



Modern Wellness Psychotherapy & Healing

333 North Dobson Rd Suite 5, Chandler, AZ 85224

480-280-8888

Clinical Director: Heather Brosseau, MSC, LPC
(#16586)

PARENTAL INFORMED CONSENT

FOR PSYCHOTHERAPY SERVICES TO CHILD(REN)

Disclosure Statement and Client Information

Welcome to the Modern Wellness Psychotherapy & Healing. We are honored to have you and your child(ren) here. Clients seek therapeutic services for a variety of reasons, and it can sometimes be an intimidating process. We look forward to collaborating with you to offer support and guidance on this journey.

This document includes information about your legal rights as a therapy client. Both State and Federal law require that you are provided with this information intended to assist you in making informed choices as your child begins his or her therapy. Because you have the legal responsibility to choose a clinician and an approach to therapy that are most appropriate for your needs and those of your child(ren), you will also find information regarding our practice, background, services, fees and policies. If you ever have any questions about this information, please ask.

Clients who are Dependents

If you are requesting services for a child(ren) as the guardian, the parent, or Managing Conservator/Possessor Conservator of that child, it will be critical that the child trust the therapist. With your understanding in advance, we shall keep what your child says/does confidential.

If we think it would be helpful to share a specific detail with you, we shall first ask the child's permission to do so, or we shall encourage the child to do so. It is important to the therapy process that he/she does not think the parent and the therapist are

conspiring against him/her in any way. You have the right and responsibility to question the therapy process, to understand the nature of activities with the child, and to be informed of the child's progress. We have the right to use our clinical discretion as to what is appropriate disclosure. We shall review the child's progress in therapy with you, and we want to obtain feedback from you regarding your interactions with the child and observations of the child in various settings. In this way, we shall work as a team. We shall value your consultations with us and your involvement. We shall discuss with you how you can participate effectively in the child's treatment and progress outside of therapy.

Background and Services

We offer psychotherapy, EMDR, DBT, and consultation services to individuals, children and families in the areas of trauma, anxiety, depressive symptoms, family concerns, adjustment to life changes, existential crisis, self-worth enhancement, parenting, and stress management. We work with adults, children, and families. Because our office does not have in-house psychiatric medication management or crisis services we do not work with serious mental illness, violent behaviors or personality disorders. If your child(ren) present with these conditions, you may be referred to other professionals or programs that specialize in these areas. We reserve the right to refer a client to another therapist.

Associate Clinicians

Some therapy services at Modern Wellness Psychotherapy & Healing are provided by associate clinicians who are not yet independently licensed to practice psychotherapy by the Arizona Board of Behavioral Health Examiners. However, all associate clinicians do have a license to practice psychotherapy with appropriate supervision. All associate clinicians receive regular and ongoing clinical supervision by Heather Brosseau, LPC or an appointed contract clinical supervisor if Heather will be out of the office or is unavailable. This is to inform you that Heather has full and unrestricted access to all client records and files as required by the Arizona Board of Behavioral Health Examiners. She can be reached at 480-280-8888 or heather@mod-well.com. If your child(ren) are receiving therapy treatment from an associate clinician you will receive additional written notice to be signed and agreed upon.

Interns

Some therapy services at Modern Wellness Psychotherapy & Healing are provided by interns who have not yet completed their master's level program in Social Work or Counseling. All interns are contracted with their respective graduate level programs to receive regular and ongoing clinical supervision by Heather Brosseau, LPC or an appointed contract clinical supervisor if Heather will be out of the office or is unavailable. Individuals or families receiving services from an intern are limited to 6 sessions of services. Heather has full and unrestricted access to all client records and files. Heather can be reached at 480-280-8888 or heather@mod-well.com. If your child(ren) are

receiving therapy treatment from an intern you will receive additional written notice to be signed and agreed upon.

Purposes, Limits, and Risks of Treatment

The majority of individuals, children and families that obtain treatment with psychotherapy & counseling services benefit from the process. Self-exploration, increasing affect tolerance, gaining insight, exploring options for coping, learning new skills, or sharing painful feelings/experiences are generally quite useful, but there are some risks. Psychotherapy & counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of psychotherapy is to reduce distress through a process of personal growth, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of psychotherapy usually involves working through distressing personal issues that can result in some emotional or psychological pain. Please understand that some people experience uncomfortable feelings and that exploring life issues may elicit feelings of unhappiness, anger, sadness, grief, guilt, or frustration. These feelings are difficult, but a natural and normal part of the psychotherapeutic process for growth. Further, addressing concerns that brought your child(ren) to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Treatment Process and Rights

You child(ren)'s counseling will begin with one or more sessions devoted to an initial assessment so that the provider can get a good understanding of the presenting concerns, the child(ren)'s background, and any other factors that may be relevant. When the initial assessment process is complete, your child(ren) and the provider will discuss ways to approach the concern(s) that have brought them into counseling and develop a treatment plan. *Your child(ren) have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of the treatment plan. They also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal.*

Privacy, Confidentiality, and Records

Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. As stated above, and with your understanding in advance, we shall keep what your child, our client, says/does confidential, even as to you. However, there are numerous exceptions to confidentiality defined in the state and federal statutes.

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to die by suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

You should know that you will be informed about situations that could endanger your child(ren). The decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with a consultant/supervisor.

Our providers also participate in a process where selected cases are discussed with other professional colleagues to facilitate continued professional growth and to get the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

In the event that group, family or couple's counseling are provided, information may be disclosed by the provider to another individual if it appears advisable for the treatment process. In such cases, the provider or practice will not be held responsible for breach of confidentiality. In addition, the provider or practice will not be held responsible for breach of confidentiality by other participants.

There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against your provider or the practice, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other

federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA NOTICE OF PRIVACY PRACTICES, included in this intake, details the considerations regarding confidentiality, privacy, and your records. This also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the HIPAA NOTICE OF PRIVACY PRACTICES may be revised. Any changes to these privacy practices will be posted in my office, but you will not receive an individual notification of the updates. You may request an updated copy at any time. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

It is imperative that you read and understand the limits of privacy and confidentiality before beginning psychotherapy services.

Obtaining a copy of your child(ren)'s records

Although you may have the legal right to request written records/session notes since your child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child(ren)'s treatment.

If you do require a copy of records, you can directly contact your child(ren's) therapy provider at 480-280-8888 and request a copy. Your therapist will provide you with a Release of Information to complete after which records can be released directly to you.

What to Expect from Our Relationship

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client, or client's parent/guardian/conservator, and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you, your child(ren), and your provider are clear in your roles for your treatment and that your confidentiality is maintained. If there is ever a time when you believe that you have been treated unfairly, please talk with your provider about it. It is never the provider's intention to cause hurt to clients or to you, but sometimes misunderstandings can inadvertently result in hurt feelings. The provider intends to address any issues that might get in the way of therapy as soon as possible. This includes administrative or financial issues as well.

If you ever become involved in a divorce or custody dispute, you understand and agree that the provider will not provide evaluations or expert testimony in court. If you have reason to believe this may occur in the future, you should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) The provider's statements will be seen as biased in your favor because of the individual therapy relationship; and (2) the testimony might affect the therapy relationship between your child(ren) and your provider.

If you and the provider see each other accidentally outside of the therapy office, your provider will not acknowledge you first. The right to privacy and confidentiality is of the utmost importance and the provider will not jeopardize that privacy. However, if you acknowledge the provider first, they will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

About Our Appointments

The very first time your child(ren) meet with the provider, they will review your intake information together. In addition, they will spend the remaining session time discussing the challenges or concerns your child(ren) are experiencing, history gathering, testing or questionnaires, and completion of forms. For this reason, 60 minutes is scheduled for this first meeting. Following this, your child(ren) will usually meet for a 55-minute session once a week, or more or less often as you and the provider agree is appropriate. In addition, due to the nature of psychotherapy, there are times when intensive sessions are appropriate that extend over a span of hours. These will be scheduled in advance with appropriate preparation for the sessions.

Your child(ren)'s session time is reserved for them. If you must miss your scheduled session, Modern Wellness Psychotherapy & Healing requires a 48-business hour notice at minimum. Appointments for Monday morning require cancellation by Friday morning at 8am of the prior week. This policy allows us to open up your cancelled session spot for another client who may need it. Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency*), if you provide less than 24 hours' notice for missing a session, you will be charged the full appointment/late cancellation fee of \$135 or your decided upon sliding scale fee* if you are meeting with an associate or intern. Consistent attendance is paramount to progressing in therapy.

Availability

Modern Wellness Psychotherapy & Healing does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to community emergency services (911) or to the crisis line (MMIC Behavioral Health Crisis Line, 602-222-9444). Established clients with an urgent need may contact their provider directly by phone or email, but an immediate response is not guaranteed. Modern Wellness Psychotherapy & Healing main line is: 480-280-8888. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. Please note that email and text communication is not considered to be a secured form of communication, and therefore information shared over email or text message cannot be guaranteed kept confidential.

Generally, voicemails and emails are returned within 48 hours, unless received on the weekends, holidays, or while your provider is out of the office. You can always leave a

message on your provider's confidential voicemail, and they will return your call as soon as possible.

Electronic Communication

Modern Wellness Psychotherapy & Healing cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, the provider will do so. While the provider will try to return messages in a timely manner, an immediate response cannot be guaranteed. Therefore, we request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Social Media Policy

Because of the nature of the therapeutic relationship, it is not appropriate for a client, client's parent/guardian/conservator, and therapist to have connections or to 'friend' or 'follow' one another through personal use of social media including, but not limited to: Facebook, Instagram, Twitter, Snapchat, etc. Due to the importance of confidentiality and the importance of minimizing dual relationships, our providers do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up with your provider for discussion.

However, Modern Wellness Psychotherapy & Healing has professional social media webpages that you are welcome to follow. Note that any information you share on any social media webpage of Modern Wellness Psychotherapy & Healing is not able to be kept confidential as it becomes public data. Any information that you share on the social media pages of Modern Wellness Psychotherapy & Healing is shared at your own discretion without liability to Modern Wellness Psychotherapy & Healing. Also note that Modern Wellness Psychotherapy & Healing will not respond to posts from clients on social media.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. Finances can be uncomfortable for many people to talk about, and thus become an even more important part of our dialogue in a therapeutic relationship. We encourage open communication and transparency about fees, payments, and billing with your provider.

Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. The fee schedule is as follows:

Heather Brosseau, LPC, Clinical Director

Initial session/intake evaluation (60 minute session): **\$125.00 - \$250.00 sliding scale**

Psychotherapy Office Session (55 minute session): **\$125.00 - \$175.00 sliding scale**

Intensive Sessions (2+ Hours): **\$110.00/hr**

Report Preparation (including FMLA): **\$100.00/hr**

No Show/Late Cancellation Fee: **\$175**

Extended Sessions (prorated charge per 10 minutes): **\$25.00**

Associate Clinicians (LMSW, LAC, LAMFT)

Initial session/intake evaluation (60 minute session): **\$100-175 sliding scale fee**

Psychotherapy Office Session (55 minute session): **\$100-175 sliding scale fee**

Intensive Sessions (2+ Hours): **\$100.00/hr**

No Show/Late Cancellation Fee: **\$175**

Extended Sessions (prorated charge per 10 minutes): **\$15.00**

Interns (LIMITED TO 6 SESSIONS PER CLIENT)

Initial session/intake evaluation (60 minute session): **\$50**

Psychotherapy Office Session (55 minute session): **\$50**

No Show/Late Cancellation Fee: **\$50**

Extended Sessions (prorated charge per 10 minutes): **\$5.00**

In addition to the basic session and assessment fees, there may be other fees for additional services such as telephone counseling, books and materials, etc. The additional fees are available upon request. Modern Wellness Psychotherapy & Healing reserves the right to change fees with 30 days' notice. You have the right to be informed of all fees that you are required to pay and Modern Wellness Psychotherapy & Healing's refund and collection policies. Please discuss these with your provider if you have a concern.

Insurance:

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you and your child(ren) have available to pay for your treatment. If you or your child(ren) have a health insurance policy, it will usually provide some coverage for mental health treatment. Your therapy provider will fill out forms and provide you with whatever assistance possible in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees for sessions. It is very important that you find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administrator. Of course, your therapy provider can provide you with whatever information needed based on their experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, your therapist is willing to call the insurance company on your behalf to obtain clarification.

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 often require authorization before they 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. Though a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end.

You should also be aware that most insurance companies require that your therapist provide them with your child(ren)'s clinical diagnosis. Sometimes the therapist will have to provide additional clinical information, such as treatment plans, progress notes or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files. Though all insurance companies claim to keep such information confidential, your therapist 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. The therapist will provide you with a copy of any records they submit, upon request. ***You understand that, by using your insurance or your child(ren)'s insurance, you authorize your therapist to release such information to the insurance company. The therapist will try to keep that information limited to the minimum necessary.***

Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if they run out before you feel ready to end our sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above unless prohibited by the insurance contract.

Modern Wellness Psychotherapy & Healing requires payment at the time services are rendered. Modern Wellness Psychotherapy & Healing is happy to supply you with a superbill that you can turn in to your insurance company so they can reimburse you if we do not accept your insurance. Please see the HIPAA NOTICE OF PRIVACY PRACTICES for more information.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 10 minutes, you will be expected to pay for this extension on a prorated basis.

Intensive Sessions: At times it can be beneficial to engage with intensive therapy sessions that are lengthy and extend beyond the 55 minute treatment window. These sessions will be discussed beforehand and appropriate preparation will occur in the therapeutic encounter. Payment for intensive sessions is billed per the scale referenced above.

If you think you may have trouble paying your bills on time, please let us know as soon as possible. Finances can be a difficult topic to discuss, however it is also an important aspect of the therapeutic relationship and is best addressed quickly in order to identify a solution together. If your unpaid balance reaches \$405 (or the equivalent of 3 sessions), Modern Wellness Psychotherapy & Healing will notify you in person or by email. If your balance continues to remain unpaid, therapy sessions will be paused until your balance can be brought current. Patients who owe money and fail to make arrangements to pay may be referred to a collection agency.

Termination Policy

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. You child(ren)'s provider may terminate treatment after appropriate discussion with your child(ren) and a termination process if the provider determines that the psychotherapy is not being effectively used or if you are in default on payment. The provider will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, the therapist will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, Modern Wellness Psychotherapy & Healing will consider the professional relationship discontinued.

Statement of Principles and Complaint Procedures

It is our intention to fully abide by all the ethical guidelines of the American Counseling Association and the Arizona Board of Behavioral Health Examiners. Problems can arise in the relationship with your child(ren)'s provider, just as in any other relationship. If you are not satisfied with any area of work with your provider, please raise your concerns with your provider immediately. Therapeutic work together will be slower and more challenging if we not able to address your concerns. The provider makes every effort to hear any complaints you have and to seek solutions to them. If you have a complaint or concern, you have the right to contact the Arizona Board of Behavioral Health Examiners regarding your concern.

Missed Appointment/Late Cancellation Agreement

Appointments MUST be cancelled 48-business hours prior to the scheduled session time. When an individual misses an appointment, and has not called to cancel that appointment at least 48 business hours before the scheduled session time, this is considered a 'missed appointment'. You will be responsible for the \$175.00 (or agreed upon sliding scale fee) for missed appointment/late cancellation fee for missed appointments. This payment will be due before that next appointment can be scheduled.

I have read and received a copy of this policy. I understand and agree with the policy that I will be responsible for the missed appointment fee before my next appointment will be scheduled.

Financial Agreement

A Modern Wellness Psychotherapy & Healing therapist has discussed services and fees with me, and I have agreed to pay for these services. I understand that all services are provided on a prorated basis at the rate of (See Chart) per fifty-five-minute hour. I understand that additional fees may be added for additional time spent in session, or other services as indicated by the chart of fees above. I understand that I can request a detailed list of fees from Modern Wellness Psychotherapy & Healing at any time. I understand that if I fail to cancel an appointment within 48 business-hours of a scheduled session I will be charged the \$175.00 (or agreed upon sliding scale fee) for missed appointment/late cancellation fee amount.

Consent for Treatment and Evaluation

Consent is hereby given for my child(ren)'s therapy provider at Modern Wellness Psychotherapy & Healing to administer evaluation and treatment under the terms described in this consent document and the HIPAA NOTICE OF PRIVACY PRACTICES. It is agreed that either of us may discontinue the evaluation and treatment at any time.

In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement. I understand that no specific promises have been made to me by this therapist about

the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this information. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this information. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

SIGNATURE STATEMENT

1. The minor(s) named below live in my home and I am 18 years of age or older. Yes or No

2. Name of Child: _____

Child's Date of Birth: _____

Name of Child: _____

Child's Date of Birth: _____

Name of Child: _____

Child's Date of Birth: _____

3. Your Name (please print):

4. Your relationship to child(ren): Parent Stepparent Guardian Grandparent Other

5. I hereby swear that I have the following legal custody (circle appropriate): Joint Sole None

6. I hereby swear that I have a legal right to obtain treatment for the above-named child(ren): Yes No

7. In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above child(ren). Are you willing to do so? Yes No

If the answer to any of the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I have read, understand, and agree to this Informed Consent for Modern Wellness Psychotherapy & Healing.

I am aware of its content and policies and understand that a copy of this Signature Statement will be a part of my client record.

I have read it and if necessary, I have discussed and clarified my understanding of it with a representative of the Modern Wellness Psychotherapy & Healing.

I agree to abide by the terms/policies set forth in this document.

I consent to have the above named minor(s) receive therapeutic services provided through Modern Wellness Psychotherapy & Healing without a parent or guardian present.

Signature of person authorizing consent of services

Date

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature: _____

Date: _____

Witness: _____

Date: _____