



# *Shelley Pier, MSW, LCSW*

## **Informed Consent for Treatment**

### **Informed Consent**

Thank you for choosing therapy with this practice. I look forward to helping you (or your child) during this challenging time. Your appointments will take **53** minutes and will be scheduled **weekly** unless another agreement is reached. Choosing to start therapy services is a big decision and it is important that you understand the details. The following documents are intended to inform you of policies, procedures, confidentiality, and your rights. Please read these documents carefully. You may request a copy for your records. At the end of each form, please provide your signature to acknowledge your informed consent. These documents will remain with your file. Feel free to let your therapist know if you have any questions or concerns.

### **Risks + Benefits of Therapy**

As you begin therapy, it is important that you understand the potential benefits, as well as risks. Therapy is a process in which you and your therapist will explore a myriad of issues, thoughts, feelings, concerns, successes, and memories in an effort to create a positive change in your life. It is a joint effort entered into by you and your therapist, and progress will vary depending on the issues presented as well as other factors.

The foundation of a positive therapy experience is the relationship between you and your therapist. Your therapist will strive to offer a safe and compassionate environment. Progress will require a substantial effort on your part to remain active and engaged in the therapeutic process, which includes attending scheduled sessions, completing assigned homework (if applicable), and addressing any concerns with your therapist. Progress also requires open communication from you if you have any questions, concerns, or negative feelings about the process. Some benefits of therapy include lowered stress, positive behavioral changes, and improved quality of life.

However, there are some risks to engaging in therapy that you should be aware of. Therapy is hard work and you may experience some anxiety or discomfort at times during the process. There may be times when you feel challenged or when upsetting negative memories are recalled. Your therapist will work to help you resolve any negative experiences during session, but you might leave a session with unsettled feelings. Change is not linear, and therapy is a process of ongoing change and growth. Sometimes clients set high expectations and feel frustrated or disappointed when therapy does not affect immediate or drastic change. Also, there may be times when progress feels slow, and this can be frustrating.

Because treatment varies with each individual, your therapist is unable to predict how long your therapeutic treatment will last. Your therapist will revisit your therapy goals and treatment plan periodically. If you have any concerns, it is important that you share them with your therapist so you can work together to resolve any issues. It is also important to note that therapy is not always successful. You may benefit from working with a different type of therapist. This is something that can be discussed should the issue arise and referrals will be provided so you can receive the best possible care.

You are free to terminate your therapy services at any time and for any reason. Likewise, your therapist may also choose to terminate treatment for reasons you may not always agree with or understand.

### **Confidentiality**



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Protecting the privacy of communication and your clinical records is of utmost concern. There are exceptions to confidentiality as required by law and/or in order to provide you with services. These exceptions include:

- Information (such as diagnosis, progress, and dates of service) that may be shared with your insurance company to process your claims, verify treatment, and collect payment.
- Information that you and/or your child reports about child abuse/neglect that by law must be reported to the Department of Children and Family Services.
- Information that you and/or your child reports about elder abuse/neglect that by law must be reported to Adult Protective Services
- If you inform your therapist that you are a danger of harming yourself or others, the police and/or paramedics may become involved
- When you sign a release of information to have specific information shared with the party you designate
- And as outlined in the HIPAA Notice of Privacy Practices, which you will be given to review

### **Emergency Situations**

Generally, voicemails and emails are checked at least once a day during business hours. Your call or email will be returned as quickly as possible. **If an emergency situation arises for which you feel immediate attention is necessary, please call 911, your primary care physician, or go to your nearest emergency room.**

### **Pick up/Drop off Policy for Minors**

If you are the parent or guardian for a minor (under the age of 18), it is expected that you remain on the premises during your child's session. You should be in the waiting room to receive the child at the end of their session, as well as be available during the session in case your presence is requested.

### **Waiting Room Policy**

Please refrain from talking on your mobile phone or speaking loudly while in the waiting room. This practice shares space with other practitioners, so it is important to maintain a quiet, calm, and welcoming waiting space for all clients who come to this office. Your therapist will come and receive you at the appropriate session time and escort you back.

### **Therapist Credentials + Training**

Shelley Pier has a Masters in Social Work, an active state licensure in good standing, and appropriate clinical training and supervision. She is committed to ongoing professional development and self-care practices. If you would like more information about your therapist's background, you may visit [www.shelleypier.com](http://www.shelleypier.com) and click on the About Me section. You may also ask for more information on your therapist's training, professional experience, clinical orientation, licensure, etc.

### **Financial/Insurance**

If you do not have insurance that this practice is currently taking, payment in full is expected at the time of service. Cash, checks, and credit cards are accepted. Please make checks payable to Shelley Pier. The standard rate is as follows:



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- Intake session(s) - \$150
- Regular sessions - \$135
- Couples/Family sessions - \$150
- Crisis Intervention Sessions - \$150
- Animal Assisted Therapy, Art Therapy, Sand Tray Therapy - additional \$20 to session fee

Note - shorter session fees are available by request as is sliding scale. These situations would need to be discussed with your therapist who would approve the change in fees.

This practice is currently in-network with Blue Cross Blue Shield and Cigna, and claims will be submitted for you. **Co-pays, coinsurance, deductible amounts, and private pay fees are due at the time of service.** If you have other insurance coverage, it will be your responsibility to pay for each session in full. You may submit your out-of-network claim forms to your insurance for the reimbursement included in your plan or, if you wish, these forms can be submitted for you. If you wish to submit on your own, a statement to assist you in that process can be provided.

If you use your insurance plan, you are responsible for alerting the practice to any changes in your plan. Please be aware that if insurance is used, you will be given a clinically appropriate mental health diagnosis in order for your plan to cover the sessions. You may discuss this with your therapist if you have any questions. If you do not want to be given a diagnosis, you may choose to forego insurance coverage and pay for sessions privately.

### **Cancellation Policy**

You will receive a regular appointment time each week. If you need to cancel or reschedule an appointment, please give at least 24 hours notice by phone. Otherwise a charge of \$50 will be applied for any failed appointments. This fee is not reimbursed by insurance plans. This fee may be waived if a cancelled or failed appointment is due to an unforeseeable event or emergency.

I have read and understood the Informed Consent information and am consenting to services with Shelley Pier, MSW, LCSW

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent For Treatment of Minors (under the age of 18):**

I/We consent that \_\_\_\_\_ may be treated as a client by Shelley Pier, MSW, LCSW

Signature of Parent/Guardian (if client is a minor) \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if client is a minor) \_\_\_\_\_ Date: \_\_\_\_\_