



INFORMED CONSENT

PROVIDERS	
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The Counseling Process

Counseling is summarized by guided methods of resolving issues with the assistance of a licensed professional. It is essential to establish a positive, professional, client-therapist relationship so that desired change can become the new lifestyle. Various therapy methods are used to promote long-term solutions unless there is an immediate need that should be discussed first. Typically, an initial biopsychosocial assessment is completed in the first session, followed by a treatment plan and mental health evaluations. Depending on the needs of the individual, the client could attend weekly, bi-weekly, or monthly appointments; there will be regular reevaluations of the efficiency of the treatment plan. Sessions usually last 30-60 minutes. Written reports may be provided if needed. Charges may apply. Clients have access to their charts and the objectives of their treatment.

Length of Service

A treatment plan will be determined after the client's initial assessment components. In the event that the client does not have insurance, the determined treatment plan will remain unchanged until a reevaluation takes place. Comparatively, clients with insurance may experience their HMOs to determine the length of service. In addition, the allotted span of service may not reflect the treatment plan. In that case, the client and therapist will seek the best possible plan for the client and plan according to HMOs coverage and make accommodations for self-pay. Referrals can also be provided. The therapist reserves the right to refer the client to a colleague or other mental health professional for further treatment or resources.

If the client has 3 missed appointments, there will be a 3-month hold on their appointments

Another reason for the interruption of services would be the client's inability to maintain scheduled appointments. There are competitive slots of time in which other clients also need aid in their day-to-day lives and require scheduled and timely assistance. If unable to attend, contact Miracle within 24 hours or become responsible for covering the session fee. In the event the therapist cannot keep an appointment, the receptionist will contact the client to reschedule.

Parameters

If a grievance should arise, the client is responsible for completing the Grievance Form (available at the front desk) in its entirety. Miracle will review the material and work on a resolution with the parties involved. An Authorization for Release of Information is required prior to information leaving the office and discussing confidentiality information with someone out of the therapeutic context. This consent relies on the confidential manner in which my case is discussed, and I understand it is solely dependent on providing me quality service. The client's services are based on the agreed treatment plan and Miracle Counseling and Life Coaching LLC's resources. If the therapist or client cannot meet the treatment plan's goals effectively, the therapist will refer the client to other resources. We work endlessly to provide a safe place for all beliefs, cultures, and races. Please note that Miracle Counseling and Life Coaching is LLC only open by appointment.

In case of an emergency, please call 911, contact the Suicide Prevention Lifeline at 1-800-273-TALK (8255), or go to the hospital most convenient near you. Otherwise, please make an appointment to directly discuss therapeutic matters with the therapist.

**** For your safety and the safety of the staff of miracle counseling, we have installed cameras around the building, lobby area, and reception. There are no cameras installed in the area of therapy.**



Cost

Copays, deductibles, and coverage depend on the client's health maintenance organization membership. In the event the client does not have coverage, a session-to-session payment plan will be established. Copies of the client chart are provided for a fee of \$28. The price schedule is as follows:

THERAPY		
	30 MINUTES	60 MINUTES
Individual	\$80	\$140
Couples	\$100	\$180
Family	\$160	\$280

OTHER SERVICES	
Coaching (SET OF 2/4)	\$250/\$450
Courses	VARY
Letters	VARY
Reports	VARY

Confidentiality

I consent to the use of other agencies regarding payment of my therapeutic mental health sessions (if applicable). I also consent to share records with government agencies, health management organizations, and medical institutions for my well-being and their child's well-being (if applicable). All Conversations are strict confidentiality to the limits of the law. If the therapist believes that a third party, the therapist, or the client, is in danger, I consent to contact anyone responsible for the prevention of harm to occur. I also authorize the therapist to contact any medical or law enforcement personnel to aid in the manner of abusive, harmful, and life-threatening situations. The client authorizes the undersigning therapist to consult with the professionals relevant to promoting my well-being. Miracle Counseling and Life coaching LLC follows all of HIPAA's ethical standards prescribed by state and federal law. All guidelines promote the safekeeping of patient files, which include all written and recorded evidence provided by other professionals and institutions as well as collected during therapy. No information will be released without the patient's consent unless mandated by law. By consenting to the informed consent, you give the undersigned therapist permission to disclose information to persons required by law. In the event of a therapist's leave, the therapist's cases may be passed on to another therapist within Miracle Counseling and Life Coaching LLC. I agree to this process unless I arrange for a different approach.

Consent to Treatment

By signing below, I agree to have read the information provided and consent to receive mental health assessment, treatment, and services for myself (or child, if relevant). I also understand the parameters of counseling, my professional relationship with the counselor, and my own responsibilities. I am adherent to participation and am doing so on my own accord. In the event that participation is court mandated, I understand my rights and responsibilities as well. I know where to obtain help in the event of an emergency.

*****Good Faith Estimate is available upon request*****

I have read the informed consent and have understood my responsibilities and rights as a client.

Patient's Name	Signature	Date
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Relationship to Patient	Signature	Date
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Miracle Counseling has provided the informed consent and has explained mutual responsibilities and rights.

Therapist Name _____ Signature _____ Date _____