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Consent for Services

This consent form represents an agreement between yourself (the client) and your practitioner (therapist) regarding psychotherapy services. Aspire Counseling Group is a group of independent practitioners, so your therapist may have other forms and information at your initial session. This form contains important information about Aspire's professional and business policies. You may revoke this agreement in writing at any time. Actions taken prior to the revocation of the consent are *not* subject to revocation.

Appointments, Cancellations, and Fees

Sessions will normally occur once per week; they may become less frequent as treatment nears the end. Unless otherwise arranged, sessions will be approximately 45 to 60 minutes in length and will begin and end promptly.

Please provide 24-hours notice if you must cancel an appointment. If notification has not been given, the client will be responsible for payment of \$75 to cover the missed session; this \$75 is not reimbursable by any insurance company. Payment is expected at time of service. A \$25 fee will be charged for any returned checks. You are responsible for all charges incurred during the course of treatment.

If you show up for your session more than 15 minutes late, you will not be able to be seen for your session; the session will be considered a late cancellation and you will be charged the \$75 missed session fee.

Professional time spent outside of psychotherapy sessions are billed at \$30 per quarter hour (15 minutes). This includes fees for services such as telephone calls, emails, and texts not related to scheduling, special reports, and collateral consultation. You are responsible for payments of these services. These services are generally not reimbursable by insurance companies.

If your therapist is subpoenaed or otherwise required to appear at a deposition, trial, or other legal proceeding, you will be charged an hourly rate of \$250 for all professional time spent by your therapist preparing for testimony, writing reports, and traveling to and attending the proceeding. Because of the difficulty of legal involvement, our rate is higher for this work.

Psychotherapy Services

Psychotherapy is not easily described in general statements. Treatment varies depending on personalities of the client and the particular issues they may be experiencing. There are many different methods that the therapist may employ to help with the issues at hand. Psychotherapy calls for a very active effort on the part of the client. In order for therapy to be most successful, clients will have to work on issues outside of the therapy hour.

Psychotherapy can have benefits and risks. Since therapy generally involves discussing difficult aspects of clients' lives, they may experience uncomfortable feelings during the course of treatment. Psychotherapy has

also been shown to have many benefits: Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. If you have questions about your treatment, you can discuss them with your therapist whenever they arise.

Confidentiality

The relationship between a therapist and a client is a confidential one. Information will only be released to others with your written permission, with a few exceptions. In special circumstances where the client is a danger to self and/or others, the therapist is required by law to disclose this information to authorities without written consent. Also, in circumstances where child, adult, or elder abuse is suspected, the therapist must tell authorities. (See “Notice of Privacy Practices” for more specific information about confidentiality, your rights, and access to your records.)

Professional Records

The laws and standards of the behavioral health profession require that therapists keep Protected Health Information about clients in a clinical record. Except in unusual circumstances in which disclosure is reasonably likely to endanger the life or physical safety of a client or another person, a client may examine and/or receive a copy of the clinical record, if it is requested in writing. Clients also have the right to request, in writing, that their clinical record (or a summary) be sent to another mental health provider when appropriate. Because clinical records are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, Aspire recommends that clients initially review their records with their practitioner or have them forwarded to another behavioral health professional so the content can be discussed. Please refer to the Notice of Privacy Practice for further details.

Insurance and Payment

Services provided are covered under many health insurance plans. Mental health benefits vary widely from plan to plan, and you should review your health insurance policy carefully to be aware of the limitations of your coverage. **It is your responsibility to know what your insurance benefits are, whether you are using in-network or out-of-network benefits, and any limitations to your coverage.**

Please note that **your signature on this form will allow your therapist and Aspire Counseling Group to release medical information to your insurance company.**

Contacting Your Therapist

Due to work schedules, your therapist may often not be immediately available by telephone. When your therapist is unavailable, their telephone is answered by voicemail that they monitor frequently. Your therapist will make every effort to return your call within 24 hours, with the exceptions of weekends and holidays. If you are unable to reach your therapist and feel you cannot wait for him/her to return your call, contact your family physician or Holly Hill Hospital's Respond line at 919-250-7000. You may also try the Wake County Crisis Team at 877-626-1772.

Termination of Services

If you are not keeping your appointments and have had more than three (3) late cancellations (less than 24 hours), or more than three (3) no-shows within a six-month period, you may be discharged from treatment per the discretion of the treating clinician.

Commitment to Quality Treatment/Client Rights

Each of the independent practitioners at Aspire works from a variety of treatment perspectives and is committed to providing quality professional services. Your personal history, circumstances, beliefs, and values will be incorporated into and respected in treatment. You have the right to ask questions at any time about your therapy.

Your signature indicates that you have read and agreed to the conditions stated above and that you voluntarily consent to receive psychotherapy services from the independent practitioners at Aspire Counseling Group, PLLC.

Client signature

Date

Parent/Guardian signature if client under 18 years of age

Date

Therapist signature

Date