



Counseling Services Information Informed Consent

NOTE: If you are seeing a therapist at JRNY Counseling for couple's therapy, each person must fill out and bring a separate set of forms to your first couple's session.

Welcome

Welcome, it takes courage to reach out for support and we look forward to supporting your healing journey. These forms contain information about JRNY professional counseling services and business policies. There are also several questions included that will help better identify what challenges you are currently facing so that we can best assist you. It is important that you review the following information before beginning your first session. Please feel free to ask any questions you may have about these policies; your therapist will be happy to discuss them with you. There are various places where your signature is required on the following forms; please bring the **completed signature** form with you to your first session.

Therapy Services – Risks and Benefits

The role of a therapist is to assist clients with issues regarding relationships, addictions, and issues such as depression, anxiety, grief, and other challenges that impact you emotionally. Counseling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, shame, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end. Your journey in therapy may also lead to healthier relationships. Counseling support often helps an individual find solutions to problems with family and friends, life challenges, as well as a reduction in feelings of distress, anxiety and depression. If you ever have any concerns about your therapy process, we encourage you to discuss this with your therapist during your sessions so that we can collaborate together as you move forward.

Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, we ask that you schedule at least one final session in order to review the work you have done. Occasionally clients return to therapy to process new challenges. If you decide to return in the future, please know that JRNY Counseling has an open door policy and welcomes the possibility of working together again. However, it will be at your therapist's clinical discretion and also dependent upon availability. If we are not able to see you immediately, we are happy to provide you with 3 referrals to another therapist(s) or clinic(s).



Length of Therapy

Therapy is a process that is unique to each client and the challenges they are presenting with. Some presenting issues can be worked on very effectively in a fairly short period of time (10-20 sessions). Other challenges may take much longer. It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. You and your therapist will put together a treatment plan and goals that you will be working toward. A guideline to remember is if you attend forty 50 minute therapy sessions that is less than an average work week. If you have questions regarding the length of treatment, please feel free to discuss this with your therapist at the start and/or at any point during therapy.

Dual Therapy

Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, we do not work with clients who are under the care of another therapist. If you are working with another therapist, please disclose this so that we can discuss next steps. If your therapist has referred you to JRNY for specialized treatment, we will need to have a release on file from you in order to coordinate care with your primary therapist and collaborate on a clinical plan that best supports your process. You can find this form on the JRNY website under the 'For Our Clients' section.

Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. **There are exceptions to confidentiality where disclosure is required by law (see below).** There may be occasions where your therapist may consult with adjunct therapists in order to discuss aspects of your sessions to best support your process. When doing so, please understand that your name will not be used and your therapist will change identifying details in order to protect your confidentiality. Should you request that your therapist speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), you must first provide your signed written consent in order to do so and only after your therapist determines if this is in the best interest of supporting your therapeutic process and progress.

Legal Exceptions to Confidentiality

We take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist will take all reasonable steps to prevent harm to you or another.



If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if a court issues an order to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

No Secrets Policy

Please note that with couples and family therapy the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**. As such we practice a **no-secrets policy** when conducting marital/couples/family therapy. This means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts their therapist outside of the therapy session to share a secret. On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit (e.g. the couple) and will be scheduled only when mutually agreed upon. Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions.

Your therapist will encourage and support the person holding the secret to share it in the following session. Your therapist also reserves the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as deemed appropriate or necessary to support the treatment units' overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

Conjoint Sessions

On occasion, and only if it benefits the client's therapy goals, your therapist may ask that a family member or significant other join you for a therapy session. It is important to note that this is done only on occasion and at the therapist's discretion when it best serves the client. If a family member or significant other agrees to meet for a session, it will be for the client's benefit. If the person joining the session is your significant other, this does not constitute as couples therapy, rather it is to support your work.

Additionally, the third party (friend or significant other) is not joining the session for his or her own therapy, nor will your therapist at JRNY Counseling work with them as a therapist. If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session. This form can be found on the JRNY website under the "For Our Clients' section.



Sobriety Policy

We ask that all clients, couples, families, and group members arrive to therapy sober and not under the influence of drugs and/or alcohol. If your therapist notices that you are intoxicated the therapy session will be immediately terminated. We will also assist you in finding a safe ride home (via friend, family member or taxi) as driving while under the influence constitutes a risk to others and is a reportable offense. Once you are safely home, your therapist will reschedule the therapy session where this occurrence will be processed. **You will be charged your full fee for the session if you arrive intoxicated.**

Therapy Sessions

Standard sessions are **60 minutes** in length and begin and end on time. Therapy can be conducted in the office. It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 60 minutes, nor will the time be made up at future sessions, as this will impact other clients.

Longer sessions are available by request. If your therapist finds that your session tends to run longer, he or she will discuss this in session in order to maintain healthy boundaries around starting and ending on time. If you need to reschedule, you are required to provide 24 hours notice. If you do not show for your appointment, you will be charged the full fee for the appointment.

Non-Discrimination Policy

The therapists at JRNY Counseling believe in supporting people of all ethnicities, cultures, orientations, and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, we are open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding our therapeutic approach and style, or our non-discrimination policies, please feel free to discuss this with your therapist now and/or in the future.

Court Reports or Letters

We do not write legal letters or court reports on behalf of clients involving divorce, custody, or lawsuits. We do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc.) or agency regarding your treatment. If you are referred for a substance abuse assessment, the summary of that assessment along with recommendations will be sent to the referring agency.

If a special circumstance arrives where a letter is **required by court order**, it will require your written consent and will be billed to you at \$25.00 per page and **in addition to our**



hourly fee. We reserve the right to refuse to write letters on your behalf (unless court mandated) if we do not feel this would be in your best interest, if it places us in a dual relationship, or will compromise our therapeutic relationship. We will not write letters on your behalf if you are involved in a lawsuit for any aspect of your personal or professional life, as this places us in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries. **If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested and your therapist must speak honestly if under oath.** Your therapist will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

Court Fees

If you become involved in legal proceedings that require your therapist's mandated participation, you will be expected to pay for all of your therapist's professional time, including preparation and transportation time and costs, even if called to testify by another party. Because of the time involved and the interruption to my clinical work, you will be charged \$250 per hour for time out of practice, time for preparation, travel time, and attendance at any legal proceeding on your behalf that you will be responsible for. Additionally, if other client sessions must be cancelled, these must be covered at the rate of those sessions and will be billed to you. A therapist is not a court advocate or friend. A therapist must legally speak truthfully under oath.

Session Payments

Therapy sessions are paid via cash, check, credit card or debit card. Please fill out the credit card form included in this packet and bring with you to your first session. This information is stored securely and is password protected. We charge clients on the day of their session.

Some clients prefer to pay by cash for confidential reasons. Please bring the exact cash amount for your session fee. Charges for unpaid services may be turned over to a collection agency which compromises confidentiality. We do not "carry over" session payments from week to week, or extend credit as this could constitute as an unethical "debtor/creditor" dual relationship and ultimately impact the therapeutic relationship.

Fee Increases

Fees are reviewed each year, and may increase periodically. Every consideration to a client's current finances will be made. The increase will be discussed with the client, and a 30-day notice will be given prior to the increase.



Client Cancellation Procedures and Fees

Short-Notice Cancellation: Appointment cancellations made less than **24 hours** before the scheduled appointment will be charged the full agreed upon fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session.

Group Therapy: Group therapy runs in 6-week modules. Each client is responsible for their commitment to the group for the full module (6 weeks). Payment is due at the start of each module. All 6 groups are to be paid whether or not the client attends as the spot in group is saved for that particular client. A client may be asked to leave group if more than 2 sessions are missed per module, as it will impact the group flow and bonding.

NOTE: While group therapy can be very helpful, it is not for everyone. Group therapy is available as space becomes open in group and at the discretion of your therapist.

Ongoing Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your appointment session has been reserved for you. Please note that should ongoing cancellations, frequent reschedules (even those within the same week), missed appointments, late payments/nonpayment become an issue, your therapist will discuss this with you. If after discussing other options with you your attendance has not changed, we may need to discontinue your treatment.

Therapist Time off Policy

During your therapist's scheduled out of office time, he/she will not be available for communication via phone, text, or email. If you are a threat to yourself or another during that time, please call 911 immediately.

Holiday, Weekend and Evening Contact

Your therapist will make every effort to return a call, email or text message within 24 hours during a scheduled work week. If a call, text or email arrives during a holiday, weekend or evening, your therapist will respond during the first working day. If you are facing a life threatening emergency, call **911 immediately**.

Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with



you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that your therapist sees a client outside of the office (when we may accidentally run into each other in public), your therapist will be highly discreet and will maintain your confidentiality. He or she will do their best to follow your lead, and thus it is your choice to acknowledge the encounter and your therapist. If you do not choose to acknowledge the encounter, your therapist will respect this and will follow your lead.

Policy Regarding Internet, Professional, and/or Social Networking Sites

On the topic of Social Media and Internet Sites, our primary concern is your privacy.

If you follow the JRNY business page on a site like Facebook for example, please note that your JRNY therapist will not follow you back. If there are things from your online life that you wish to share with your therapist, please bring them into your sessions where we can view and explore them together, during the therapy hour.

Please do not use messaging on Social Networking sites such as Twitter, Facebook, Instagram, or LinkedIn to contact JRNY therapists. These sites are not secure and messages may not be read in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with JRNY therapists publicly online if we have an already established client/therapist relationship. Engaging this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact your therapist between sessions, please do so directly via email or phone.

“Friending”

It is the JRNY policy to not accept friend or contact requests from current or former clients on any social networking site. We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when you meet with your therapist to discuss further.

Email Policy

The staff at JRNY prefer using email only to arrange or modify appointments. **Please do not email content related to your therapy sessions, letters to read, blogs, videos, as email is not completely secure or confidential.** If you choose to communicate by email, be aware that all emails are retained in the logs of your internet service providers.



While it is unlikely that someone will be looking at these logs, in theory they are available to be read by the system administrator(s) of Internet service providers. You should also know that any emails received from you and any responses that sent to you become a part of your legal and medical record.

Confidential Electronic Data Storage

Your confidentiality as a client is of utmost importance. To support and secure your clinical information, we have set up a system on our end to securely store and protect your information in a confidential and protected capacity. All client protected health information is covered under the Health Insurance and Portability Act of 1996 and in particular 45 C.F.R, Part 164, Subpart C under HIPPA.

Physical Contact

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, flirting, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to your therapist, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship.

Referrals of Friends, Family, Co-workers

The greatest compliment a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce their therapist so they can make a recommendation as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to JRNY. We will not acknowledge you as a client to other clients or anyone outside of JRNY Counseling without your written consent, or unless mandated by a court of law.

On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of our standard response: "I appreciate any referrals clients make, however, I cannot reveal who I see in therapy, and thus I cannot remark on who I see clinically at this time." Because this may sound rather official to clients, and because JRNY will not acknowledge who is seen in therapy, including you, we thank our clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; We are honored by your trust and confidence.



- I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.
- I understand that I am financially responsible for charges and fees incurred. And I agree to honor the 24 hour cancellation policy.
- I understand limits of confidentiality and all mandated reporting by my therapist.
- I agree to respect the boundaries of contact between sessions and understand email and text is not an appropriate form of processing what is best discussed in session.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I understand and agree to the social media boundaries and policy.
- I have had all questions about this document answered and sign willingly.
- I authorize my therapist with JRNY Counseling to provide psychotherapeutic treatment for me, the client, signing below:

Client's name (printed): _____

Client's signature: _____ Date: _____

Therapist's name (printed): _____

Therapist's signature: _____ Date: _____

Emergency Contact Information

In the event of an emergency, please provide a contact person:

Name _____

Relationship _____ **Phone** _____



Client Credit Card Authorization Form

Please note that the information on this form will be securely entered and stored in a HIPAA compliant online virtual terminal that is password protected for your safety. Once your information has been entered by your therapist to the secured terminal, these paper forms will be shredded and destroyed immediately to protect your information. While all secure methods to protect your information are in place, and we take your safety seriously, no company can 100% guarantee that any online system cannot be breached, thus you are accepting responsibility and risk in allowing JRNY Counseling to store your information for therapy charges.

I authorize my therapist with JRNY Counseling to keep my signature and card information on a virtual terminal file that is password protected and HIPAA compliant in order to charge any therapy session fees or cancellation fees. These fees will be charged to my credit/debit card for therapy services provided to:

(Therapy Client's Name: Please Print)

I understand that this authorization is valid until canceled in writing. I understand that though this information is secured in an online protected client file, and is unlikely to be tampered with, I agree to assume the risk if the file and credit card information is compromised. I understand that charges for ongoing services will normally be posted to my credit/debit/flex card account within 48 hours of each session date and **the session fee will be charged anytime on the day of my session.**

Additionally, I agree that the card listed below may be charged by my therapist with JRNY Counseling in order to settle any outstanding balances accrued by the above listed client upon termination of therapy services. I understand that if a charge back fee is incurred or a retrieval fee of is incurred I am responsible for these fees. _____ (Initial here)

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact my therapist with JRNY Counseling for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with my therapist and those attempts have failed. _____ (Initial here)



Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than myself, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by this person's therapist at JRNY Counseling_____ (Initial here)

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions stated above:

Cardholder Name (print):_____

Relationship to client:_____

Billing Address:_____

Zip Code: _____

Card Type (**circle one**): 1. Visa 2. Mastercard 3. Other

Card Number: _____-_____-_____-_____

Exp. Date: _____

CVV Code: _____

I understand that my therapy sessions will be charged via this form and not by swiping my card on the morning of my session unless cancelled 24 hours in advance:

Cardholder Signature: _____ Date: _____