to seek reimbursement. Your insurance company may or may not cover services so it is important to check with your carrier prior to your appointment. By signing below you are also acknowledging that you understand that I am not a participating provider with your insurance carrier and that you are electing to receive services out of network.

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CANCELATION POLICY

Therapy is a commitment, and its progress and effectiveness depend on consistent participation. I therefore understand that once a commitment to treatment is made, that payment for services is expected at the time of my session by cash, check, or credit card, cash, HSA/FSA cards unless other arrangements are made. If at any time you find there are any problems regarding payment, or if you need to make arrangements for a payment plan, please address this with me.

You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time. If you miss a session without canceling, or cancel with less than 24 hours' notice, this time cannot be used for another client and you will be billed for the entire cost of your missed appointment, unless it is due to illness or an emergency. In both cases, there are clinical reasons for these policies related to the effectiveness of your treatment, which I am happy to discuss further with you

You should understand that if you choose to submit a claim to your insurance company for reimbursement for the sessions you have with me, you will be using your "out-of-network" benefits and your insurance may have certain limitations on mental health/psychotherapy benefits in the form of pre-certification, number of visits allowed or dollar amount per policy year as well as lifetime maximum benefits. You agree to accept full responsibility for charges and I am not held responsible, if you're insurance company does not cover and/or reimburse you for these visits.

TELEPHONE AVAILABILITY

I have a telephone with private voicemail that I monitor Monday through Thursday from 9:00 AM though 7:00 PM for incoming messages. I will make every effort to return calls within 48 hours (or by the next business day) but cannot guarantee the calls will be returned immediately. Please feel free to leave any scheduling or routine messages on this voicemail and I will respond as promptly as possible. Please note: If you call and do not leave a voicemail I will not return your call.

CRISIS MANAGEMENT

Due to the structure of my practice, I am not able to provide crisis management to my clients. If it becomes apparent that you are in crisis or if safety is a concern, a safety plan will be formed specific to meet your needs. All clients in therapy with this practice are required to adhere to the following guidelines:

If you are in crisis and I am unavailable or if it is after office hours you need to contact Grassroots (410) 531-6677, call 1-800-SUICIDE. If it is a mental health emergency in which you feel you can not keep yourself safe, regardless of the time call 911 or go to the nearest emergency room., and you may call me from there.

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Not all individuals will feel comfortable with these parameters. If this is the case, we can discuss an appropriate referral to another clinician who may be better able to fit your needs.

SOCIAL MEDIA POLICY

FRIENDING AND FOLLOWING

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.

INTERACTING

Please do not use messaging on social networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone or email.

USE OF SEARCH ENGINES

It is not a regular part of my practice to search for clients on Google or Facebook or other search engines. I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the our session.

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TERMINATION OF THERAPY

I reserve the right to terminate therapy at my discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, clients needs are outside of my scope of competence or practice, or the client is not making adequate progress in therapy. You also have the right to terminate therapy at your discretion. Upon either party's decision to terminate therapy I will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. I will also attempt to ensure a smooth transition to another therapist by offering you referrals.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

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Acknowledgement of Receipt of Therapy Informed Consent

I acknowledge receipt of the Form entitled: Informed Consent

Signature: _____

Signature of Parent/Guardian if Minor: _____

Printed Name: _____

Address: _____

_____

Date: _____