

QUADRA Counseling Associates, LLC

Informed Consent and Client Rights and Responsibilities, for Counseling Service

1. LICENSE AND CODE OF ETHICS

The psychotherapists at QUADRA Counseling Associates, LLC are trained professionals. All of our psychotherapists have one or more of the following licenses, issued in the state of Massachusetts:

- Licensed Marital and Family Therapist (LMFT)
- Licensed Mental Health Counselor (LMHC)
- Licensed Independent Clinical Social Worker (LICSW)

These professionals are governed by their respective codes of ethics, copies of which are available upon request. The counselors will provide information regarding their training, qualifications and experience upon request.

2. BENEFITS AND RISKS

Therapy can have benefits and risks. As therapy often involves discussing unpleasant aspects of your life, there is a risk that discussing these issues may leave you feeling sad, angry, guilty frustrated, lonely or helpless. On the other hand, therapy has been shown to have benefits for those who go through it. Therapy may lead to better relationships, solutions to specific problems, and a reduction in feelings of distress. Although our therapists are committed to helping you, no one can provide a guarantee about what you will experience.

There are also risks and benefits associated with alternatives and with not pursuing any counseling. To the extent that you are interested in alternatives, you should discuss this with one of the therapists.

3. SCOPE OF PRACTICE

The therapists are qualified to assess, diagnose and treat-in accordance with their training and experience, a wide range of issues and mental illnesses including, but not limited to:

- Marital / Pre-Marital Counseling
- Marriage Enrichment
- Extra Marital Affair Recovery

- Blended Families
- Relationship Problems
- Addictions
- Co-Dependency and Enmeshment
- Anxiety
- Depression
- Self Esteem
- Grief and Loss
- Trauma and Abuse (Physical, Emotional, Sexual)
- Developmental Delays
- Attention Deficit Disorder (ADHD)
- Sexual Dysfunction

When the therapists encounter illnesses or issues that would be best treated by a clinician with different qualifications or areas of expertise, the therapists will make appropriate referrals.

4. MINORS

If you are under eighteen years of age, your treatment must be authorized by a parent or guardian (with limited exceptions, such as certain substance abuse treatments). To promote candor, we ask that parents respect the privacy of our minor patients who may not wish to share certain information about their counseling even though under Massachusetts law, parents of children who are under 18 hold the privilege to see and release their child's medical records, with the exception for records related to reproductive health. The therapists do not automatically update parents as to the extent or progress of counseling services. If, however, it is determined that a minor patient might have a significant emotional problem or present a safety risk to him/herself or others, parents may be contacted.

It is also important to understand that if there is a disagreement at some point about whether records should be released, it will be necessary for a court to decide how we proceed, following a hearing. If they agree, we will provide them only with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. Before giving them any information, your therapist will discuss the matter with you, if possible, and do his or her best to handle any objections you may have with what he or she is prepared to discuss. If we determine that it is appropriate or necessary to proceed with therapy with only one parent providing consent, the non-signing parent still has a legal right to a copy of your record if requested, unless his/her parental rights have been terminated or there is a court order prohibiting him/her from receiving records.

1. COUPLES

Treatment records of couple's sessions contain information about each person. It is our policy not to release the treatment records unless both clients agree that treatment records will be released.

2. CONFIDENTIALITY

In general, the privacy of all communications between a patient and a therapist is privileged and thus protected by law, and we can only release information about our work to others with your written permission, but there are a few exceptions.

For instance, in some legal proceedings, such as a civil commitment proceeding in which the issue is whether you are a danger to yourself or others, and in which your emotional condition is an important issue, a judge may order your therapist's testimony if he/she determines that the issues demand it, and the privilege does not apply.

There are some situations in which your therapist is legally obligated to report to the appropriate authorities certain types of conduct. For example, if he or she suspects that a child, elderly person, or disabled person is being abused, neglected or exploited, your therapist must report his or her suspicions to state authorities.

If your therapist believes that a patient is threatening serious physical violence to a person or property, he or she required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If you (patient) threaten to harm yourself, your therapist may be obligated to seek hospitalization for yourself or to contact family members or others who can help provide protection. There are also other reporting laws.

As part of maintaining a valid license, your therapist is required to discuss cases with colleagues. Your therapist may occasionally find it helpful or necessary to obtain formal supervision about a case. During consultation or supervision, he or she will make every effort to avoid revealing the identity of the patient. Quadra staff/colleagues and any supervisor are, of course, also legally bound to keep the information confidential. If you don't object, your therapist will not tell you about these consultations unless he or she feels that it is important to your work together. By signing this document, you are acknowledging that you understand that your therapist may discuss your case and you do not object to him or her doing so.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you and your therapist discuss any questions or concerns that you may have at your next meeting. Your therapist 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 we are not attorneys.

5. REPORTING REQUIREMENTS

Under Massachusetts law, therapists are required to report certain information to the police or other authorities including, for example, but not limited to:

- A serious threat of harm to self or others
- Suspected abuse or neglect of a minor, elder or an incapacitated adult;
- Knowledge of student hazing or bullying; or
- Knowledge of certain crimes having been committed

6. PROFESSIONAL BOUNDARIES

Therapists are obligated to establish and maintain appropriate professional boundaries (relationships) with clients. For example, therapists cannot accept gifts from clients; nor is it ever appropriate to have romantic or sexual relationships with present or past clients. Do not hesitate to raise any questions you may have regarding professional boundaries.

7. PROFESSIONAL FEES

Fees for services are as follows:

- \$140 for your first appointment
- \$100 for individual psychotherapy (forty-five minute session)
- \$120 for couples or family psychotherapy (forty-five minute session)
- \$65 for failing to show up for an appointment (No-Show) or cancellation of appointment without 24 hours' notice.
- \$100 per hour for other services such as report writing, attendance at meetings with other professionals, preparation of records or treatment summaries, preparation and attendance at legal proceedings, and the time spent performing any other service a client may request.

Your therapist may occasionally conduct telephone consultation services if needed. However, therapy is most effective and productive when conducted in a private, uninterrupted, safe environment such as at our office. In the case of a phone consultation, the time spent talking with your therapist will be billed in 15 minute increments at the rate of \$30 for every 15 minutes. You will be expected to pay for this fee at your next appointment.

8. BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment should be made by cash or check or credit card at each session.

9. INSURANCE REIMBURSEMENT

We will bill your health insurance company for services provided to you if appropriate. Please provide your insurance information to your therapist by the first appointment. However, in the event your insurance does not reimburse Quadra Counseling Associates, <u>you</u> (not your insurance company) are responsible for full payment of our fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator.

10. LIMITS OF AVAILABILITY & PROVISIONS FOR EMERGENCY COVERAGE

In the event of a medical emergency, dial 911 and/or go to your local emergency room. If you need to reach your therapist for whatever reason, call and leave a message on his or her voicemail and he or she will return your call as soon as possible during business hours.

11. TERMINATION OF THERAPY

Unless your treatment is court ordered, you have the right, at any time, to terminate your therapy. In addition, if your therapist believes that it is not appropriate for him or her to continue to provide treatment to you, he or she has the right to terminate your treatment. If we terminate treatment, we will notify you and, where appropriate, we will recommend other mental health practitioners for you to consider for treatment.

12. CONCERNS OR COMPLAINTS

If you have any complaints or concerns about the treatment you have received or about billing, you should not hesitate to raise them with your therapist. You may also contact the Massachusetts Board of Registration of Allied Mental Health and Human Services Professionals or the Board of Registration of Social Workers.

13. CONFLICTS OF INTEREST

From time to time, actual or potential conflicts of interest may arise. In the event that your therapist becomes aware of a conflict of interest in providing treatment to you, he or she may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information will remain confidential.

ACKNOWLEDGEMENT AND ACCEPTANCE

My signature below indicates that I have read and understand this document and agree to abide by its terms.

(A) In the event client is 18 years	of age	or older.	
		Signature of client	Date
(B) In the event client is under ag	ge 18:		
I,		(parent/guardian), give permission for	· my
son/daughter,		, to receive treatment by	QUADRA
Counseling Associates, LLC.			
Signature of parent/guardian	Date	Signature of client	Date

This agreement will stay in effect until treatment is completed, terminated, or until permission by parent/guardian is revoked.

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