***Serenity Professional Counseling Consent for Services***

Maggie Wilhelm Professional Clinical Counselor, Inc.

LPCC 5163

Therapy for Individuals, Couples, and Families

[www.SerenityProfessionalCounseling.org](http://www.SerenityProfessionalCounseling.org)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Treatment/Assessment**

The potential risks and benefits of this treatment have been explained to me by Ms. Wilhelm. I understand that I may ask her about these matters, or any other issues pertaining to my psychological care. I also understand that I have the right to withdraw this consent at any time.

Initial \_\_\_\_\_\_\_\_\_

**Right to Confidentiality**

I understand that Ms. Wilhelm will provide no communication, either orally or in writing, to any third party unless I direct her to do so as indicated by completing an Authorization for Release of Information Form.

Initial \_\_\_\_\_\_\_\_\_

**Exceptions to Confidentiality**

I understand that Ms. Wilhelm is legally and ethically mandated to disregard the abovementioned rule of confidentiality and to report the following situations to the proper authorities. Specifically, if Ms. Wilhelm has reason to suspect I may have the intent to harm myself or someone else or if there is suspected child abuse, elder abuse, or dependent abuse of any kind, Ms. Wilhelm **must** report this information.

Initial \_\_\_\_\_\_\_\_\_

**Financial Obligation**

I am responsible for the fees incurred from the services rendered by Ms. Wilhelm. In the event of a default in payment, I agree to pay a finance charge of 2 percent per month of the unpaid balance, and collection costs including reasonable attorney’s fees.

Initial \_\_\_\_\_\_\_\_\_

**Notice of Privacy Practices**

I have received & reviewed Ms. Wilhelm’s Notice of Policies and Practices to Protect the Privacy of my Health Information (PHI). I understand these policies & consent to treatment.

Initial \_\_\_\_\_\_\_\_\_

**Authorization for Communication via Email and Text Messaging**

I hereby authorize communication via telephone and text message. I understand the risks associated with my Protected Health Information and consent to the use of email while Ms. Wilhelm renders services.

Initial \_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fee Schedule and Office Policies Regarding Payment of Services**

1. **Fee Schedule**

a. Charges for all case-related activities including, but not limited to: Psychotherapy, psychological testing, review of all relevant records, consultation, time spent preparing progress notes or psychological reports (beyond 10 minutes in length), time spent preparing for testimony, and phone conversations over 5 minutes in length, will be billed at the rate of $150 per individual 50- minute session, and $175 per couple/family 50-minute session.

b. Fees are to be paid to Maggie Wilhelm. You will be asked to complete payment at the end of each session unless a prior arrangement has been agreed upon by you and Ms. Wilhelm. If an alternative payment agreement is made, you will receive an invoice from Ms. Wilhelm on the last day of the month. Receipt of payment is expected within 15 days of the invoice.

c. All questions related to fees and billing are to be directed to Ms. Wilhelm.

d. Ms. Wilhelm is private pay, meaning she does not accept insurance. Please direct all questions and concerns to Ms. Wilhelm. Sliding scale can be implemented as agreed upon with Ms. Wilhelm.

e. Packages are available at a reduced rate when paid in advance.

2. **Cancellation Policy**

a. For psychotherapy cases, sessions that are cancelled with 24 hours or more notice will not be charged. Missed appointments without advanced notice will be charged. However, every effort will be made to re-schedule a missed appointment during the same calendar week at no extra charge.

b. Up to three cancelled appointments during a calendar year will not be charged. Beyond three occurrences, advance notification is still appreciated but a charge will be incurred.

 **3. Credit Card to remain on file for Skype/phone sessions or missed sessions:**

 Card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date: \_\_\_\_/\_\_\_\_\_ CCV code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Billing Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature authorizing payment:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Information**

I authorize Ms. Wilhelm to release or receive information pertaining to my psychological treatment. This

information will be used for treatment planning and collaboration.

My name is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like you to contact and/or send a report to the following persons:

(e.g., doctors/professionals/agencies/schools/family members, etc.) [Only one form per agency or clinic]

1. Name:

Address:

Phone Number:

Fax Number:

□ Release Information □ Receive Information

2. Name:

Address:

Phone Number:

Fax Number:

□ Release Information □ Receive Information

I understand that Ms. Wilhelm is unable to communicate, either orally or in writing with any unauthorized

person. This consent is valid for one year from the date signed. I understand that I may withdraw this consent at any time. I also understand that I will receive a copy of this form.

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Conservator/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Note to Receiving Agency/Person: You may not redisclose any records or information contained in any records unless the person who consented to this disclosure specifically consents to such redisclosure.

***Serenity Professional Counseling***

**Professional Disclosure/Consent for Services**

**Outpatient Services and General Information**

Welcome to my practice! This document contains important information about my professional services and business policies. Both law and ethics require that I provide you with the following information before we begin working together. Please read the following carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

**Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client 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. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be more successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reduction in feelings of distress. However, there are no guarantees of what you will experience and we will address your experience during treatment.

Our first few sessions will involve an evaluation of your needs (or the needs of your child). By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue 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 any questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Meetings**

I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide whether I am the best person to provide the services you and/or your child needs in order to meet your treatment goals. I also offer a 15-minute phone consultation free of charge in order to assess if I am the best person to provide services for you. If psychotherapy has begun, I will usually schedule one 50-minute session per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you give 24 hours notice of cancellation. Please refer to my office policies for more detailed information regarding my cancellation and payment policies.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contacting Me**

I am often not immediately available by telephone (626) 344-0203. I will likely be unable to answer the phone when I am with a client. When I am unavailable, my telephone is answered by voice mail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform me of times when you are available. If you are unable to reach me and feel that you can’t wait for me to return your call, contact 911 or go to the nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact.

**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 unless I believe that seeing them would be life-threatening, in which case I will be happy to send them or a summary to a mental health professional of your choice. In some cases I may choose to provide you with a summary of the records. Because these are professional records, they can be misinterpreted by 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. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

**Confidentiality**

In general, the law protects the privacy of all communications between a client and a psychotherapist, and I can release information about our work to others only with your written permission. But there are a few exceptions: In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issues, a judge may order my testimony if he or she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a client’s treatment. For example, if I believe that a child, elderly person or disabled person is being abused, I **must** call and file a report with the appropriate state agency. If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, I may be obligated to seek hospitalization for him or her or to contact family member or others who can help provide protection.

These situations do not occur frequently. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action. I may occasionally find it helpful to consult other professionals about the case. During a consultation, I make every effort to avoid revealing the identity of my client. 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 it is important in our work together.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Therapy Guidelines**

Therapy is a very personal experience and disclosure of deeply felt thoughts and experiences are often shared. This therapeutic relationship can and often becomes very close and significant to all parties involved. Although this closeness is normal, it is necessary for all clients to recognize that I cannot at any time, during or after your course of treatment, be friends or engage in any business endeavors. Should we meet by chance outside of the therapy office, I will not approach you in an effort to maintain your confidentiality. If you choose to greet me then I will gladly respond to you but I will keep our conversation to a minimum to preserve your privacy. For some clients discussions of a sexual nature, whether thoughts or feelings, may be a part of therapy. Note that actual sexual relations between clients and psychotherapists is **never** allowed. These boundaries are significant for ethical, professional, and effective psychotherapy. If you have had a sexual relationship with a therapist in the past I can provide you with support and resources to help you deal with that experience. I will maintain your confidentiality if this situation is applicable and I cannot report that therapist without your consent to do so.

**Social Media Policies**

This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

**Friending and Follow Requests**

I do not accept friend or contact requests from current or former clients on any personal social networking sites (Facebook, Instagram, Twitter, LinkedIn, etc). I 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 we meet and we can talk more about it. I believe having clients as “friends” creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of friends to know that they will not find client names on that list. My professional social media accounts are used strictly for professional purposes, and it is important to be aware that if you “follow” these accounts, your confidentiality cannot be guaranteed due to it being a public account.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Messaging**

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. If you have provided consent to receive a SMS appointment reminder through my Google Voice, please know that your privacy may be compromised as SMS messages are not a secure form of communication. Reminders are a courtesy option and you can opt out at any time. In general, both SMS and networking sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me 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 chart. If you need to contact me between sessions, the best way to do so is by phone. Direct email at maggiewilhelmtherapy@gmail.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 my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me 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 I ever resort to such means, I will fully document it and discuss it with you when we next meet.

**Business Review Sites**

You may find my psychology practice on sites such as Psychology Today, Google, 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 my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, or endorsement from you as my client. The American Counseling Association’s Ethics Code states under Principle C.3.b. that it is unethical for psychologists to solicit testimonials: “Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.” Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. You are more than welcome to tell anyone you wish that I’m your therapist or how you feel about the treatment I provided to you, in any forum of your choosing. If you do choose to write something on a business review site, please keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, 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 on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

**Email**

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you have provided consent to receive an email appointment reminder through my online service Simple Practice, please know that your privacy may be compromised as email messages are not a secure form of communication. Reminders are a courtesy option and you can opt out at any time. 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.

**Venmo & IVY Credit Card Services**

I use IVY & Venmo in order to accept credit cards as a form of payment for services. If you use a credit card to pay for services, you may receive a text or email receipt or a form of communication once the transaction occurs. IVY was designed specifically for therapy, and keeps your identity confidential. While I attempt to maintain discretion by using my business name on Venmo, please note email correspondence between you and these companies are not always secure. In addition, while I highly recommend selecting the “private” payment to secure confidentiality, if this option is not selected, I cannot guarantee your confidentiality.

**Conclusion**

If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement to the Consent to Treatment Policies**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree to the terms of the psychotherapist-client contract with Magdalene (Maggie) Wilhelm, LPCC 5163. Your signature below indicates that you have read the information in the attached document and agree to abide by its terms during our professional relationship.

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Receipt of Privacy Practices Statement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of the Therapist’s Policies and Practices to Protect the Privacy of my Health Information. My therapist has discussed this document with me. Your signature below indicates that you have read the information in the attached document and agree to abide by its terms during our professional relationship.

Signature of Client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Email or SMS reminders**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am consenting to receive EMAIL / SMS (PLEASE CIRCLE ONE OR BOTH) appointment reminders (via Simple Practice or email) for my appointments. My therapist has discussed this optional service and privacy information with me.

OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am DECLINING the option of receiving either email or SMS (text) message reminders of our appointments.

Signature of Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Serenity Professional Counseling Intake Form***

Name:

Today’s date:

Age:

Relationship Status: Single Married Separated Divorced

Occupation:

1. Briefly describe what brought you to seek therapeutic services at this time.

2. Have you ever been diagnosed with any mental health disorders? Prior history of mental health issues, treatment, or therapy? If so, what was helpful?

3. Are you currently taking any psychotropic medications? If so, please list medication, dosage, & frequency taken.

4. Any history of hospitalizations for psychiatric reasons? If so, please list dates & reason for hospitalization.

5. Do you currently have any safety concerns (suicidal or homicidal planning/intent to harm) or self harm behaviors? Any history of these thoughts/behaviors?

6. Any current or history of substance abuse?

7. Any current or history of legal problems?

8. How would you describe your support system?

9. On a scale of 1-10, 1 being extremely dissatisfied and 10 being extremely satisfied, how happy are you with your current relationships/support system?

10. Do you have any history of trauma or abuse? Are you currently experiencing any safety concerns (ie. Domestic Violence)?

11. Have you recently experienced any major life changes such as a death, loss of a relationship, stage of life change (ie. empty nester), job change, major move, etc.? Please describe.

12. What do you do for enjoyment?

13. What is your main hope/goal in coming to therapy?