

CLIENT AGREEMENT, INDEMNITY, & CONSENT FOR TREATMENT FORM



Professional Counseling,
Consulting & Educational Services

Welcome. It is important to know how we will work together. We believe our work will be most helpful when there is a clear understanding of what each person will be responsible for doing. The purpose of these documents is to inform you of the benefits and risks inherent in the counseling process, to answer frequently asked questions, as well as to secure your consent for treatment, after having been made aware of those benefits and risks.

Life Strategy Consultants, LLC was founded in 2011 with the mission of providing professional counseling and consulting services for individuals, couples, and families. Services are provided by clinicians credentialed to practice in the State of Pennsylvania. In addition, all Life Strategy Consultants, LLC clinicians regularly participate in clinical supervision.

Contents of this brochure include:

1. About Counseling
2. Appointments
3. Cancellations and Missed Appointments
4. Fees
5. Expectations of Counseling
6. The Risks and Benefits of Counseling
7. Consultations/Referrals
8. Confidentiality
9. Telehealth Services
10. Record Keeping
11. Termination of Counseling
12. Email, Texting, and Phone Calls
13. Social Media
14. HIPAA
15. Legal Involvement
16. Emergency Contacts
17. If We Need to Contact Someone About You
18. Consent to Treatment
19. Appendix A – Current Clinicians

After you read this document we can discuss, in person, how these issues apply to your own situation. Please read all these materials carefully and thoroughly and mark any parts that are not clear to you. Write down any questions you think of so that you may discuss them at your next meeting. When you have read and fully understood this booklet, please sign and date it.

ABOUT COUNSELING

Most clients seek counseling because of problems within their personal life or within their family and social interactions. These problems often cause increased distress as clients anticipate the therapeutic process. It is normal for clients to experience heightened distress at the onset of counseling. It is expected that this stress will subside as counseling continues.

Life Strategy Consultants, LLC uses a systemic approach to counseling and clients may be encouraged to include their spouse, children, and/or parents in counseling sessions depending on the presenting problem(s). However, at no time will any client be forced to do so. Throughout counseling, we will go to great lengths to remain balanced between all involved parties.

On occasion it may be determined that the therapeutic process should transition to another provider. In these situations we will make every effort to refer to another qualified clinician.

Because you will be investing a good deal of time, resources, and energy into counseling, you should choose a clinician carefully. We strongly believe you should feel comfortable with the individual that you choose. Each person, relationship, and family is unique; therefore, counseling cannot be delivered as a one-size-fits-all process. Counseling is not like visiting a medical doctor. It requires your active involvement. To be useful, it requires your best efforts to change thoughts, feelings, and behaviors. Counseling is a partnership between the client and clinician.

An important part of your counseling will be practicing new skills that you will learn in our sessions. We might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning outside of your sessions. These are important parts of personal change.

APPOINTMENTS

All professional services are provided by appointment. The length of a counseling session is typically between 50 and 60 minutes. Please note that children under the age of 14 years may not be left unattended while parent(s)/guardian(s) is in counseling. Appointments can be made by contacting the office at 717-376-3075 ext. 1, through the client portal at <https://www.therapyportal.com/p/lifestrategy/>, or by visiting the website at www.lifestrategyconsultants.com.

CANCELLATIONS AND MISSED APPOINTMENTS

Your appointment time has been reserved exclusively for you. If you are late, we will end on time and not run over into the next person's session. If you are unable to keep your appointment, please notify the office at least 24 hours in advance so that space can be used to schedule other clients. Each clinician has voicemail available for your convenience after hours. **In the event you miss an appointment or cancel with less than 24 hours, you will be assessed a fee of \$50.00.**

Missed appointment fees are not billed to insurance providers or employee assistance programs. These charges are the sole responsibility of the client. If you no-show for two sessions in a row and do not respond to our attempts to reschedule, we will assume that you have dropped out of counseling and will make the space available to another individual.

FEES & INSURANCE POLICIES

Life Strategy Consultants, LLC is in-network and accepts payment from a variety of insurance providers and Employee Assistance Programs. In the event that Life Strategy Consultants, LLC does not accept your insurance, you may be able to use out-of-network benefits with your insurance provider. All clients have the option to select the "Self-Pay Rate" and pay for services without involving an insurance provider.

Payment for each counseling session is expected at the time of service. For in-network insurance payments, the copay amount is due. For out-of-network insurance and "Self-Pay," payment-in-full is due. Failure to pay

two consecutive appointments at the time of service may result in a pause in treatment until payment is received. Life Strategy Consultants, LLC accepts credit/debit cards, checks, and cash. If a check is returned for insufficient funds, a charge of \$35 will be added to your balance due.

INSURANCE COSTS AND OTHER FEES INCLUDE:

1. Session Fees, Co-pays, Co-insurance, Deductible Responsibilities
2. Writing letters on behalf of a client (e.g. Probation, Verification of Attendance and Completion, etc.).
3. Form completion on behalf of a client.
4. Phone conversations & consultations relating to client cases that exceed 15 minutes.
5. Collection efforts of delinquent accounts.
6. "No-Show" and "Late-Cancellation" fees.
7. Returned check fees and non-sufficient funds related charges from your financial institution.
8. Service fee of 1.5% calculated monthly on balance past 30 days due.

Client Initials: _____

EXPECTATIONS OF COUNSELING

You are entitled to information about any procedures, techniques or methodologies used throughout your counseling sessions. It is your right to ask questions and receive satisfactory answers. You have the right to end counseling at any time. If you wish to seek therapeutic assistance from another provider, we will do our best to provide you with referrals. You may review your records with advanced request and/or give authorization for your records to be released to any person or agency of your designation, provided the necessary release forms and signatures are obtained.

As professionals, we will use our best knowledge and skills to assist you. We are trained to practice Marriage and Family Therapy and engage in professional counseling services – we are **NOT** trained in the practice of law, medicine, finance, or any other profession. We are not able to give you professional recommendations in these areas, but will gladly assist in making appropriate referrals when needed.

State laws require clinicians to keep what you tell them confidential. You can trust that your clinician will not tell anyone else what is shared in your sessions, except in certain limited situations. These situations are explained below in the "About Confidentiality" section. Your counselor will not reveal who their clients are. This is part of our effort to maintain your privacy. Should you meet them on the street or socially, they may not say hello or talk to you very much. It will not be a personal reaction to you, but a way to maintain the confidentiality of the relationship.

The relationship between you and your clinician must remain professional in nature. This means it cannot become a business, social, romantic, or purely personal relationship.

THE RISKS AND BENEFITS OF COUNSELING

Risks

As with any powerful treatment, there are some risks with counseling. For example, in counseling, there is a risk that you will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. You might recall unpleasant memories and those feelings associated with the memories may bother you at work or in school. Also, clients in counseling may have problems with people important to them. Family secrets may have to be told for change to occur. Counseling may disrupt a

marital relationship and sometimes even lead to a divorce. Sometimes problems may temporarily worsen after the beginning of treatment. In addition, there are those who mistakenly view anyone in counseling as weak, or perhaps as seriously disturbed or even dangerous. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that counseling may not work out well for you.

Benefits

While you consider these risks, you should know also that the benefits of counseling have been supported in hundreds of well-designed research studies. People who are depressed find their mood lifting. Others may no longer feel afraid, angry, or anxious. In counseling, people have a chance to discuss concerns fully until their feelings are relieved and their problems are resolved sufficiently. Clients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. Ultimately, your growth can occur in many ways; as a person, in close relationships, or at work or school, and, ultimately, in your ability to engage in life more fully.

Realize that entering into a counseling relationship with Life Strategy Consultants, LLC, or any other clinician, carries no guarantee – stated or implied – of a particular outcome, but rather it is a growing process greatly dependent on your good faith effort to seek personal growth and improvement. You further realize there is an inherent “risk of change” involved in any such process, and fully accept the risk and those repercussions which may result from making changes based on your counseling experience.

CONSULTATIONS/REFERRALS

If we believe you could benefit from a treatment that we do not provide, we will help you to locate another provider. You have a right to ask us about other treatments, their risks, and their benefits. Based on what your clinician learns about your concerns, they may recommend a medical exam or a psychiatric evaluation to determine if medication would be beneficial. If we make these recommendations, your clinician will fully discuss their reasons with you, so that you can decide what is best. If you are treated by another professional, we will coordinate services with them and with your medical doctor, but only with your permission. As responsible and ethical clinicians, we will not continue to treat you if our treatment is not effecting positive change. If you wish for another professional's opinion at any time, or wish to talk with another clinician, we will help you find a qualified person and will provide you with the information needed.

CONFIDENTIALITY

It is expected that in gaining access to the building as well as coming or going from the premises you may be seen by others; regardless of this potentiality, confidentiality of the content of our sessions remains intact.

We treat all the information you share with great care. It is your legal right, and our ethical and legal mandate, that our sessions and the records about you be kept private. However, there are situations in which your confidentiality is not protected by state law and by the rules of our profession. Here are the most common cases in which confidentiality is **not** protected:

- **If you are referred by a court or an employer for evaluation or treatment.** The court or employer will expect a report from your clinician. If this is your situation, please talk with your clinician before you tell them anything you do not want the court or your employer to know.
- **If you are involved in a legal dispute and you tell the court that you are seeing a counselor, we may then be ordered to show the court our records.** Please consult with your lawyer about these issues.
- **If you make a serious threat to harm yourself or another person, we are legally required to protect**

you and any potential victim of your stated threat. This usually means telling others, including the police and emergency medical personnel.

- **If your clinician believes a child or vulnerable adult has been or will be abused or neglected, we are legally required to report this to the authorities within 24 hours of our awareness.**

In addition, it is understood that sometimes clinicians consult other health and/or mental health professionals; therefore, you grant your clinician permission to do so regarding your case. Realize that they will only do so making every effort to avoid revealing your identity. Also, realize that you may or may not be informed of these anonymous consultations.

TELEHEALTH SERVICES

Telehealth services are counseling services conducted via phone, videoconference, or by other electronic methods. These services are not face-to-face and are subject to a higher level of risk regarding loss of confidentiality. Life Strategy Consultants, LLC uses HIPAA compliant communication services, but electronic services remain subject to eavesdropping by a third party, including but not limited to, family, co-workers, employers, and hackers. Accepting Telehealth Services implies acceptance of the risk to confidentiality.

Clients who accept Telehealth Services also accept responsibility for maintaining confidentiality of their personal health information on their personal electronic equipment. They are also responsible for establishing a confidential location to receive Telehealth Services.

RECORD KEEPING

Please know that your clinician is legally and ethically required to keep records of your communications and sessions together. They will gladly verbally summarize their records if requested.

Your records can be released to any person or agency you designate, if you request this and sign the appropriate consent forms. You may also authorize your clinician to consult and share information with another professional concerning your counseling. If information is to be released to a third party (attorney, insurance, etc.), you or they should request the release of that information in writing, authorized by your signature. (Please note that all clients involved in treatment must give written consent for release of information.) If you participate in family or couple counseling (where there is more than one client in the room), and you want to have our records of this counseling sent to anyone, all of the adults present must sign a Release of Information Form prior to any information being released.

Your confidential records are safely maintained for seven (7) years after the end of your counseling.

If your clinician must discontinue their relationship with you because of illness, disability, or other presently unforeseen circumstances, we will ask you to agree to transferring your records to another clinician who will assure their confidentiality, preservation, and appropriate access.

TERMINATION OF COUNSELING

The therapeutic process will continue as long as you, the client, deem necessary and the situation meets medical necessity requirements. However, it is beneficial to have a terminating session in which all parties can talk about the past counseling and discuss the future with hope. We strongly discourage clients from ending counseling without this session. However, if your case remains inactive for 30 days after the last interaction with your clinician, your chart will be closed. It may be reopened at your request and based upon our availability. If you have two consecutive sessions where you cancel without adequate notice or no notice, your chart may be closed and you will be able to return to counseling at the discretion of the clinician and Life Strategy Consultants, LLC. If a client threatens any Life Strategy Consultants, LLC staff with legal action or violence, this may result in immediate discharge and the client will not be permitted to return to Life Strategy Consultants, LLC for treatment.

SOCIAL MEDIA POLICY

This outlines how the staff and clinicians conduct themselves on the Internet as mental health professionals and how you can expect us to respond to various interactions that may occur between us on the Internet.

Friending

We do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your clinician.

Interacting

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact us. These sites are not secure, and we may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with us in public online venues if we already have an established relationship. Engaging with us this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your record. If you need to contact us between sessions, the best way to do so is by phone at (717) 376-3075. Direct email at **info@lifestrategyconsultants.com** is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Use of Search Engines

It is NOT a regular part of our practice to search for clients on Google, Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If we have a reason to suspect that you are in danger and you have not been in touch with us via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if we ever resort to these means, we will fully document it and discuss it with you when we next meet.

Business Review Sites

You may find our practice and clinicians on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that our listing is NOT a request for a testimonial, rating, or endorsement from you as our client. Our professional ethics state it is unethical to solicit testimonials from any clients.

Location-Based Services

If you use location-based services on your mobile phone, please be aware of the privacy issues related to using these services. If you have GPS tracking enabled on your device, it is possible that others may surmise that you are a counseling client due to regular check-ins at our office.

EMAILS, TEXTING, & PHONE CALLS

Although technology has provided greater convenience and speed in communication, emails and texts are not secure and are not recommended as forms of communication with your clinician about your treatment. While electronic security measures can be effective, they are never 100% safe. Electronic correspondence is NOT a

substitute for person-to-person therapeutic treatment. We prefer using email ONLY to arrange or modify appointments. If you do send an email or text to your clinician, they may choose not to respond in order to protect your confidentiality. If you are in couple's counseling and send an email or text regarding your partner or treatment, your email will be considered part of couple's treatment and may be disclosed in session.

Email correspondence is NOT to be used in the case of an emergency to contact the office or your clinician. If you need to contact your clinician with something that demands attention, you will need to do so by phone, using their extension, at the following number: (717) 376-3075. If it is a medical emergency or issue of physical safety, you should call 911 or go to the nearest emergency room.

Please do not email content related to your counseling sessions, as email is not completely secure or confidential. Also, understand that any emails received from you and any responses that are sent to you become a part of your legal medical record.

HIPAA

You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). Detailed information is covered in the form document "*Your Information. Your Rights. Our Responsibilities.*"

LEGAL INVOLVEMENT

If you ever become involved in a divorce or custody dispute, it is important to understand and agree that **We will not provide evaluations or expert testimony in court.** You should engage a mental health professional for any evaluations or testimony you require. This position is based on two reasons:

- Any statements from our clinicians will be seen as biased in your favor,
- Our testimony will affect our counseling relationship,

If you disregard this provision and choose to involve our clinicians or staff in any and all legal/court related matters, you agree to compensate us according to the provisions as stipulated in the Legal Involvement Form paying in advance for a minimum of three hours (\$600.00) and within ten days for any additional hours. You further realize you will be billed for hours including document preparation, travel expense, meals, telephone time, parking, legal counsel we seek regarding your court case, etc.

If you as a client, file a complaint/legal suit against Life Strategy Consultants, LLC, its staff, and/or clinicians, you authorize us to fully disclose any and all relevant information regarding your medical records, test results, and treatment sessions, in our legal defense and you hereby, waive any right to confidentiality and privacy.

Client Initials: _____

EMERGENCY CONTACTS

In the event you find yourself in a **medical or mental health emergency situation** you should always immediately **contact 911. Please do not leave an urgent message on our voice mail.** If you need someone to talk to, call your **Crisis Intervention Hotline.** Your clinician can help you develop a Crisis/Safety Plan specific to your needs and physical locations. Once your safety has been ensured, please contact our office and your clinician to let them know of your situation and follow-up needs. We will coordinate care and follow-up recommendations with those that assisted you in your immediate emergency.

IF WE NEED TO CONTACT SOMEONE ABOUT YOU

If there is an emergency during our work together, or we become concerned about your personal safety, we are required by law and by the rules of that govern our profession, to contact someone close to you—perhaps a relative, your spouse, or a close friend. We are also required to contact this person, or the authorities, if we become concerned about you harming another person.

CONSENT TO TREATMENT

I, the client (or parent/legal guardian), understand that I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement. It does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with the clinician before I begin formal treatment. If at any time during my treatment I have questions about any of the subjects discussed in this brochure, I can talk with my clinician about them.

1. I understand that after treatment begins, I have the right to withdraw my consent to counseling at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my clinician before ending counseling.
2. I understand that no specific promises have been made to me by Life Strategy Consultants, LLC about the results of treatment, the effectiveness of the procedures used by my clinician, or the number of sessions necessary for counseling to be effective.
3. I agree to indemnify and hold harmless Life Strategy Consultants, LLC and its staff and clinicians from any claims, actions, damages or suits resulting from or relating to any counseling, instruction, or advice rendered during services provided.
4. I have read this information carefully, understand its contents, and agree to receive services for myself and/or any child under the age of 14 under these conditions.
5. I know of no reason I should not undertake this counseling. I have read this policy, may request to be given a copy of it and agree to participate fully and voluntarily in agreement with the above conditions.

I have read, or have had read to me, the issues and points in this document. I have discussed those points and fully understand these points. I have had my questions fully answered. I agree to act in accordance with the points covered in this brochure. I hereby agree to enter into counseling with Life Strategy Consultants, LLC (or to have the client enter counseling), and to cooperate fully and to the best of my ability, as indicated by my signature(s).

Client Signature _____ Date _____

Client Signature _____ Date _____

SIGNATURES

I have read, understand, and agree to adhere to the policies as stated in the CLIENT AGREEMENT, INDEMNITY, AND CONSENT FOR TREATMENT FORM.

Upon completion of this form and the Intake Form, you give Life Strategy Consultants, LLC permission to contact you via the phone number(s), address and email provided on the Intake Form. This includes email appointment reminders. It is your responsibility to inform the business office of any change(s) to your contact information.

Client #1 (PRINT NAME) _____

Client (SIGN) _____ Date _____

Client #2 (PRINT NAME) _____

Client (SIGN) _____ Date _____

Client is under 14:

Client Name _____ Date _____

Parent/Guardian (PRINT NAME) _____

Parent/Guardian (SIGN) _____ Date _____

Parent/Guardian (PRINT NAME) _____

Parent/Guardian (SIGN) _____ Date _____

I, the clinician, have met with this client (parent/legal guardian) for a suitable period of time, and have informed them of the issues and points raised in this brochure. I have responded to all of their questions. I believe this person fully understands the issues, and I find no reason to believe that this person is not fully competent to give informed consent to treatment. I agree to enter into counseling services with the client as indicated by my signature below.

Clinician Signature _____ Date _____

Copy accepted by client

Copy kept by clinician

APPENDIX A

ABOUT OUR CLINICIANS

James D. Black, MA, LPC

Licensed Professional Counselor

Pennsylvania License No. PC007734

James is a professional member of the American Counseling Association and the American Association of Christian Counselors. He graduated from Geneva College in May of 2000 and received a master's degree in Counseling with a specialization in Marriage and Family Counseling.

Jennifer L. Hecker, LMFT

Licensed Marriage and Family Therapist

Pennsylvania License No. MF000851

Jennifer is a Clinical Fellow Member of the American Association for Marriage and Family Therapy. She graduated from Evangelical Theological Seminary in February of 2010 and received a master's degree in Marriage and Family Therapy.

Dawn Hoskin, MEd, LPC

Licensed Professional Counselor

Pennsylvania License No. PC008220

Dawn is a Licensed Professional Counselor. She graduated from Shippensburg University in 1995 and received a master's degree in Education with a specialization in School Counseling. She is also a Certified Clinical Child and Adolescent Anxiety Treatment Professional (CCATP).

Ambrosia McCoy, LSW

Licensed Social Worker

Pennsylvania License No. SW132708

Ambrosia is a Licensed Social Worker. She graduated from Widener University and received a master's degree in Social Work.

Tanya Sensenig, MA, NCC, LPC

National Certified Counselor

Licensed Professional Counselor

Pennsylvania License No. PC013080

Tanya is a National Certified Counselor and a Licensed Professional Counselor. She graduated from Regent University and received a master's degree in Clinical Mental Health Counseling. She is also trained in Eye Movement Desensitization and Reprocessing (EMDR) for the treatment of trauma, stress, and phobias.

Beverly Swiadas, MS, NCC, LPC

National Certified Counselor

Licensed Professional Counselor

Pennsylvania License No. PC002278

Beverly is a National Certified Counselor and a Licensed Professional Counselor. She graduated from Villanova University in May of 1993 and received a master's degree in Counseling and Human Relations.

Rhonda Zook, MFT

Marriage and Family Therapist

Rhonda is a Marriage and Family Therapist. She graduated from Evangelical Theological Seminary and received a master's degree in Marriage and Family Therapy.