

INTEGRITY FAMILY COUNSELING, LLC
194 E. SOUTHWAY BLVD.
KOKOMO, IN 46902

INFORMED CONSENT

Thank you for choosing Integrity Family Counseling, LLC. We realize that starting counseling is a major decision, and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask. We will try our best to give you all of the information you need. We are able to provide a vast array of counseling and look forward to working with you and/or your family. All of our associates have obtained their clinical degrees from accredited universities, have extensive experience working with individual and families and licensed by the State of Indiana to provide mental health counseling. We are strongly grounded in cognitive behavior therapy due to its proven effectiveness, but do modify our approach depending on the person and/or condition. We also adhere to a strength-based approach that dictates all treatment options, planning and implementation be done in a collaborative effort with you.

CONFIDENTIALITY AND EMERGENCY SITUATIONS: Your verbal and clinical records are strictly confidential, except for: **a)** information shared with consultants, **b)** information (diagnosis and dates of service) shared with your insurance company to process your claims, **c)** information that is reported about neglect, or physical or sexual abuse of minors, elderly, or disabled individuals; (by Indiana State Law, I am mandated to report), **d)** where you sign a release of information to have specific information shared, **e)** if you provide information that informs us that you are in danger of harming yourself or others, **f)** information necessary for case supervision or consultation, and **g)** when required by law.

IF AN EMERGENCY SITUATION FOR WHICH THE PATIENT AND/OR THEIR GUARDIAN FEELS IMMEDIATE ATTENTION IS NECESSARY, THE PATIENT AND/OR GUARDIAN UNDERSTANDS THAT THEY ARE TO CONTACT THE EMERGENCY SERVICES AT THE NEAREST EMERGENCY ROOM OR CALL 911.

Integrity Family Counseling will follow those emergency services with standard counseling and support to the patient and/or the patient's family.

CANCELLATIONS/NO SHOW POLICY: Please understand that you are responsible for notifying us of any cancellations or rescheduling. **Please notify us 24 hours in advance of any cancellation. A charge may be made to you, as that time slot could have been filled by someone else. A fee may also be charged for multiple or consistent late cancellations.** These fees must be paid before your next appointment, unless other arrangements have been made. We reserve the right to terminate your account if you have multiple No Shows, or if you fail to pay outstanding balances. Please be aware that your insurance will not cover these fees.

APPOINTMENTS: The initial Intake appointment may take up to 60 minutes. Thereafter, most sessions will last approximately 45-50 minutes. Due to schedules for both the therapist and patient, we do try to keep as close to the allotted time as possible.

Our fee schedule is as follows:

Initial Intake Appointment	\$175.00/hr.
Psychological testing (including administration, scoring, interpretation, presentation of results, and report writing	\$150.00/hr.
Family Counseling	\$150.00/session
Group Counseling	\$40.00/session
Individual Counseling	\$150.00/session
Emergency Counseling/Evaluations	\$200.00
Emergency Phone Consultations	\$50.00/ ¼ hr.
Court Evaluations and Testimony	\$300.00/hr
Attendance at School Planning sessions	\$150.00/hr
Phone Consultations to other Professionals	\$25.00/ ¼ hr.
Letters to Attorney, Doctors, etc. (this will be either patient or attorney responsibility)	\$50.00
Cancellations/No-show fees	\$25.00

Any questions about information provided may be discussed with your therapist, or the Office staff.

Thank you for choosing Integrity Family counseling. We look forward to working with you.

Your signature acknowledges you have read this Consent

X _____ Date: _____