

Informed Consent Notice

Julie Ray Counseling PLLC

Licensed Marriage & Family Therapist

CONSENT FOR TREATMENT

_____ (initial) Mental health treatment is dependent upon many variables, including an individual's hereditary make-up and environmental experiences. Individual client will respond uniquely to treatment. Julie Ray offers mental health services as a qualified professional, using widely accepted methods of psychotherapy. Julie Ray makes no claims as to the anticipated results of treatment and recognizes that in some individuals, treatment poses the risk of unanticipated reactions and that in some cases symptoms may be relieved through no treatment at all. Nevertheless, it is the intent of Julie Ray to assist each client in defining his/her problems and to work towards resolution of these problems as outlined within the scope of the Individual Treatment Plan.

_____ (initial) Julie Ray, MS, LMFT does not offer services related to court or legal proceedings, such as verbal testimony, written statements, or affidavits, unless court ordered by a judge. If participation is required for legal proceedings, there will be a charge of \$300 per hour with a minimum of four hours paid in full prior to participation.

THERAPEUTIC AGREEMENT

_____ (initial) Counseling, as in the context of a therapeutic relationship, cannot guarantee saved marriages, continued employment, social acceptance, or elimination of presenting symptoms. Nor is it a guarantee that symptoms will not worsen. Many clients remain "stuck" due to external influences beyond the therapeutic relationship or lack of commitment to explore options and try alternatives. Everyone has periods in their life of difficulty, change and transition, when personal issues affect their work and relationships. Issues such as family, marital, career, financial, physical, abuse of alcohol/drugs, or a variety of mental issues. Counseling can help with incongruent thoughts, difficult relationships, career issues, overwhelming emotions, fears, disturbing memories, bad habits, confusion, chemical dependencies, violence and anger issues, adjustment issues and depression. It is a multi-level process that challenges you to have the ability, desire and willingness to see yourself objectively.

Mental struggles can be physical, psychological, emotional, intellectual or cultural. There are no discrimination barriers to pain. Counseling provides options for change and change can be the catalyst for growth and personal maximization. Counseling is not always easy and you may find yourself discussing private and sensitive information. Counseling is intended to alleviate some problems, but sometimes at first, as you get to the root of some things, you may feel them even more acutely than in the past. You will benefit the most from counseling if you explore options and pursue solutions to your hopes and aspirations. The input and active participation from you, is essential in order to ensure your individuality and personal style.

At the very beginning I will create a treatment plan with you. We will look at what you would like to change, what we will do to change it, how we will know you are succeeding, and how long it will take. Periodically, we will review that plan to see if it needs to be updated.

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FEES and PAYMENT AGREEMENT and OFFICE POLICIES

Counseling sessions are 50 minutes. Payment is due at the beginning of your appointment. Cash, checks and Venmo are accepted.

You are responsible for payment of the full fee for each visit. If you fail to pay or are unable to pay you may be referred to another provider.

There is a twenty-four-hour notice of cancellation required. If you fail to cancel your appointment 24 hours in advance or arrive later than 15 minutes after appointment time, you will be responsible for the no show/late fee. There is a \$75 fee for returned checks.

Fee Schedule

Intake Interview.....	\$150.00	Couple....	\$200.00
Full Session.....	\$150.00	Couple....	\$200.00
Brief Session (30 Minutes).....	\$75.00		
No Show/ Late Cancellation.....	\$150.00	Couple....	\$200.00

SERVICES NOT BILLABLE TO INSURANCE (BILLED DIRECTLY TO CLIENT)

Consultation/Case management 1-15 mins....	\$75.00	16-60 mins..	\$150.00
Reports and letters (1-2 pages).....	\$150.00		
Each additional page	\$75.00		

Voicemail and text messages are checked on a daily basis. I will do my best to return phone messages within twenty-four hours. If I have not returned your call within twenty-four hours, please try again as your message may have been lost. Messages left after 6:30 pm are not checked until the following day. If you have an emergency after that time, call 911, or go to an emergency room. When I am out of town for more than a few days, I will change my greeting informing you upon my return and at that time, I will return your phone call.

Signature of Client (parental consent needed for 12 and under)

Date

Print Name

Therapist Signature

Date

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CLIENT AGREEMENT FOR SERVICES

Please read and initial each agreement, then sign at the bottom

_____ (initial) In order to maintain professional standards, Julie Ray occasionally participates in peer case consultations. I understand that none of my personal health information will be disclosed. In peer case consultations, all mental health professionals are held to the same confidentiality standards regarding Personal Health Information.

_____ (initial) I authorize Julie Ray, MS, LMFT to provide counseling and therapeutic services. No guarantees have been given by Julie Ray as the results that may be obtained. I indemnify and hold harmless the therapist from any and all claims arising directly or indirectly from the services rendered by said therapist under this agreement. Such indemnification shall include reasonable attorney fees and costs.

_____ (initial) I understand that Julie Ray, MS, LMFT does not offer services related to Court or legal proceedings, such as verbal testimony, written statements, or affidavits, unless court ordered by a judge. If Julie Ray's participation is required for legal proceedings, I will be charged \$300 per hour with a minimum of four hours paid in full prior to Julie Ray's participation.

_____ (initial) I agree to make full payment at time of service unless other arrangements have been prearranged.

_____ (initial) I agree to pay a \$75 late fee on all payments not received on day of service. I understand the collection process will begin if full payment is not received within 60 days this account will be assigned to Washington Collectors for immediate collection action.

_____ (initial) I agree to pay a \$75 fee on checks returned for non-sufficient funds.

_____ (initial) I agree to pay the FULL SESSIONS FEE on all sessions missed or canceled with less than 24-hour notice, except in case of emergency. Your insurance company will not pay this charge; it will be your responsibility.

Client (parental consent needed for 12 and under) _____ Date Signature of

Print Name

***Initials needed from the financially responsible party/parent**

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ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND DISCLOSURE INFORMATION

I acknowledge that I have been offered and/or received the **Counseling Notice of Privacy Practices and Disclosure Information**.

Client Name: _____ Date: _____

**Signature: _____

Relationship (if not client):

(Legal Guardian, Parent of Minor, Power of Attorney, etc.)

You may communicate with the following individuals regarding my Protected Health Information (PHI).

1. _____
(Name) (Relationship to Patient) (Contact Phone Number)

2. _____
(Name) (Relationship to Patient) (Contact Phone Number)

Office Use Only

_____ Therapist Signature	We attempted to obtain written acknowledgement. It could not be obtained because:	Reason:
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