**Information and Informed Consent for Treatment**

Thank you for choosing Kadiatu Tarawalie, MA, NCC, LPC, owner of Uplifting Counseling Services, Inc. Please read the following information so you will be fully aware of important aspects of our professional relationship.

**Informed Consent for Treatment**

By signing this I hereby give my consent for myself and/or my minor child(ren) to participate in

Psychotherapy. This is voluntary and I am free to discontinue treatment at any time. I understand that psychotherapy is a collaborative effort between myself and Kadiatu Tarawalie, MA, NCC, LPC and although treatment is expected to be helpful Kadiatu Tarawalie, MA, NCC, LPC makes no guarantees that I will feel better or that problems will be resolved. I understand that sessions are 45-55 minutes in length, though evaluations may be longer.

I understand as well that during psychotherapy, some material may be discussed that could be upsetting. Such discussions may be an essential part of treatment and are only undertaken to support the process of solving problems or working toward treatment goals.

**Confidentiality Statement**

All information shared during the course of sessions is confidential except in circumstances governed by law. These include: (1) any threats to harm self or others; (2) any reports of child or elder abuse; (3) court order to disclose information; and (4) with your signed consent through a Release of Information form. If you choose to utilize health insurance, your insurance company may require information regarding treatment on an ongoing basis in order to authorize services. Please note that Kadiatu Tarawalie has no control over, and is not responsible for, information that has been released to any third party. By signing this form you are acknowledging that you understand and agree to these limitations of confidentiality.

**General confidentiality**:

Kadiatu Tarawalie, understands that it is very possible that current or former clients

and/or their families may come into contact out in the community. Out of respect for your privacy, Kadiatu Tarawalie, will take your lead during these times. Should there be a chance meeting in a store, restaurant, or other public venue, Kadiatu Tarawalie, will not initiate any contact, but will gladly reciprocate a greeting. Should current or former clients desire to avoid such contact, Kadiatu Tarawalie, will respect this as well. Kadiatu Tarawalie, has a responsibility to keep current and former client information confidential, and will maintain a professional relationship at all times.

**Financial Agreement**

I authorize Kadiatu Tarawalie, MA, LPC to render necessary treatment. **I** **understand that my payment is to be paid in full an hour before the time of each session.**

Fees may be subject to change, and should this occur, Kadiatu Tarawalie, MA, LPC will inform me prior to this going into effect. My fee/responsibility per visit is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, payable at the time of service. Kadiatu Tarawalie, MA, LPC accepts cash, or credit cards (including Flexible or Health Spending Accounts).

A regular fee of $100 will be charged per hour for additional services rendered at your request (billed in15-minute increments), including: phone contacts over 10 minutes; preparations of special forms; letters written for legal purposes; insurance reports; preparing summaries of treatment; or meetings with other providers on your behalf. Any court appearances will be billed at $100 per hour, billed in advance in 4- hour increments, and this will include time for preparation, travel, and any testimony provided. Please note that none of these services are reimbursable by insurance companies and will be the patient’s responsibility.

After 90 days of nonpayment, Kadiatu Tarawalie, MA, LPC reserves the right to refer delinquent accounts to an outside agency or an attorney for collection. In this event you will also be charged any fees incurred as a result, including attorney fees and court costs. Kadiatu Tarawalie, MA, LPC may deny subsequent services when account balances are unpaid.

**No-Show and Cancellation Policy**

Your appointment time has been reserved for you, and thus Kadiatu Tarawalie, MA, LPC will be unable to fill that time, should you fail to attend or cancel with less than 24 hours’ notice Kadiatu Tarawalie, MA, LPC **requests that you** **provide at least 24 hours’ notice if you cannot attend a session.** If you do not provide adequate notice, other than in cases of a dire emergency, you will be charged a fee for reservation of the appointment time.

\* If you do not show for a session and have failed to contact Kadiatu Tarawalie, MA, LPC, you will be charged Kadiatu Tarawalie, MA, LPC hourly rate of $100; or if you are using insurance, the amount permitted per hour by your insurance company, which is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\* If you cancel an appointment with less than 24 hours’ notice, you will be charged a flat rate of $50.

\* Kadiatu Tarawalie, MA, LPC reserves the right to cancel future sessions until balances, including no-show/late cancelation fees have been paid. Further, if missed appointments become an issue, Kadiatu Tarawalie, MA, LPC, reserves the right to require that a credit card be kept on file for payment of missed session fees.

**Internet/Social Media**

Kadiatu Tarawalie, MA, LPC recognizes the accessibility and convenience of using the Internet and social media to find information and to create and maintain relationships. However, Kadiatu Tarawalie, MA, LPC does not maintain relationships with clients via social media or otherwise through the Internet. Any requests to associate with Kadiatu Tarawalie, MA, LPC online will not receive a response.

**Emergencies**

In the case of serious, life-threatening emergency, call 911 or go to the nearest emergency room. Kadiatu Tarawalie, MA, LPC operates an outpatient practice and does not provide intensive treatment that can be found in a higher level of care like intensive-outpatient, partial or inpatient hospitalization. Though Kadiatu Tarawalie, MA, LPC will make every effort to answer calls or reply to messages, Kadiatu Tarawalie, MA, LPC cannot be responsible for clients’ everyday functioning. It is the responsibility of the client to discuss after hours care upon intake in order to ensure an appropriate referral. In addition, if Kadiatu Tarawalie, MA, LPC believes a higher level of care is necessary, she will provide a referral and will help to facilitate admission to such a program. In the event of an emergency, Kadiatu Tarawalie, MA, LPC may be called once crisis and emergency procedures have been followed.

My signature below indicates that I have read and understand all of the preceding information. I

understand that I may ask Kadiatu Tarawalie, MA, LPC questions at any time about any of this, should a need arise.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kadiatu Tarawalie, MA, LPC, NCC Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian (if minor) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian (if minor) Date