**Informed Consent for Therapy Services:**

This document contains important information about 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. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

THERAPY SERVICES
Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. 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 the unpleasant aspects of your life.  However, psychotherapy has been shown to have benefits for individuals who undertake it.  Therapy 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.

The first few sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, your therapist will be able to offer you some initial impressions of what our work might include. At that point, your therapist will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with your therapist. If you have questions about the procedures, you should discuss them with your therapist whenever they arise. If your doubts persist, your therapist will be happy to refer you to another mental health professional for a second opinion.

APPOINTMENTS
Appointments will ordinarily be 30-60 minutes in duration, as needed at a time you and your therapist agree on. 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, please provide your therapist with 24-hour notice. It is important to note that insurance companies do not provide reimbursement for cancelled sessions. If it is possible, your therapist will try to find another time to reschedule the appointment. In addition, you are responsible for attending your session on time; if you are late, your appointment may still need to end on time. To schedule appointment, please visit online calendar https://natashatherapy.as.me.

PROFESSIONAL FEES
The standard fee for the initial intake is $100.00 and each subsequent session is $100.00 per 50-minute session.  A credit card is requested to keep on file. You are responsible for paying at the time of your session unless prior arrangements have been made. If you pay at time of session, you will receive a $20 discount. With your permission, I can charge your card after session or payment may be made by check out to *Natasha Klutts, LMSW*, cash, Paypal (nklutts.asap@gmail.com), or Venmo (@Natasha-Klutts). If you prefer to be billed, you agree to pay the full rate of $100 per session. *A* sliding scale fee for those who qualify is available. Please discuss with therapist prior to session.

INSURANCE
In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, *Natasha Klutts, LMSW* will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting your therapist know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person’s usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow your therapist to provide services to you once your benefits end.

You should also be aware that most insurance companies require your therapist to authorize them to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems.  All diagnoses come from a book entitled the DSM-V.) At times, additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases) are requested. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, *Natasha Klutts, LMSW* has no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. Your therapist will provide you with a copy of any report submitted, if you request it. By signing this Agreement, you agree that therapist can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover therapy fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment ) to be covered by the patient. Either amount is to be paid at the time of the visit. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount, which must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with your therapist until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all of the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for services for yourself to avoid the problems described above.

If *Natasha Klutts, LMSW* is not a participating provider for your insurance plan, a receipt of payment for services can be provided, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.  If you prefer to use a participating provider, Natasha Klutts, LMSW can refer you to a provider.

PROFESSIONAL RECORDS
Your therapist is required to keep appropriate records of the therapy services in which they provide. Your records are maintained in a secure location and except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers.  For this reason, Natasha Klutts, LMSW recommends that you initially review them with your therapist or have them forwarded to another mental health professional to discuss the contents. If your therapist refuses your request for access to your records, you have a right to have this decision reviewed by another mental health professional, which your therapist will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY
*Natasha Klutts, LMSW* policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS
While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is *Natasha Klutts LMSW’s* policy not to provide treatment to a child under age 13 unless s/he agrees that your therapist can share whatever information they consider necessary with a parent. For children 14 and older, *Natasha Klutts, LMSW’s* requests an agreement between the client and the parents allowing to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child’s agreement, unless your therapist feels there is a safety concern in which case therapist will make every effort to notify the child of intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING YOUR THERAPIST
Your therapist is often not immediately available by telephone. Your therapist will not answer their phone when they are with clients or otherwise unavailable. At these times, you may leave a message on their confidential voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from your therapist or your therapist is unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact your community mental health center, 2) go to your local hospital emergency room, or 3) call 911 and ask to speak to the mental health worker on call. Your therapist 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 their sessions.

*Johnson County Mental Health (Johnson County):*

**24-Hour Emergency Services: 913-268-0156
During daytime business hours call: 913-826-4200**

*Wyandot Center for Community and Behavioral Healthcare (Wyandotte County):*

**24-Hour Crisis Line
913-788-4200**

*Bert Nash Community Mental Health Center (Douglas County):*

**24-Hour Emergency Services: 785-843-9192**

*Elizabeth Layton Center (Miami County):*

**After Hours Crisis Line: 1-800-241-1266**

SMS/ TEXT COMMUNICATION

Your privacy is a priority. *Natasha Klutts LMSW’s* offers the option of text messaging for basic coordination of treatment, which includes the following instances:

* Scheduling appointments
* Appointment reminders
* Letting your therapist know if you’re running late to a scheduled appointment
* Requesting a return call
* Following up regarding forms or information
* Other matters of low privacy concern

This ‘Text Coordination’ option is limited to such planning and preparing. Your therapist will not engage in therapeutic work via text. This is largely to protect your right to confidentiality. Your therapist has no control over text messages being sent through cellular networks, and cannot guarantee that information sent via text message is secure. Therapists do not charge any fee for text messages, but your cellular carrier might. Check your phone plan if you have concerns regarding your rates.

ANTIDISCRIMINATION POLICY

*Natasha Klutts LMSW’s* does not and will not practice or condone discrimination of any client, prospective client, or other individual on any other unlawful or unethical basis.

OTHER RIGHTS & RESPONSIBILITIES

**You Have a Right…**

* To considerate and respectful care which includes freedom from any physical, sexual, fiduciary (financial), or psychological abuse including humiliating, threatening, and exploiting actions;
* To be involved in a process of informed choice, informed refusal, and/or expression of choice related to preference of your treatment services;
* To have continuity of care when you are referred for services outside this agency;
* To ask questions about any aspects of therapy and about my specific training and experience;
* To expect that your therapist will not have social or sexual relationships with clients or with former clients;
* To participate in all aspects of your treatment, including development of your treatment plan.

**Your Responsibilities Are…**

* To be honest in your presentation of your concerns and to tell your therapist how you feel about what is happening to you;
* To be actively involved in the development of your treatment plan that will outline your concerns, needs, goals, and expected outcomes;
* To be considerate of others and their privacy;
* To present to your therapist with any questions, complaints, or concerns about your counseling plans or goals so that we may reach an agreement on any problem hindering your progress.

OTHER RIGHTS
If you are unhappy with what is happening in therapy, please talk with your therapist so they can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that your therapist refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about your therapist’s specific training and experience.

CONSENT TO PSYCHOTHERAPY
Your signature below indicates that you have read this agreement and agree to the terms.

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Signature of Client or Personal Representative

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Printed Name of Client or Personal Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Personal Representative’s Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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