

Transpire Life Counseling, LLC

Consent for Treatment and Limits of Liability

Welcome to Transpire Life Counseling, LLC. This document contains important information regarding services and policies. It is important you understand the following information for when you sign this document, it serves as an agreement between us. Please do not hesitate to ask if you have any questions. Thank you.

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions. Psychotherapy requires action on your part in and outside of sessions for optimal progress.

Credentials and Qualifications:

Therapists at Transpire Life Counseling, LLC hold a variety of degrees in the field of psychology including but not limited to: Doctoral degrees in psychology, master’s in clinical mental health counseling, master’s in professional counseling and/or be licensed as Licensed Professional Counselors (LPC), Associate Licensed Counselors (ALC), Licensed Psychologists (LP), and /or Licensed Clinical Social Worker (LCSW).

Transpire Life Counseling, LLC is a teaching practice and is a contracted site for graduate and undergraduate students. While undergraduate interns may only observe a session with your permission, graduate students are thoroughly trained and work under the supervision of Dr. Lindner while providing therapeutic services.

Counseling Approach and Theory:

All counselors are trained in a variety of psychotherapy theories and modalities including but not limited to Humanistic, Cognitive-Behavioral, Gestalt, Gottman, etc. However, each counselor has a different approach thus feel free to ask your counselor about their theoretical orientation. Additionally, counselors may use expressive therapy modalities especially with children including art, sand tray, or play.

Appointments:

Appointments will be 50-60 minutes in duration. The first appointment will be a comprehensive evaluation known as the biopsychosocial assessment or intake interview. This intake may take more than one session then following sessions will be either weekly or every other week depending on the treatment plan. You and your therapist will work collaboratively on developing a treatment plan that best fits your needs and goals. The number of sessions will vary for each individual.

If you need to cancel or reschedule your appointment, please provide at least a 24-hour notice. If you fail to cancel within 24 hours or do not show to your appointment, you will be charged a \$60.00 fee.

Professional Records:

As a practice, we are required to keep appropriate records of services provided. Your records will be maintained in a secure place in the office. You have a right to your records unless your counselor believes seeing them would be emotionally damaging. Because these are professional records, they may be misinterpreted or upsetting to untrained readers. For your records to be shared with anyone else including other practitioners or legal representatives, you must sign a Release of Information form.

Payment and Billing:

You will be expected to pay for your session at the beginning of each session unless we have made a prior agreement or arrangement. In the case of insurance, you will be expected to pay any deductible or copay due at time of service. Details of our payment and billing policy is outlined in a separate document entitled Billing and Cancellation Policy which requests your signature.

Ethical Guidelines:

Your counselor will follow the ethical codes as outlined by the American Psychological Association and the American Counseling Association as well as the laws of the state of Alabama.

Confidentiality:

As required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to confidentiality. The details of our confidentiality policy are provided in a separate document entitled Notice of Policies and Practices to Protect the Privacy of Your Health Information. You will be provided with a copy of that document with a request for your signature. Because of its importance, we provide an overview of the limits of confidentiality below.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

-Student Interns

Services may be provided by student interns or interim licensed mental health professionals. All services will be supervised in accordance with state laws.

Counselors make interns aware of client rights including the protection of client privacy and confidentiality in the counseling relationship.

You may approve for an intern to sit in with the counselor or may refuse at any time.

Your consent to allow an intern in session is voluntary and you can remove consent at any time.

_____ I hereby submit my consent to Transpire Life Counseling, LLC for a staff intern to sit in and observe my sessions with a therapist.

-Duty to Warn and Protect. If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

-Abuse of Children and Vulnerable Adults. If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

-Prenatal Exposure to Controlled Substances. Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Insurance Providers, Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Parents and Minors:

While privacy is crucial to the therapeutic process, parental involvement can also be essential. Parents are likely to be asked to attend parenting sessions without the client on an as needed basis.

Minors/Guardianship in the State of Alabama, minors, ages 14 and older have the right to consent to receive treatment without parental approval. Children under the age of 14 must have parental consent. Therapist will only provide information with the parents that is agreed upon with the child 14 years or older with the exceptions of the limits to confidentiality as listed above. For children under the age of 14, the therapist will provide only a summary of treatment and any suggestions for progress to protect the child's rights to confidentiality and autonomy.

Availability and Contact:

Your therapist is not often immediately available to speak with you due to being with other clients or other responsibilities. You may leave a message with the receptionist or on our voicemail and your call will be returned as soon as possible. If it is an emergency or you feel like you are in danger of harming yourself or someone else, please go to the emergency room at your local hospital or call 911.

I will make every attempt to provide you with advanced notice of any planned absences. However, things happen, and your appointment may be cancelled by the practitioner last minute due to illness, death, or other unexpected events.

Other Rights:

If you are unhappy with what is happening in therapy, please talk with your counselor so that they can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request to be referred to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience. You have the right to expect that your counselor will not have social or sexual relationships with clients or with former clients.

Consent to Psychotherapy:

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Name of Patient (Print)

Date

Client Signature (Parent/Guardian if under 18)