



Educating Youth Services 200 North Main Street, South Building, Unit #3, East Longmeadow, MA 01028

Phone: 413-426-7916 Email: educatingyouthservices@gmail.com

INFORMED CONSENT, PROFESSIONAL DISCLOSURE, AND FINANCIAL AGREEMENT

Thank you for choosing Educating Youth Services. Your first appointment will take approximately 60-90 minutes. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, Massachusetts and Federal Laws, and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

I earned a Master's Degree in Special Education, from American International College, in 1997; a Certificate of Advanced Graduate Studies in Educational Psychology, from American International College, in 2004; and a Doctorate Degree in Professional Counseling and Supervision, from American International College, in 2016. I have been licensed by the State of Massachusetts as a Licensed Psychologist since 2015 and am a member of the American Counseling Association. I have clinical training and experience in treating adolescents, adults, and couples. I use a comprehensive and, if desired, a Christian approach to treatment with cognitive-behavioral, solution focused, and person-centered techniques to meet each individual's needs and goals.

Risks and Benefits to Counseling: Counseling can lead to better relationships, improved mood, and improved daily functioning. Counseling can lead to a reduction in feelings of distress, problematic behaviors, and negative thinking. It may help you to resolve things that are distressing you or your family. At times, counseling may bring up uncomfortable feelings. You may experience feelings including anger, frustration, sadness, and confusion. Counseling is best understood as a process and progress takes place over time. Treatment can involve weekly to bi-weekly sessions for a short period of time or up to several months or longer.

Confidentiality and Emergencies: Your verbal communication and clinical records are strictly confidential except for the following reasons: (a) Information shared with your insurance company to process your claims (b) information you and/or your child(ren) report about physical or sexual abuse or neglect toward children, elderly, or disabled persons [*and if so, I am required by law to report this to the Department of Social Services*] (c) you signed a release of information to have specific information shared with another person or agency (d) if you provide information that informs me that you are in danger of harming yourself or others (e) information necessary for case supervision or consultation (f) when required by law.

*If an emergency arises for which the client or their guardian feels immediate attention is necessary please call me and leave a message. If you receive no response from me within 10 minutes, the client or guardian understands that they are to contact the local emergency services in the community (Behavioral Health Network at 413-733-6661 or 800-437- 5922 or call 911. I will follow up those emergency services with standard counseling and support to the client or the client's family.

Email and text messages cannot be guaranteed to be confidential.

Mobile Phone Use: Cell phones can be very distracting during counseling or therapy. Please turn off your cell phone during our sessions or leave it in your car. There are exceptions to this policy, for example, if you are on call (Emergency Medical Technician, firefighter, law enforcement, physician, etc.) or if you have children you need to check on, you may keep your phone on with you.

Financial Policy: With your consent, I will bill insurance companies, for therapy services provided, at the contracted rates. *You are responsible for paying your co-pay or co-insurance at each visit.* If your insurance company denies payment or does not cover counseling, other payment arrangements can be made. If I do not accept your insurance and you are seeking my clinical services, my out of pocket or self-pay fee is \$150.00 for a 45-60 minute session. Each intake session fee will be \$250.00 out of pocket. I accept credit/debit cards, PayPal, checks, or cash. **Psycho-educational Evaluations** are NOT billed to insurance companies and *you are responsible for paying these charges.* Standard evaluations start at \$1350.00 (includes a minimum 1 hour intake interview; 4 hour evaluation; and 4 hours of scoring, interpreting, and report writing). There will be an additional \$150 per hour charge for additional evaluation needs that exceed the standard eight hours.

Court Appearances

If you request or subpoena me to court for expert testimony or report of counseling, I require payment at the regular rate of \$150.00 per hour. *Please be prepared to pay in advance.*

I authorize Simone Phillips, Clinician, of Educating Youth Services to bill my insurance company.

Signature _____ **Date** _____

Cancellation policy: If you need to cancel/reschedule an appointment, *please* give me 24 hours notice.

PLEASE NOTE: *If you do not show up for a scheduled appointment, you may be billed for the appointment, depending on the circumstances.*

Appointment Reminder Service: I offer clients an option of signing up for reminders for upcoming appointments. Please indicate your preference regarding appointment reminders:

___ Please do not provide me with appointment reminders.

___ I would like appointment reminders.

Phone calls/texts to the following number: _____

Notice of Privacy Practices and Client Rights:

I have read and I understand the above information. I have been given the opportunity to ask any questions and agree to follow these guidelines accordingly. **You may have a copy of this form if requested.**

Signature of client (or legal guardian of client)

Date

Simone Phillips, Clinician

Date