

# Jennifer Golia, LMFT P.L.L.C.

## ***INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES***

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and ask any questions you might have. When you sign this document, it will represent an agreement between us.

***Practice Information*** I am a Licensed Marriage and Family Therapist in the State of New Hampshire. My practice adheres to all applicable state laws as well as the professional ethical standards of the American Association of Marriage and Family Therapy (AAMFT). My license is displayed in the office and a copy of the professional code of ethics of the AAMFT is available for you to review upon request. I received a Masters of Science degree in Family Studies from the University of New Hampshire with a concentration in Marriage and Family Therapy. My training focused on psychotherapy and family systems. As a Licensed Marriage and Family Therapist (LMFT), I am able to diagnose and treat mental and emotional disorders and provide services to individuals, couples and families. My approach to clinical problems is strengths-based and solution-focused. My goal is to work collaboratively with all clients within a family system as part of treatment.

You have the right to receive quality treatment without discrimination on the basis of age, color, national origin, race, ethnicity, socioeconomic status, veteran's status, disability, body size, health status, religion, gender or sexual orientation. The State of New Hampshire Mental Health Bill of Rights clarifies additional standards, which I uphold. A copy of the Mental Health Bill of Rights is on display in my office. If you have any questions or concerns about any part of this, please discuss them with your therapist before signing.

***A Word about Therapy*** Therapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, 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. However, there are no guarantees of what you will experience.

***Confidentiality*** Unless otherwise required by law, information revealed by you during therapy will be kept confidential and will not be released to any other person or agency without your written permission, or in the case of a minor, the permission of a parent or legal guardian. Current law requires information to be provided under the following circumstances:

- a. When abuse or neglect of a minor child or incapacitated adult is suspected, in which case the appropriate state authority must be informed
- b. When a client or other individual is seen as posing a serious threat of harm to themselves, others or real property, in which case a licensed therapist must warn the police or likely victim
- c. When ordered by a court
- d. When a client has waived certain rights when contracting for insurance coverage of services. In order to pay for your treatment, most insurance companies require at minimum a diagnosis and dates of services. Many require additional information about your functioning and progress throughout your treatment. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have 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 that can be accessed in the future if you apply for life, health, disability or long term care insurance. I will provide you with a copy of any report I submit, if you request it.

Parents have a right, with some limitations, to access and authorize the release of information on their minor child's treatment. **Please note that unless legal documents are presented, I will make the assumption that the biological parents of a minor client have equal parental rights and decision making authority.**

As part of providing a high quality service, I regularly participate in peer supervision with other licensed colleagues. During a consultation, every effort is made to avoid revealing your identity.

Pursuant to the federal regulation Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R Part 2, records and information pertaining to your alcohol and/or drug treatment are protected and cannot be disclosed without your written consent.

Name \_\_\_\_\_ Initials \_\_\_\_\_

Name \_\_\_\_\_ Initials \_\_\_\_\_

**Records** Your record will be kept for seven years after you end treatment. You have the right to see the contents of your record and to add a statement regarding your situation or commenting on the services you received. You can have a copy of your record within 30 days of a written request, except as otherwise provided by law, and will be charged an established fee for copying.

**Professional Boundaries** Therapists must maintain professional boundaries with present and past clients in order to protect clients from harm. A therapist must not form social relationships or become sexually involved with a current or past client. Actual or potential conflicts of interest may sometimes arise. If it becomes apparent at some point that a conflict of interest exists in providing you treatment, the risks of continuing treatment, options for further actions, and ethical implications of different options, will be discussed with you and in colleague consultation. It may be necessary to refer you to another therapist in this event.

**As part of promoting and protecting professional boundaries, I do not interact with clients (past or present) via social media as doing so could compromise your confidentiality and create a dual relationship.**

**Communication** My voicemail is confidential and password protected, so please feel free to leave a detailed message should you need to communicate with me between appointments. Please make sure to leave your phone number and a good time to reach you. I will make every effort to return your call within 24 hours with the exception of weekends and holidays. **However, I am a solo practitioner and do not carry a pager. If you feel, you are going to regularly need support in between sessions I am not a good match for you.**

If you are unable to reach me and feel that you can't wait for me to return your call, contact your family physician, the crisis hotline of your area community mental health center: Strafford County - 603-516-9300, Rockingham County: 603- 431-6703 and York County: 800-660-8500 or Portsmouth Hospital's 24 Hour Crisis and Referral Line: 603 433-5270. If there is an urgent need for medication or hospitalization, you should call you local hospital emergency room.

If I will be difficult to reach for an extended period of time, I will let you know in advance and create a plan with you and discuss available resources.

**In order to protect your privacy and confidentiality, it is my policy that I do not text or email with clients.**

**Fees** Intake appointments are billed at \$115.00 per event. Psychotherapy sessions are billed at a rate of \$100.00 per session. If I am an in-network provider with your health insurance other fees may have been contracted. Payment is due at the time of service unless a payment plan has been negotiated. This includes co-payments. If you would like to use your health insurance and I am an out-of-network provider, you will pay for the service upfront and I will provide an invoice to you verifying payment for services, which can then be submitted to your insurance company for reimbursement.

If you do not have health insurance, or you choose not to utilize your insurance, we can discuss a self-pay arrangement. A fee can be negotiated for this depending on your financial resources and the services you are requiring.

**Cancellation Policy** If you need to cancel your appointment, please call 603-953-3386 at least 24-hours prior to the scheduled appointment. **Failing to attend a scheduled appointment or cancelling within 24-hours will result in a \$50.00 cancellation fee (unless we both agree that you were unable to attend due to circumstances beyond your control).** This fee does not meet criteria for insurance reimbursement.

***Family/Client Signatures:***

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| Name | Date | Signature |
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| Name | Date | Signature |
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Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_