



## **Evolve Counseling & Consulting LLC**

### **CONFIDENTIAL**

### **INFORMATION AND CONSENT FOR ASSESSMENT AND TREATMENT**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Welcome to Evolve Counseling & Consulting, LLC. I am very pleased that you have chosen Evolve for your therapy needs, and I am sincerely looking forward to working with you. This document is designed to inform you about what you can expect from me, as your therapist, concerning confidentiality, emergencies, and several other details regarding your treatment here at Evolve Counseling & Consulting, LLC. Although providing this document is part of an ethical obligation to my profession, more importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

### **Background Information, Theoretical Views, & Client Participation**

It is my belief that as people become more aware accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your therapy at any point. In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy sessions. Generally, the more of yourself you are

willing to invest, the greater the return.

Furthermore, it is my policy to only see clients who I believe have the capacity to resolve their own problems with my assistance. It is my intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without therapy. I also don't believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way will produce maximum benefit.

### **Confidentiality & Records**

Your communications with me as your therapist will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). The hard copies (paper forms) of your PHI will be kept in a file stored in a locked cabinet in our locked business office. It is filed under your first name and last initial to protect your confidentiality to the fullest extent. I will always keep everything you say completely confidential, with the following exceptions: (1) you direct me to tell someone else and you sign a "Release of Information" form; (2) I determine that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. I cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential. If I am requested to testify on your behalf in a court case my fee is \$500 an hour including travel time to and from the court venue.

### **Structure and Cost of Sessions**

#### **Private Pay**

As your therapist, I agree to provide psychotherapy and life coaching for the fee of \$150 per 45-minute session. Group therapy sessions are provided for a varying rate fee per 55-minute session (group sessions must have a minimum of three participants). Mental health assessments are provided for a fee of \$265 per 75-minute session. Conducting psychotherapy by telephone is not ideal, and needing to talk to me between sessions may indicate that you need extra support. If this is the case, we will need to explore adding sessions or developing other resources you have available to help you. Telephone calls that exceed 10 minutes in duration will be billed at \$3.00 per minute. The fee for each session will be due prior to the beginning of the session. Acceptable methods of payment include cash, and all major credit/debit cards. I will provide you with a receipt of payment if requested. Please note that there is a \$50 fee for any cancelled or expired credit cards.

## **Insurance Reimbursement**

Ultimate financial responsibility for our services rests with you, regardless of insurance coverage. It is your responsibility to know what your insurance policy covers before you come to your session. If your visit is denied by the insurance company due to lack of notification or authorization, you are responsible for the entire balance. Copays are due before each session.

Evolve Counseling & Consulting is not currently an in-network provider with any insurance panels. We are working with an organization, Thrizer, that can help you receive reimbursement for out of network services if eligible. We can also provide you with an invoice for you to submit to your insurance provider for possible reimbursement for out-of-network counseling services if you prefer. Should you choose to file with your insurance, I will provide you with a Statement for Insurance Reimbursement. I am not responsible for any problems with insurance, and it is your sole responsibility to deal with your insurance company.

## **EAP Reimbursement**

Employee Assistance Program sessions are generally offered to you, at no cost, by your employer. It is your responsibility to contact your employer to notify them of your scheduled sessions, and to obtain accurate information on the number of covered sessions. You will be billed directly for any sessions that go beyond your employers approved number of sessions. If it is determined that additional sessions are needed, we will assist you in the self referral process.

## **Subscription Members**

Subscription members will be sent invoice monthly as previously agreed upon. Invoices must be paid within 7 days to continue services. Monthly subscription will cover one weekly session within that calendar month.

## **Cancellation Policy**

By signing this document, you agree that when setting an appointment with Evolve Counseling & Consulting, LLC, you are entering into a contract for professional time and services. By entering this contract you are specifically contracting for services to prepare for your session in advance. Please recognize that professional services are not only provided during your appointment time but also during the 24 hours prior to and following your appointment time. These services involve preparation for the scheduled session, case review, case notes, and consultations with other professionals as agreed in writing, to assist with your treatment. In the event that you are unable to keep an appointment you must notify me at least 48 hours in advance to be released from the contract for Evolve Counseling & Consulting, LLC and my (Jesenia Minniefield) time and services of preparation for your session. **If you fail to cancel your appointment within the 48-hour minimum time period prior to your session you will be charged the full fee for the missed session and the services provided in preparation of your appointment.** Please note that insurance companies do not reimburse for missed sessions.

## **In Case of an Emergency**

Evolve Counseling & Consulting, LLC is considered to be an outpatient facility and is set up to accommodate individuals who are reasonably safe and resourceful. I do not have after-hours phone service nor am I available at all times. If at any time this does not feel like sufficient support, please inform me, and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls and emails within 24-48 hours during the business week. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

Call 911 or go to your nearest emergency room.

Contact your local crisis hot line or the US National Suicide Prevention line at 1-800-273-8255 or via text 988

## **Professional Relationship**

Psychotherapy/ Life coaching is a professional service I will provide to you. Because of the nature of therapy, our relationship has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why our relationship must remain professional in nature.

Additionally, there are important differences between therapy and friendship. Friends may see your position only from their personal viewpoints and experiences. Friends may want to find quick and easy solutions to your problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A therapist offers you choices and helps you choose what is best for you. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change.

You should also know that therapists are required to keep the identity of their clients confidential. As much as I would like to, for your confidentiality I will not address you in public unless you speak to me first. I also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, I will not be able to be a friend to you like your other friends. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any

way, they are strictly for your long-term protection.

### **Statement Regarding Ethics, Client Welfare & Safety**

Evolve Counseling & Consulting LLC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Workers. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately.

Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, I will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once we are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

### **Technology Statement**

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that I maintain your confidentiality, respect your boundaries, and ascertain that our relationship remains therapeutic and professional. Therefore, I have developed the following policies:

**Cell phones & Texts:** It is important for you to know that cell phones may not be completely secure and confidential. However, I realize that most people have and utilize a cell phone. I will be using a cell phone to contact you. If this is a problem, please feel free to discuss this with me. **Please note that I do NOT use text messaging as a means to communicate with clients for any reason.** Please do not attempt to communicate with me via text messaging. Appointments cannot be made or cancelled via text.

**Email:** Emailing is not a secure means of communication and may compromise your confidentiality. However, I realize that many people prefer to email because it is a quick way to convey information. **However, please know that it is my policy to utilize this means of communication strictly for brief topics such as appointment confirmations.** Please do not bring up any therapeutic content via email to prevent compromising your confidentiality. You also need to know that I am required to keep a copy of all emails as part of your clinical record.

Social Media Policy: It is my policy not to accept requests from any current or former client on social networking sites such as Facebook, LinkedIn, Instagram, Pinterest, etc. because it may compromise your confidentiality. Evolve Counseling & Consulting has a business account page for Facebook and a blog, and you are welcome to follow me on any of these pages. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Evolve Counseling & Consulting.

### **Agreement to Enter into a Therapeutic Relationship**

I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please feel free to ask me.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, acknowledge receipt of the Health Insurance Portability and Privacy Act (HIPPA) Notice of Privacy Practices, and you agree to the policies of your relationship with your therapist, and you are authorizing **Jesenia Minniefield MSW LCSW QS**, to begin treatment with you.

*I have read and understand the above information. I consent to participate in a comprehensive initial assessment which will result in an individualized treatment plan. This may include referral to group therapy, case management, workshops, brief individual therapy, referral to campus or community agencies and more. I understand that I may stop treatment at any time.*

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Signature

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Date