

Melanated Womens Health LLC
1518 Walnut Street
Philadelphia, PA 19102

Informed Consent for Treatment

Your Responsibility as a Client

1. Payment

As the client, you are consenting to the use of a clinical diagnosis for billing purposes, and the release of other required information relevant to billing, if I choose to use insurance to pay the arranged private pay fee. You agree to pay the arranged private pay fee you if you are not using insurance, or if you are using insurance, you agree to pay the co-pay or deductible payment amount.

You understand that the session fee is due at the time of session, unless another arrangement has been made with **Nicola Pierre-Smith, LPC**. Sessions are 50 minutes in length, unless otherwise stated/agreed upon. You understand that it is your responsibility to be punctual for therapy appointments and that you must provide at least 24 hours' notice in the event that you need to cancel your appointment, otherwise you will be required to pay a **\$60 cancellation fee**, which is not reimbursable by insurance. You also understand that you can choose to discontinue therapy at any time and can refuse suggestions made by **Nicola Pierre-Smith, LPC**.

Responsibility of the Therapist to You

1. Confidentiality

With the exception of certain situations, information shared in therapy will be held confidential, in accordance with the HIPPA Privacy Rule standards. Your therapist, **Nicola Pierre-Smith, LPC** will provide you with documentation outlining the HIPPA Privacy Rule and answer any questions you have pertaining to your rights with regards to confidentiality. You can provide written authorization for **Nicola Pierre-Smith, LPC** to share information with an individual/organization of your choosing and also reserve the right to revoke this authorization at any time.

The following are legal exceptions to confidentiality:

- If the therapist, upon using clinical judgement, has good reason to believe that you will harm another person, or you are in imminent danger to yourself, the therapist will notify the police or a mobile crisis team to ensure your safety as well as the safety of others.
- If the therapist has good reason to believe that you are abusing or neglecting a child or vulnerable adult, per the state required mandate, a report will be made to Childline or the Department of Public Welfare. If you disclose abuse or neglect of a child or vulnerable

adult at the hands of another adult/individual responsible for the well-being of the child/vulnerable adult, that this disclosure also necessitates a report to Childline or the Department of Public Welfare.

2. Record Keeping

The therapist will maintain paper records in a locked file cabinet and electronic health records using the HIPAA compliant program called **Simple Practice**.

3. Diagnosis

A diagnosis is a technical term to describe the nature of your problem. If a third party such as insurance is paying in part or full for your therapy, I am required to provide a diagnosis to that third party for billing. Also according to the laws of Pennsylvania Licensing Board, I must have a diagnosis on record even if insurance is not involved. Diagnosis will be provide from the DSM, and I am willing to discuss your diagnosis at any time with you, if wish to gain more information.

4. Risks of Psychotherapy

There are many benefits of psychotherapy which include, but are not limited to, improved relationships with one's self and others and resolution of the specific clinical challenges for which you have sought therapy. During the course of therapy, you will be required to be honest and forthcoming about sensitive themes or life experiences that may expose you to painful emotions and/or could cause you to have vivid memories that have previously been repressed. Many individuals who take this risk of exposure find therapy to be helpful in terms of developing protective strengths to cope with similar situations in their daily lives. I will sue clinical judgment to ensure that emotional risks of therapy are kept to a minimum.

5. Consultation

It is typical, and encouraged, for therapists to consult with colleagues to ensure best practices and obtain feedback to improve the nature of their work. All identifying information will remain confidential in the event that I choose to consult on my work with you. The object of the consultation will be strictly in the interest of ensuring that you are receiving competent care.

6. Emergency Procedure

Outside of scheduled therapy sessions, there may be times when a telephone call is required (e.g. rescheduling of an appointment). I make every effort to return telephone calls within 24 hours. If you have a true emergency and cannot wait for a return call, contact your local emergency room or call 911. You may also contact the resources below for assistance with an emergency:

Philadelphia County:

Philadelphia Mobile Crisis Line: 215-685-6440 (24-hour/7 days per week, providing crisis consultation, assessment and referral)

Einstein Crisis Response Center

5501 Old York Road
Philadelphia, PA 19141
215-951-8300

Hall Mercer Crisis Response Center-Pennsylvania Hospital

245 S. 8th Street
Philadelphia, PA 19106
215-829-5433

Montgomery County:

Montgomery County Mobile Crisis: 1-855-634-HOPE (24-hour telephone counseling, referrals, at-home visits)

Montgomery County Emergency Response

50 Beech Drive
Norristown, PA 19403
215-279-6100

Delaware County:

Project Reach: 610-352-4703 (27-hour/7 days per week providing mobile crisis services)

Mercy Fitzgerald Hospital (Crisis Service Center)

Landsdowne Avenue and Bailey Road
Darby, PA 19023
610-237-4201

Crozer Chester Medical Center (Crisis Service Center)

One Medical Center Blvd.
Upland, PA 19013
610-447-7600

7. Limits to Litigation

Given the confidential nature of the therapeutic process, and the way in which this confidentiality can be jeopardized through my involvement in court proceedings, is it agreed that in the event that you are involved in any legal proceedings, neither you nor your lawyer, or any other individual, will call upon me to provide legal testimony on your behalf. In addition, it is agreed upon that disclosure of therapy records for legal purposes will not occur, with the

exception of an agreement being made between you and I, either at the start of treatment or during a point in treatment where an exception appears to be clinically appropriate.

8. Termination

You have the right to discontinue therapy at any time, although it is strongly encouraged that this decision be made together with your therapist. Below are exceptions to the aforementioned termination process, wherein I, **Nicola Pierre-Smith, LPC** will choose to discontinue our therapeutic relationship:

- If in my judgement I am not able to help you reach your therapy goals, either because the nature of your challenges are outside the scope of my clinical skill base or because I am experiencing you as non-compliant or non-responsive. Professional ethics require that I inform you of this and refer you to another therapist who might better meet your needs. Should this situation occur, I will offer my assistance by way of providing referrals to other therapists/treatment programs that are better suited for you/your needs.
- If you break a safety contract that we have agreed upon, by trying to harm yourself directly, such as through a suicide attempt, or indirectly, such as through severe symptoms, or reject my treatment recommendations, such that you continue to endanger your life regardless of various options that have been offered to you (e.g. hospitalization, medication, etc.), I reserve the right to discontinue therapy with you. I will try first to work with you and consider all options to preserve the therapeutic relationship. If you cannot maintain a safety agreement and continue to endanger yourself regardless of my attempts to help with prevention, I may attempt to hospitalize you involuntarily. I also reserve the right to refer you to another therapist who may be greater equipped to work with your symptoms of self-harm.
- If you verbally or physically threaten to harm me, or are repeatedly verbally abusive towards me, or in any other way threaten me, I reserve the right to terminate the therapeutic relationship.

Informed Consent for Treatment Signature Page

I have read this statement, considered it carefully, asked any questions that I needed to, and understand it. I consent to the use of a diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I agree to pay the arranged private pay fee, or if I am using insurance, I agree to pay my co-pay, co-insurance, or deductible payment. I agree to pay a \$60 fee if 24 hours' notice was provided for session cancellation. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to participate in psychotherapy (or for my child to participate in psychotherapy) with **Nicola Pierre-Smith, LPC**. I know I can end therapy at any time I wish and that I can refuse any suggestions made by

Client signature: _____

Client Name: _____

Therapist signature: _____

Date: _____