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Informed Consent and Counseling Services Information

Before you start counseling there are some things you ought to know. Legally this information is called "Informed Consent". Informed Consent will help you understand better what to expect from your effort in counseling and it will explain some limitations to what we will be doing.

Confidentiality

All of our work together-our conversations, your records, and any information that you give is protected by something called "privilege". That means that the law protects you from having information about you given to anyone without your awareness and permission. However there are some legal exceptions and limits to privilege that you should understand before we start.

If I believe there is a risk that you might harm yourself or someone else, I may be required to contact authorities or the other person to give them an opportunity to protect you or the other individual at risk. If I have cause to believe that you are abusing children, elderly or disabled people, I am required by law to notify the authorities.

Parents, confidentiality is important in counseling children or adolescents. While you as a parent or guardian have a legal right to information, I will speak with you in a general way unless there is a danger to the child's life. This is conveyed to the child as well. Usually I ask the child and parent to meet with me together occasionally so that the parent can voice any concerns or ask questions. If you become involved in a law suit in which your mental health is an issue (such as child custody), then the court or the lawyers may insist upon and may obtain your information from me. Similarly you would lose the protection of your privilege if you file a law suit a complaint against this office.

The financial part of our relationship also imposes some confidentiality limits. If you are using insurance or another third party payer, I must share certain information with them including but not limited to dates of service, symptoms, diagnosis, treatment plans, progress in therapy, and case notes. You should also understand that insurance and managed care information is often stored in national computer data bases. In addition, if there is a dispute over billing, I may need to provide the collection company with information necessary to collect any outstanding balance.

What to expect in Counseling

You should know that counseling is not always easy. You may find yourself having to discuss very personal information. You could find those conversations difficult or embarrassing. Because feelings will be explored, you may feel a range of emotions that can be intense at times. Counseling is intended to alleviate problems, but sometimes, especially at first or as you get to the root of the problem, you may feel them more acutely than in the past. You may be asked to try new ways of doing things or challenged to try new ways of thinking. But you will always be free to move at your own pace. The outcome of therapy depends on many things and I cannot offer any promise about the result you will experience. However, my hope is that the experience and expression of feelings can help you over time. If I believe your problems require knowledge that I don't have I may refer you to someone with specific training or experience. At the very beginning we will create a treatment plan together. We will look at what you would like to change, and how we will know you are succeeding, and how long it will take to meet the goals. And we will review that plan to see if it needs updating at regular intervals.

Office Policies

Appointments: Appointments normally last 50 minutes and I must end each session promptly. Clients are generally seen weekly. However frequency of appointment may vary depending on need. While therapy should end through mutual agreement once desired goals have been reached, you have the right to end therapy at any time. You always have the right to ask questions of me. Therapy only works if client and therapist have a trusting relationship.

Payment: Payment is due at the time of the appointment. Clients are responsible for insurance forms, copayments, co-insurance, and deductibles. I accept personal checks, Mastercard, Visa, Discovery, American Express cards.

Cancellations: Cancellations that are not made with 24 hour notice and late arrivals will be charged for the full session. Please call if there is an emergency preventing you from attending your appointment. Insurance companies do not pay for missed appointments. Fees will be discussed prior to the first appointment.

Contact: I have a telephone voice mail that is available at all times for routine messages. I collect my messages frequently throughout the day and make every attempt to return calls within 24 hours. However, if I have not returned your call within 24 hours, please try again as your message may have been lost. I do not check messages after 6:30 on weekdays or routinely on weekends. If it is after hours or the weekend and you are experiencing a mental health emergency and are unable to reach me, call 911 or go to your nearest emergency room for assistance.

Email: The internet is not a totally secure medium for purposes of transmitting privileged information. Professional advice will not be given via emails on the internet. I do not check or respond to email at regular intervals during the day. Any contact via email or text message should not be considered substitutes for voice-telephone, written or in-person communication. Clients with counseling inquiries are urged to contact me by phone.

Gifts: It is my policy not to accept gifts of any kind as this may compromise the client therapist relationship.

Client Agreement

Payment policy: I agree to make payment at the time of service. I understand that I am responsible for the total fee regardless of any insurance coverage I may have.

Cancellation Policy: I agree to cancel appointments only in the event of an emergency. I understand that I will be charged the full fee unless I provide 24 hours advance notice. I understand there is a fee for a returned check.

Permission to Treatment: By signing below, I am indicating that I have read the Informed Consent and fee agreement information sheet. I understand it and agree to the terms described. I am authorizing treatment and acknowledge that it is my choice to participate in counseling (or have my child participate). I realize that the outcome of therapy depends upon my personal investment in the therapy process. If I decide to terminate I will discuss termination before ending treatment.

Signature of Client

Date

Printed Client Name

Signature of Therapist

Date