

Informed Consent

Wendy Crawford, MS, LPC
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Date: _____

Name: _____

Welcome to the counseling process with Wendy Crawford, MS, LPC. This document contains important information about our professional services and business policies. Please read it carefully and note any questions you might have so you can discuss them with your therapist during your intake. Once you sign this consent form, it will constitute an agreement between you and Wendy Crawford, MS, LPC.

Nature of Counseling Services

Psychotherapy is the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation. Psychotherapy has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of psychotherapy, it is difficult to predict what exactly will happen, but I will do my best to make sure you will be able to handle the risks and experience at least some of the benefits. However, psychotherapy remains an inexact science and no guarantees can be made regarding outcomes.

Fee-Related Issues

Evaluation & Intake Interview appointments always cost \$125 USD.

Fee for individual 50-minute therapy sessions is \$125 USD.

In unusual circumstances, you may become involved in litigation wherein you request or require my participation. You will be expected to pay for such professional time even if I am compelled to testify by another party. You will be expected to pay for each session at the time that it is held. Payment schedules for other professional services will be agreed to when these services are requested. ***In circumstances of unusual financial hardship, you may negotiate a fee adjustment or installment***

payment plan. Once your standing appointment hour is scheduled, you will be expected to pay for it (even if it is missed) unless you provide 24-hours advance notice of cancellation. If you have a health benefits policy, it will usually provide some coverage for mental health treatment when a licensed professional provides such treatment. I will provide you with whatever assistance possible to facilitate your receipt of the benefits to which you are entitled, including completing insurance forms as appropriate. However, you (not your insurance company) are responsible for full payment of the fee. Carefully read the section in your insurance coverage booklet that describes mental health services and call your insurer if you have any questions.

Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plans or summaries, or in rare cases, a copy of the entire record. This information will become part of the insurance company's files, and in all likelihood, some of it will be computerized. It is best to discuss all the information about your insurance coverage with me, so you can decide what can be accomplished within the parameters of the benefits available to you and what will happen if the insurance benefits run out before you are ready to end treatment. It is important to remember that you always have the right to pay for counseling services yourself if you prefer to avoid involving your insurer. If you have an emergency please call the Emergency Room at your nearest hospital, or dial 9-1-1.

Confidentiality

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission (in the form of a Release of Information). However, there are a number of exceptions where:

A client is a danger to self / others,

A client requests release of information,

A court orders a release of information,

A client initiates a malpractice lawsuit,

A client is below 18 years of age, parents have rights to therapeutic information,

A child is abused or neglected,

An elderly person is abused or neglected

An insurance company or managed care company requests a diagnosis and / or relevant clinical information.

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Client Signature and Date
