

Matthews Counseling & Coaching
145 Little Conestoga Road
Chester Springs, PA 19425

Information and Informed Consent for Treatment

Thank you for choosing Matthews Counseling & Coaching. Please read the following information so you will be fully aware of important aspects of our professional relationship.

Informed Consent for Treatment

By signing this I hereby give my consent for myself and/or my minor child(ren) to participate in psychotherapy. This is voluntary and I am free to discontinue treatment at any time.

I understand that counseling/psychotherapy is a collaborative effort between myself and my therapist, and although treatment is expected to be helpful, therapists are unable to make guarantees that I will feel better or that my problems will be resolved. I understand that sessions are 45-55 minutes in length, though an initial visit may be longer.

I understand as well that during counseling/psychotherapy, some material may be discussed that could be upsetting. Such discussions may be an essential part of treatment and are only undertaken to support the process of solving problems or working toward treatment goals.

Confidentiality Statement

All information shared during the course of sessions is confidential except in circumstances governed by law. These include: (1) any threats to harm self or others; (2) any reports of child or elder abuse; (3) court order to disclose information; and (4) with your signed consent through the appropriate Release of Information. If you will be utilizing health insurance, your insurance company will require some information regarding your treatment in order to authorize or reimburse for services. Please note that Matthews Counseling & Coaching staff have no control over, and are not responsible for, information that has been released to a third party. By signing this form you are acknowledging that you understand and agree to these limitations of confidentiality.

General confidentiality: Matthews Counseling & Coaching staff understand that it is very possible that current or former clients and/or their families may come into contact out in the community. Out of respect for your privacy, staff will follow the “you first” rule during these times. A provider will not initiate any contact, but will gladly return a greeting, smile, wave, etc. if given. Similarly, if you prefer to avoid such contact, a provider will respect that as well. Our providers have a responsibility to keep current and former client information confidential, and will maintain a professional relationship at all times.

Financial Agreement

I authorize Matthews Counseling & Coaching staff to render necessary treatment. If I am using insurance, I authorize payment of medical benefits directly to Matthews Counseling & Coaching for any services rendered. I understand that I am ultimately financially responsible for payment regardless of third party (insurance company) action. If I am using insurance to pay for a portion of treatment, I understand that my payment or copay/co-insurance is to be paid in full at the time of each session. If I am required to meet a deductible prior to my insurance reimbursing for any part of my treatment, I understand that I must pay the required fee at the time of each visit.

Fees may be subject to change, and should this occur, your provider will notify you in writing prior to this taking effect.

My fee/responsibility per visit is \$_____, payable at the time of service. Matthews Counseling & Coaching accepts cash, checks, or credit cards (including Health Savings Accounts-HSAs). There is a \$25 service charge for all returned checks, and should a check be returned, Matthews Counseling & Coaching reserves the right to request an alternate form of payment for future services.

Additional fees will be charged per hour for additional services rendered at your request (billed in 15-minute increments), including: phone contacts over 10 minutes; preparation of special forms; letters written on your behalf; insurance reports; preparing summaries of treatment; or meetings with others on your behalf. For any court appearances, Matthews Counseling & Coaching requires a retainer of \$1,000.00, payable at least seven days prior to such appearance. From this amount you will be billed at \$125 per hour, including preparation time, travel time, communications with others regarding appearances, and any testimony provided. At the conclusion of proceedings you will be refunded any remaining balance. Please note that none of these services are reimbursable by insurance companies and will be the client's responsibility. If the retainer is not received in the timeframe required, the court will be notified of the provider's inability to attend.

Please notify your provider if your insurance or copay/co-insurance changes as soon as possible. Any charges not covered by your insurance are your responsibility.

Referral for Collection

Matthews Counseling & Coaching staff will make every effort to resolve balances with clients prior to involving third parties such as collection agencies or attorneys. After 90 days of non-payment, however, the practice reserves the right to refer delinquent accounts to an outside agency or an attorney for collection. In this event you will be charged any fees incurred as a result, including attorney fees and court costs. Matthews Counseling & Coaching may deny subsequent services when account balances are unpaid.

Missed Session Policy

Your appointment time has been reserved for you, and thus your provider will be unable to fill that time, should you fail to attend or cancel with less than 24 hours notice. **Matthews Counseling & Coaching requests that you provide at least 24 hours notice if you cannot attend a session.** If you do not provide adequate notice, other than in cases of dire emergency, you will be charged a fee for reservation of the appointment time. Please note that insurance companies do not pay for sessions you have not attended, so you will be responsible for any fees incurred as a result of missed sessions.

Matthews Counseling & Coaching staff reserve the right to cancel future sessions until balances, including no-show or late cancellation fees have been paid. Further, if missed appointments become an issue, the practice reserves the right to require that a credit card be kept on file for payment of missed session fees.

Internet/Social Media Policy

Matthews Counseling & Coaching recognizes the accessibility and convenience of using the Internet and social media to find information and to create and maintain relationships. However, practice staff do not initiate or maintain relationships with clients via social media or otherwise through the Internet. Any requests to associate with practice staff online will not receive a response. This is out of respect for your

privacy and in order to keep a professional relationship. Though Matthews Counseling & Coaching maintains a professional presence on social media, this is for informational purposes only and is not considered treatment or professional advice. Matthews Counseling & Coaching staff do not use social media or the Internet to find information regarding clients. What you decide to share with your provider is at your sole discretion.

Child and Adolescent Policy

If Matthews Counseling & Coaching staff agree to see a minor for services, and there is a split custody situation, a provider may only see the minor with consent in writing from both parents, and if there is a court order in place, with a copy of that court order. Either parent may revoke consent at any time by informing their provider. Please note that in the Commonwealth of Pennsylvania, a minor aged 14 and older can legally consent to his or her own therapy, so parental consent is not required. If both parents are involved, however, it will be necessary for both parents, to the extent possible, to agree on a set of goals. Counseling will be for the child, although either parent may participate in treatment as appropriate. In the role of a counselor or therapist, a provider is just that, and thus is not in a position to comment or give recommendations on matters like custody. This would be considered a conflict of interest, and the correct person to make such recommendations would be a custody evaluator, who could be recommended through the court system. It would be unethical and possibly illegal for a counselor or therapist to place him or herself in that role, and it would not be beneficial for a child. Should a provider be asked to participate in custody proceedings in any form or fashion, a retainer of \$1,000 will be required in order to pay for the provider's time (see preceding Financial Agreement).

Although parents will receive general feedback on their child's progress in counseling, details are held confidential as they would be for any client. Similar to an adult, a young person needs privacy and safety in order to trust and benefit from the therapeutic process. In the event of safety-related concerns, including threats of harm to self or others, a provider would be required to break confidentiality to keep a child safe. This includes any discussion of child abuse as well. A provider would speak with parents or guardians about any such information, and a report would need to be made, given mental health providers' status as mandated reporters.

Emergencies

In the case of serious, life-threatening emergency, and you live in Chester County, call the Valley Creek Crisis Center (VCCC) at 610-918-2100. Otherwise, call 911 or go to your nearest emergency room. As Matthews Counseling & Coaching is an outpatient practice and does not offer 24-hour care, practice staff are not considered "on call" outside of regular office hours. They are also unable to answer phone calls during sessions with other clients. Staff will, however, make every effort to return calls or to reply to messages in a timely manner (within 24 hours). It is the responsibility of the client to discuss after hours care upon intake in order to ensure an appropriate referral if a higher level of care may be needed. In the even of a crisis or emergency, you may call your provider once emergency procedures have been followed.

My signature below indicates that I have read and understand all of the preceding information. I understand that I may ask my provider questions at any time about any of this, should a need arise.

Client Signature

Date

Provider Signature

Date

Parent or Guardian (if minor)

Date

Parent or Guardian (if minor)

Date