



Haven Holistic Healing

131 Indian Lake Road
Suite 102
Hendersonville TN, 37075-3884

INFORMED CONSENT FOR PSYCHOTHERAPY TREATMENT

Welcome to Haven Holistic Healing. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

PSYCHOLOGICAL SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in psychotherapy, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. As your mental health provider, I have responsibilities to you, as well. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy or counseling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

ABOUT YOUR PROVIDER: ANDREA BOYD

I, Andrea Boyd am a Pre-Licensed Professional providing counseling services to you under the supervision of my clinical supervisor, Alexine Batts, LPC-MHSP, NCC, PMH-C. Her contact information is listed below. I am a Pre-Licensed Professional currently working towards completing all requirements to attain full licensure. This means, I am required to staff all cases and follow the leadership and guidance of my clinical supervisor, Alexine Batts, LPC-MHSP, NCC, PMH-C. All information shared with Alexine Batts will be done so in a confidential and clinical setting as required for licensure.

Alexine Batts LPC-MHSP, NCC, PMH-C. Certified EMDR Therapist
639 E. Main St. Suite B-103, Hendersonville, TN 37075
alex@alexinebattscounseling.com

CONFIDENTIALITY

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons and it is in the client's best interest to do so.

I am required to staff cases and follow the clinical guidance of my supervisor named above. All information shared in clinical supervision is held to confidence and the same HIPAA and confidentiality standards apply in supervision.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices (See Sample) provided to you. Please remember that you may reopen the conversation at any time during our work together.

LIMITATIONS TO CONFIDENTIALITY

A mental health provider is required by law to disregard the guidelines of confidentiality in some cases. Limitations of confidentiality are itemized below:

- 1.) If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
- 2.) If a client threatens grave bodily harm or death to another person.
- 3.) If the mental health provider has a reasonable suspicion that a client or other named person under the age of 18 or a vulnerable or elderly adult is the perpetrator, observer of, or victim of physical, emotional or sexual abuse.
- 4.) If mental health provider has a reasonable suspicion that a minor or vulnerable adult is a victim of neglect.
- 5.) If a court of law issues a legitimate subpoena for information stated on the subpoena.
- 6.) If a client ordered for treatment by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

APPOINTMENTS

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

If you need to cancel or reschedule a session, I ask that you provide a minimum of 24 hour notice. If you miss a session without canceling, or cancel or reschedule with less than 24 hour notice, my policy is to collect the FULL SESSION FEE (unless we both agree that you were unable to attend due to circumstances beyond your control, proof may be required).

You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time.

PROFESSIONAL FEES:

The standard fee for each session is \$90.00 per 50 minute session. This fee remains consistent for each 50 minute session and is due at the time the session is rendered, unless prior arrangements were made and agreed upon in writing. If extra services are requested or required, additional fees would apply see "Extra services Agreement".

PAYMENT FOR SERVICES:

Payment for services will be made to Haven Holistic Healing in the form debit/credit card or cash, no checks will be accepted.

Haven Holistic Healing, LLC requires a debit/credit card to be on file to reserve or schedule a session. If session fee is not paid in cash at the conclusion of the session, the debit/credit card on file will be charged for the session unless otherwise specified and agreed upon in writing.

If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment at your expense as stated in the "Extra Services Agreement".

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (\$45.00 per half hour) for other professional services that you may require such as report writing, telephone conversations that last longer than 10 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request.

If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify (see "Extra Services Agreement" stated below).

PRIVATE PAY:

Haven Holistic Healing is not currently an in-network participant with any insurance providers at this time. Therefore, all services are offered by private pay only.

If requested by you, I will supply you with a receipt of payment for services, for tax purposes. If you prefer to use a participating provider, I will refer you to a colleague.

PROFESSIONAL RECORDS:

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office and or in this electronic health record (EHR) system. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file or a detailed summary of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them with me or have them forwarded to another mental health professional to discuss the contents to ensure it is in your best interest to share the contents prior to sharing.

If I refuse your request for access to your records, you have the right to have my decision reviewed by another mental health professional. We can discuss upon your request. You also have the right to request that a copy of your file be made available to other health care providers.

All requests for documentation or summaries provided electronically, either through Therapy Appointment Client Portal or provided via Fax will accrue a \$40.00 fee. documentation preparation will be provided electronically after fee is paid.

If documentation or summary is requested or required also involves printing and or mailing services, there is an additional \$40.00 fee for the printing and mailing services. (see "Extra Services Agreement" stated below).

TREATMENT OF A MINOR & PARENTS:

1.) While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent.

2.) For children 14 and older, I request an agreement between the child and parents to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication requires the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions). In this case, I will make every effort to notify the child of my intention to disclose information and handle any objections raised.

3.) If parents are legally separated, divorced, or being investigated by any legal entity, a digital or paper copy of the parenting plan, guardianship paperwork and or court issued degree must be provided to mental health provider BEFORE the initial session.

4.) Therapist or counselor cannot "hold" a "secret" of sensitive information that could jeopardize the impartiality, trustworthiness, treatment goals, or therapeutic relationship. Such examples include but are not limited to an affair, undisclosed adoption, etc. See "No Secrets Policy" below.

TREATMENT OF A VULNERABLE ADULT:

1). A vulnerable adult are those who are legally deemed otherwise incapable of making decisions for self.

2). If one signing is a guardian or power of attorney to a vulnerable adult who is seeking treatment, please provide therapist/counselor all legal documentation prior to initial session.

CONTACTING ME

The best way to contact me is phone call, text, or email.

CALL/TEXT

(615) 219-4067 EMAIL: andrea@magnoliamentalhealing.com

PHONE CALLS (615) 219-4067

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters.

Phone calls more than 10 minutes are subject to charge at a rate of \$45.00 per 30 minutes.

If, for unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency Room or call 911 and call 988, suicide prevention hotline.

I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

TEXTING

I will text ONLY regarding scheduling, cancelling, rescheduling, or estimated time of arrival (ETA) if running late to appointment. No other texting is permitted. I will not text therapeutic content or advice.

EMAILS andrea@magnoliamentalhealing.com

You are welcome to email me information, updates, scheduling, cancelling or rescheduling requests, or other information to be discussed at scheduled appointment. However, I cannot provide therapeutic services or advice via email.

Frequent or lengthy (time consuming), or emails requiring more time and attention than 10 minutes is also subject to charge for time or more strict email boundaries.

SURVEILLANCE

The Haven Holistic Healing LLC's facility has 24 hour video surveillance in all shared spaces, including entry annex, lobby, and halls. By entering facility suite, you consent to being under surveillance.

INFECTIOUS OR CONTAGIOUS DISEASE POLICY

All clients are expected to cancel or reschedule if sick with any of the following symptoms: fever, chills, sneezing, coughing, contagious rashes or topical infections, any other flu-like or virus symptoms, or in direct contact with an individual representing these symptoms longer than 15 minutes.

Client(s) must be symptom free for 24 hours or more before session.

Client(s) are still expected to follow the late cancellation/reschedule policy

If sick symptoms occur within 24 hours of appointment, tele-health or secure virtual platform could be an alternative option for the client at the originally scheduled session time.

Please text mental health provider as soon as possible to inform me of your request to utilize tele-health for your session.

If you arrive to session sick, or disclose experiencing symptoms within 24 hours, or disclose close contact with an individual representing symptoms, you will be asked to leave and expected to pay for the session.

INCLEMENT WEATHER POLICY

Session cancellations due to weather will be determined ONLY by the mental health provider.

Sessions will occur as expected unless otherwise notified via text by mental health provider. If concerned, please text provider.

If client chooses to cancel, reschedule, or not honor the session time due to the weather and it has not been deemed inclement by mental health provider, it is considered a Late Cancelled or No Show appointment. Fees apply.

Excessive rain/storms or fear of driving in rain/storms does not considered inclement weather exception, regardless of pre-existing condition or related diagnosis.

EXTRA SERVICES POLICY

If in any case, extra services are requested or required of therapist, such as but not limited to cooperation with the courts, subpoena, testimony, collection services, any action required with refusal to pay or therapist

involvement in any disputes or any situations outside of a therapy session, requiring time and or money, the client is responsible for ALL fees accrued for extra services (including but not limited to legal fees, collection fees, etc.) AND a cost of time at rate of \$150.00 per half hour of time used for extra service per professional involved (if legal or ethical assistance is required, other professionals will get involved) of time necessary to complete tasks requested or required. Client will be notified by therapist of situation and the card on file will be charged.

Please be aware, if any legal or ethical task or action is required or requested for any reason, Haven Holistic Healing, LLC will seek legal counsel and or legal representation at the client(s) expense. Rate for legal counsel is also \$150.00 per half hour fully at client(s) expense in addition to the previously stated fees.

All extra services fees and reimbursement for legal representation fees must be paid to Haven Holistic Healing, LLC in full within 24 hours of service.

Card on file will be charged. If not paid, collections or small claims suit will occur, also at client(s) expense at the same rate stated above plus cost of collections and or court fess.

EXTRA SERVICES: DOCUMENTATION OR REQUEST FOR RECORDS

A client may request documentation or request for records, however the client would be responsible for the following fees:

Documentation Preparation: preparing already completed documentation or writing a simple summary of services is \$40 per occurrence.

Fee applies per request or requirement from client or other entity.

Documentation to be provided electronically via Therapy Appointment client portal.

Mailing Services: Printing, Sealing, and Mailing Services is an additional \$40 charge, in addition to the \$40 preparation fee. This fee does not apply if paperwork is requested to be faxed or provided through portal.

These fees must be paid prior to preparation and mailing services occur.

NO SECRETS POLICY

When treatment and or treatment goals involves more than one persons, marital or family therapy, Haven Holistic Healing or any of its mental health counseling providers cannot "hold" or "keep secret" sensitive information from the other persons involved in treatment that could jeopardize the impartiality, trustworthiness, therapy goals, or therapeutic relationship with any persons included in treatment. If a secret is disclosed to Andrea Boyd, such as but not limited to a secret relationship, an extramarital relationship or affair, a secret addiction, undisclosed adoption, esc, Andrea cannot continue treatment with one or all parties until secret is disclosed to honor the therapeutic relationship with all persons involved.

REFUND POLICY

Haven Holistic Healing, LLC has a no refunds policy. In the occurrence that a card is charged for payment for session, late cancellation, late reschedule, or failure to honor session (no show), no refunds will be provided, no exceptions.

If client believes to have been overcharged, please contact provider or Haven Holistic Healing, LLC with the evidence and the overcharge will be corrected via check or can be credited for future sessions.

CLIENT RESPONSIBILITIES AND EXPECTATIONS

Client(s) are expected to maintain a physically, mentally, emotionally, sexually, and spiritually safe environment for all providing or receiving services at the office building.

Client(s) are expected to refrain from any of the following:

- 1.) Use of intimidation, yelling, screaming, use of expletives or name calling directed at another person in the office, threatening or violent behavior of any kind.
- 2.) Use of any disruptive behavior of any kind.
- 3.) Use of racial, prejudice, or sexually explicit behavior, gestures, pictures, videos, or apparel or any kind.
- 4.) Use of any substance, such as cigarettes, alcohol, prescription drugs, or illicit drugs on the premises.

WEAPONS ARE NOT PERMITTED ON THE PROPERTY

Client(s) are expected to honor treatment agreement policies, arrive to session on time, and treat others

with respect on the premises.

Client(s) are expected to leave if requested to leave by staff, which would only occur if client(s) were jeopardizing the physical, emotional, physical, mental, or spiritual safety of anyone in the office. If this were to occur, the expense of the session will be the responsibility of the client.

Client(s) can expect to be treated with respect and be able to receive treatment in a safe space.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for six consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Place your signature here:

 Erase  Type

Client Legal Name - First, Last

Date of Birth

Client Address
