**Informed Consent for Mental Health Counseling Services**   
**with Amy Ponteri, LPC, ATR-BC**

This document has been provided as an explanation of the services I provide.  The intent is to allow you to make informed and autonomous decisions pertaining to the counseling process.

**Counseling = Collaboration**  
Counseling is a collaborative process designed to help you live a more emotionally comfortable life, connected to your full potential, your values, and your environment. We will work together to develop goals on which you want to work and to assess progress together along the way. I am a facilitator to helping you make changes, but I cannot make the actual changes for you. That is your work, and I am committed to helping you through this process.

As we work together, it is helpful for me to know how my approach is working for you. If you are experiencing any problems or difficulties within our counseling relationship, I encourage you to bring these up with me so that we can seek resolution. In some cases, we may decide that it is best for me to refer you to another therapist.

**Risks**  
Counseling can be hard work, as we are likely to explore issues in your life that are painful. This may cause uncomfortable feelings, sadness, guilt, anxiety, anger, pain, frustration, loneliness, etc.  In some cases major life decisions are made; in others, traumatic events are reflected upon. Because feelings are naturally brought up through the counseling process, things might initially feel harder before they begin to feel better. This process of growth and change can cause significant impacts to employment, lifestyles, and relationships.

**Appointments**

At the first session, I will gather initial information about the concerns that have led you to seek therapy. If I do not feel I can meet your clinical needs or there is a conflict of interest, I will provide you with referral information for alternate services or therapists.

Sessions take place in my office and are 50 to 90 minutes in length. 90 minute sessions are especially helpful for extended art-making processes.  
  
Your session time is reserved for you, specifically. Please arrive on time, as sessions will also end on time.   
  
**Rates are as follows:**

Initial assessment/appointment: $150  
50 minute individual session: $130  
50 minute couples/family session: $140  
90 minute individual session: $150  
90 minute couples/family session: $170

*Some availability for sliding scale.*  
  
Telephone consultations are charged at the 50 minute hourly rate.

Should I be subpoenaed for court, I will review rates for these activities with you separately.  
  
Payment is due in full at the time of your appointment. If I am billing your insurer, you are responsible for your co-pay at the time of your session. I accept cash, personal checks, VISA and Mastercard at this time.

**Insurance**  
I am an in-network provider for Blue Cross Blue Shield, United/Optum/Providence, Cigna, Aetna. I can also bill as an out-of-network provider for many other insurance companies, meaning your insurance company may cover a portion of your counseling fees.

If you utilize your insurance for our sessions, you will receive a mental health diagnosis based upon medical necessity, and your insurer may have the right to review portions of your record, should they request such.

If your benefits are denied or exhausted, we will discuss the most appropriate plan of care, which may include a planned termination, transfer of services, or private pay. You are ultimately responsible for payment that your insurer does not cover.   
  
**Cancellation Policy**  
Cancellations must be made at least 24 hours in advance to avoid incurring a $50 fee. Please cancel Monday appointments by the previous Friday.   
  
Please know that the cancellation policy is enforced without exception. That way it is fair for everyone, and it is not at all personal when the fee is charged. I understand that emergencies and illness do occur, and as unfortunate as they are, my business is unable to financially sustain the losses of all my clients’ personal circumstances.  
  
**Why I Enforce the Cancellation and Payment Policy:**  
 \* An aspect of engaging in personal development work involves taking responsibility for one’s decisions and actions, as well as developing a greater awareness of how we impact one another.  
  
\* It strengthens our working relationship. When we respect each other’s time, our working relationship is enhanced and protected.  
  
\* It promotes your personal work. The commitment to your personal work is strengthened and therefore, is incentive toward further progress  
  
\* It allows more people to be served when they need it. When you cancel your appointment with as much advance notice as possible, you potentially allow another person or family to get in the door on short notice.  
  
\* It protects the health of my counseling business. When my business is functioning well, it enhances my ability to provide you the highest level of care and attention.  
  
**My Availability**

* I am available for you, fully, at your scheduled appointment time.
* If you have an urgent need, and we are not able to schedule an office appointment, we can schedule an urgent phone appointment which will be charged to you at the individual rater per hour, broken into 15 minute increments and due at the time of our next office appointment.
* Please only use email or text for routine scheduling. I check my email regularly but cannot reliably respond to a crisis or urgent questions in an urgent timeframe. I respond to texts and emails during regular business hours, Monday-Friday. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.
* **If you are having a mental health crisis, call to the Multnomah County Crisis Line, available 24-7, at 503-988-4888. Clackamas County is 503-655-8585, also available 24-7. You can also call 911 or go to your nearest ER for evaluation.**

**Confidentiality**  
All communications between a mental health professional and a client are protected by law. The following are exceptions to confidentiality:

1. At your request, I will release information regarding our communications to others with your express written consent.  (Release of Information form) If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to 3rd parties.
2. Reporting suspected child and elder abuse,
3. Reporting imminent danger to you (the client) or others,
4. Reporting information required in court proceedings by your insurance company, or other relevant agencies;
5. Providing information concerning licensee case consultation or supervision;
6. Defending claims brought by the client against licensee
7. Billing operations through your insurer
8. When working with minor clients, I frequently request that family members be involved as both support and alternate perspectives. It is important to note that when a family member is present without the minor client, the family member does not become the client—the minor remains the client. Insomuch, laws of confidentiality continue to apply on the minor client’s behalf.

Please know that despite all efforts to encrypt communications, email and texts are not secure and could be intercepted. We will discuss at our first appointment whether you’d like to use email / texts.

**Consultation**  
Occasionally, I may consult with other mental health professionals if I feel it would be helpful to our work together. Every reasonable attempt will be made to avoid revealing your identity to other professionals with whom I consult.

**Community and Social Media**

**Out and About**

It is possible that we could run into one another around town or in a public space. To maintain your confidentiality, you can be assured that I will not approach you, though you are welcome to approach me. If we have seen each other or have an interaction outside the therapy office, we may briefly discuss it and its potential impact on our working relationship.

**Friending**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc) nor will I search for you on social networking sites. 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.

**Location-Based Services**

If you used location-based services on your mobile phone, you may wish to 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 therapy client due to regular check-ins at my office.

**Records**  
I am required by law to maintain records each time we interact.

You have the right to inspect your record unless I determine that it would hinder progress or otherwise cause undue harm.

Parents, including non-custodial parents, by law have a right to their child’s records. However, review of records can be detrimental to the therapeutic relationship and to the child’s sense of trust in therapy. If records are requested, I will only release records to both parents. In general, parental support in therapy is crucial, and parents will be kept informed of their child’s treatment goals and progress.

**Termination**  
The end of our work together should be as thoughtful and intentional as our decision to work together. Termination may occur in several contexts, such as:

* You have achieved the goals that are made at the outset
* You have realized maximum benefit from the therapy
* We decide that referral to another therapist or specialist is in your best interest for you to reach your goals

To sustain the benefits of therapy over the long-term, termination is a process that we prepare for and discuss as a team. You have a right to terminate therapy at any time, though I request that our last session together be in person as a way to review our work together and identify any outstanding resources that may need to be addressed in the short- or long-term.

If services lapse for 60 days, I will send you a letter with a 2-week window in which you may call to schedule a next appointment. If I don’t hear from you in response, I will go ahead and close your chart.

**By signing below, I consent to be provided mental health services by Amy Ponteri, LPC, ATR-BC. I understand the potential risks and benefits of treatment and have had an opportunity to ask Amy Ponteri, LPC, ATR-BC about these services and to have my questions answered. I understand that it is my responsibility to suggest changes for improving my services to my counselor when appropriate, and that I am ultimately the director of my own treatment. I understand that I have the right to be informed of my diagnosis. I understand that I may revoke my consent at any time and refuse services.**

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If client is a minor, guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_