

Ground and Path Contemplative Counseling

W. Trent Schmiedehaus, LCSW

INFORMED CONSENT FORM

Welcome to my psychotherapy practice! This document contains important information about my professional services and business policies. Please read it carefully and make note of any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent a working agreement between us.

PSYCHOTHERAPEUTIC SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address. **In order for therapy to be successful, you will have to take an active role in your care and work on things we talk about both during sessions and at home.**

Psychotherapy can have benefits and risks. Since therapy often involves discussing difficult aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, or helplessness. Psychotherapy has also been shown to have significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, reduced feelings of distress and greater overall well-being, however there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If it is determined I am not a good fit for you, I will be happy to offer referrals to other mental health professionals if you request them.

CONFIDENTIALITY

In general, the privacy of our communication is protected by law, and I can only release information about our work with your written permission, however there are a few exceptions. According to Texas state law and the ethical code of my profession, I am obligated to disclose information without your authorization if:

- I receive information that a child, an elderly person, or a disabled person has been abused or neglected, or is at risk of being abused or neglected.
- You seriously threaten to hurt yourself or someone else.
- I am subpoenaed to do so by the courts.

Although we live in a big city, there may be times when I see you around town. If I do happen to see you, I will avoid acknowledging you. This is to protect your confidentiality and the integrity of our working relationship. If you say hello to me first, I will be happy to return the greeting, however if you choose not to say hello, the reasons will be understood and I will wait to greet you at our next session.

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Scheduling

First sessions are usually scheduled during our initial phone consultation. I also use email and text messaging, however I use electronic media for scheduling purposes only as they are not a secure form of communication. Please wait until we meet in person or speak on the phone to discuss any information relating to your care. After we have begun working together, I will schedule our following appointment at the end of our currently scheduled session.

For Individuals: I will usually schedule one 50-minute session (one appointment hour of 50 minutes duration) per week at a time we agree on, although at times sessions may be longer or more frequent. Frequency and length of sessions will be determined by your current needs and preferences, your treatment goals and my suggestions. **Once an appointment is scheduled, you will be expected to pay for it unless you cancel 24 hours in advance.** When it is possible, I will find another time to reschedule the appointment.

For Couples: I normally schedule a weekly session of 50-80 minutes in duration at a time we agree on, although some sessions may be longer and when necessary, more frequent. Frequency and length of sessions will be determined by your current needs, treatment goals and my suggestions. **Once an appointment is scheduled, you will be expected to pay for it unless you cancel 24 hours in advance.** Please be advised I do not see partners individually unless there is a clinically significant reason to do so, and only with the full knowledge and agreement of the other partner. I do not begin sessions or engage in communication without both partners involved. This includes electronic communication. If one partner is unable to attend a session, you will be expected to pay for it unless you cancel 24 hours in advance. When it is possible, I will find another time to reschedule the appointment.

ATTENDANCE POLICY

When we agree on an appointment time, this represents a time reserved for you. If you are unable to attend an appointment, **YOU MUST PROVIDE 24 HOURS ADVANCE NOTICE OR YOU WILL BE CHARGED THE FULL FEE.** If you arrive late to session, the appointment will end at the scheduled time. Late arrivals are also responsible for paying my full fee. I normally do not charge for unforeseen events such as car trouble (mechanical issues, not traffic) or sudden illness. If you are more than 15 minutes late to a scheduled session, I reserve the right to reschedule your session and attend to other matters. Excessive cancellations, late arrivals and/or no-shows often represent issues relevant to therapy. If this becomes a concern during our work together, I will address this with you in session.

PROFESSIONAL FEES

I charge fees based on the services you require. At times, I may have to raise my fees. If that becomes the case, I will offer you 30 days notice beforehand. Currently, my fee structure is as follows:

- \$170 for a 50 minute individual session
- \$200 for a 50 minute couple session
- \$260 for a 80 minute couple session

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I am occasionally able to offer reduced fees for those who cannot afford my standard fee, but who are committed to attending therapy regularly. If I am able to offer you a reduced fee, you must agree to attend therapy on a weekly basis unless scheduling is limited by my availability. If you are unable to attend therapy weekly, we will need to re-evaluate your use of the reduced fee option. This may result in your fee being raised to the standard rate, so the reduced fee slot so it can be used by someone else.

In addition to weekly appointments, I charge for other professional services you may need. Other services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records, correspondence or treatment summaries, and the time spent performing any other service you may request of me.

BILLING AND PAYMENTS

In order for us to set realistic treatment goals and priorities, it is important that you evaluate what resources you have available to pay for your treatment. You will be expected to pay for each session at the time it is held, unless we agree otherwise. In circumstances of unusual financial hardship, I am occasionally able to negotiate a fee adjustment or payment installment plan. **Once an appointment is scheduled however, you will be expected to pay for it unless you cancel 24 hours in advance.** I will keep a current credit card on file that I will charge if you do not arrive for our scheduled session. I will keep your credit card information secure and I will not charge you unless you do not show for our session or you fail to cancel within 24 hours.

If for any reason you get behind in your payment (due to no-shows, late cancellation, declined credit card, returned check, forgetting your method of payment, etc.), you will be expected to pay your balance in full at the beginning of the next session. If you are unable to do so, I may halt your treatment until full payment is made. It is my policy not to allow non-payment beyond one session. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information I release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. It is my legal right to disclose this information in the event that I need to collect overdue payment.

INSURANCE

I do not accept insurance as a form of payment, however I am happy to provide you with statements you can submit for reimbursement, when you request them. Please be aware that submitting statements for repayment can carry with it certain risks. Most insurance companies require a formal diagnosis in order to authorize repayment. Mental health diagnoses can become part of your permanent health record and in some cases have been known to impact whether one can obtain certain licenses, professional privileges or it may impact other domains I am not aware of. If you have any concerns about this, please contact your insurance carrier, professional association, licensing board or other relevant organizations.

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CONTACTING ME

You are welcome to contact me during business hours as you like. When I am unavailable, feel free to leave me a message on my confidential voice mail. I will make every effort to return your call within 24 hours with the exception of weekends and holidays. Throughout the year I am away from the office for conferences, training, vacation and other personal needs. If I will be unavailable for an extended time, I can provide you with the name of a colleague to contact, if necessary.

EMERGENCIES

Due to the nature of my practice, I am not able to respond immediately to crises. If you are ever in crisis and require immediate attention, please call 911 or the 24-hour crisis hotline immediately at (512) 472-HELP for urgent mental health or medical attention. You can also go to the nearest emergency room.

PROFESSIONAL RECORDS

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. Patients will be charged an appropriate fee for any professional time spent in responding to information requests.

ELECTRONIC AND SOCIAL MEDIA

I do not accept nor do I send friend requests to my clients through Facebook, LinkedIn or other social networking platforms. Again, this is to protect the confidentiality and integrity of our professional relationship.

PROFESSIONAL CONSULTATION

I usually find it helpful to consult other peer professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

Occasionally, I find it helpful to refer a client to a specialist for targeted treatment outside the scope of my practice. This can include referrals to a psychiatrist, neuropsychologist or other medical professionals. If this becomes the case, I will discuss this with you and offer you referrals when appropriate.

TREATMENT TERMINATION

If at any time during the course of your treatment I determine I cannot continue, I will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. You have the right to stop treatment at any time. If you make this choice, referrals to other therapists will be provided if you request them and I will offer you a final 'termination' session.

Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If you are meeting with another therapist, you must first terminate treatment with that therapist before I can begin providing services. If you remain in therapy

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with someone else and this becomes apparent after we begin, I am ethically required to terminate your treatment. Other legal or ethical circumstances may arise and compel me to terminate treatment. In these cases, appropriate referral(s) will be offered. I do not diagnose, treat, or advise on problems outside the scope of my competencies.

Other situations that warrant termination include: becoming enraged, threatening or hostile either during session or in our communication outside session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions; non-payment.

COURT INVOLVEMENT

By signing below, you agree not to involve me in any court case you may be party to. However, if you become involved in legal proceedings that compel my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Involvement in legal proceedings can require me to be away from my practice for one or more entire days, and significantly impacts my ability to serve other clients. Because of the difficulty of legal involvement, you will be expected to pay for my services, even if I am not called to testify. My rate for court involvement is \$350/hr for document preparation, deposition, court appearances or meetings with third parties such as attorneys. There will be a minimum billing of 2 hours/day for court appearances. If circumstances require me to be absent from my practice for an entire day, you will be expected to pay for my time each day(s) I am away from my office. This is non-negotiable and payment will be collected on a daily basis.

Your signature below indicates that you have read the information in this document and agree to abide by the terms as they are described above.

Client Name (print) _____

Client Signature _____

Date _____

Partner name (print if applicable) _____

Partner signature (if applicable) _____

Date _____

Therapist Signature _____ Date _____