

INFORMED CONSENT FOR COUPLES/FAMILY

Hello, and welcome to Wright Wellness! Psychotherapy and counseling is not an easy decision, and we are excited you are willing to take a step today towards a healthier you. This informed consent document contains important information about our professional services and business policies, including the specific nature of the couples or family therapy process. Please read it carefully and let us know if you have any questions. We want you to have the best understanding you can of the services available at Wright Wellness.

COUPLES/FAMILY PSYCHOTHERAPY AND COUNSELING SERVICES

Couples or family psychotherapy and counseling varies depending on the personalities of the therapist and couple or family, and the particular struggles you bring into session. There are many different methods your clinician may use to deal with the struggles that you hope to address. Psychotherapy and counseling sessions are not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for your therapy to be most successful, we may recommend you work on things we talk about both during our sessions and at home.

In couples or family therapy, the patient is the couple or family, and the focus of therapy will be on the relationship between the couple and family, rather than individuals. As a provider that has been entrusted with information from both partners or family members of a relationship, your clinician has a policy of "No Secrets", which means she/he cannot promise to protect secrets from one another, especially if the secret is harmful or destructive to the process of the therapy itself or undermines the agreed upon intention of the therapy.

Furthermore, because the relationship or family is the main focus of couples or family therapy, both partners or all family members must be present for the sessions to start. It is often not in the best interest of the couple or family to distribute time unevenly between individuals or to have unplanned meetings with only one person present. If one person is late in arriving or does not show for the appointment, your clinician reserves the right to delay the start of the session or to cancel the session if necessary.

If it seems that any of the individuals in the couple or family would benefit from individual therapy, your clinician will recommend this to you and can provide a referral. Sometimes it will be necessary to pause couples or family therapy while one or more of the individuals is participating in individual therapy; other times, individual and couples

or family therapy can be conducted in the same time frame. The therapeutic focus in couples or family therapy is on preserving or enhancing the relationship. However, for couples, if remaining together is harmful (physically or emotionally) to one or both partners, your clinician may recommend a shift in focus to an amicable separation or discuss termination of couples therapy.

Couples or family therapy will only be effective in cases where all individuals put in a good faith effort to work on their struggles and their relationship. Deliberate dishonesty or deceit, unwillingness to introspect and take responsibility for one's actions, or lack of interest and motivation to engage in the couples or family therapy process by any individuals will undermine the therapy process.

RISKS AND BENEFITS

Couples and family psychotherapy and counseling can have benefits and risks. Since psychotherapy and counseling often involves discussing some unpleasant aspects of your life and relationship, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. So, in other words, it may be more difficult initially before you begin to feel progress and relief. On the other hand, psychotherapy and counseling have been scientifically proven to have benefits for a wide variety of people and most issues or struggles. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

ABOUT OUR CLINICIANS

We see psychotherapy and counseling as collaborative, and we therefore want you to have thorough information about our professional training and related treatment approaches to better understand what kind of services we provide.

Our team is comprised of health professionals with a wide variety of areas of focus and expertise. For counseling services, our licensed clinicians include clinical psychologists and professional counselors. In addition to counseling, we also have yoga and health coaching services available, either as a separate service or in addition to your counseling experience.

For more information about our staff and clinicians and the specific services they provide, please visit www.wrightwellness.me.

OUR WORK TOGETHER

Your first session will involve an evaluation of your symptoms, needs and goals of couples or family therapy. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and begin a treatment plan to follow, should you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with us. Psychotherapy and counseling involves a large commitment of time, money, and energy, so you should be very careful about the provider you select. If you have questions about our approaches, we should discuss them whenever they arise. If your doubts persist, we will be happy to provide a list of other providers. We value your input, and want us to collaborate and work together towards your goals.

To be clear, psychologists and counselors can never have any other role in your life. We cannot, now or ever, be a friend, or socialize with any of our patients. We cannot be a therapist to someone who is already a friend or family member, and we can never have a sexual, romantic, or business relationship with any of our patients during, or after, the course of treatment.

CANCELLATION POLICY

We generally schedule one 50 to 55-minute session at a frequency we agree on, although we will decide on the frequency of treatment after the initial evaluation. **Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 48 hours advance notice of cancellation** [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, we will work with you to find another time to reschedule the appointment. We understand that unplanned circumstances can prevent you from making your session, however we ask that you communicate with us in a timely manner so that we can offer that appointment slot to someone else in need.

CONTACTING US

We are often not immediately available by telephone, and not always in the office. We do our best to return our own calls, but will not answer the phone when we are with a patient. If we are unavailable, you also have the option to leave a voice mail for our office manager or send us an email. We will make every effort to return your message as soon as possible, usually within 24 hours, with the exception of weekends and holidays. If you are difficult to reach, please inform us of times when you will be available.

If you are unable to reach us and it is an emergency or crisis, call 911 or go to the nearest emergency room to receive immediate care. If there is an emergency, and we become concerned about yours or someone else's safety, we may need to call your emergency contact, or a close relative or friend.

If we will be unavailable for an extended time, we will provide you with the name of a colleague to contact as requested.

CONFIDENTIALITY

In general, the privacy of all communications between an individual patient and/or couple or family and a psychologist or counselor is protected by law, and we can only release information about our work to others with your written permission. **However, there are a few exceptions:**

There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if we believe that a child, elderly person, or disabled person is being abused or neglected, we must file a report with the appropriate state agency.

If we believe that a patient is threatening serious bodily harm to another, we may feel compelled to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.

If the patient threatens to harm himself/herself, we may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection.

These situations rarely occur. If a similar situation occurs, we will make every effort to fully discuss it with you before taking any action.

In most legal proceedings, you have the right to prevent us from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order our testimony if he/she determines that the issues demand it.

We may occasionally find it helpful to consult other professionals about a case. During a consultation, we make every effort to avoid revealing the identity of our patients. The

consultant is also legally bound to keep the information confidential. If you do not object, we will not tell you about these consultations unless we feel that it is important to our work together.

Also, we do occasionally run into patients outside of the office. If this occurs, we will take your lead. If you say hello, we will as well, but will wait for you to approach us, and will do our best to make the interaction brief and to maintain your confidentiality to the best of our ability.

It is also important to note the limitations of confidentiality when communicating through email. Although we are open to communication through email for specific reasons and will do our best to maintain your confidentiality, there is always a risk due to viruses, hackers, etc. Therefore, if you choose to communicate with us through email or text, you accept and assume all associated risks.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any questions or concerns that you may have at our next meeting. We will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are complex, and we are not an attorney.

PROFESSIONAL FEES

Payment for services is an important part of our professional work together. We provide professional services on a fee-for-service basis. All of our clinicians accept private pay, as well as are in network with several insurance companies. Unfortunately insurance companies generally do not consider primary or routine family or couples sessions as medically necessary, and are only considered necessary when in support of the individual in treatment. As a result, primary or routine couples or family sessions must be private pay only.

However, if you would like to try and use your insurance benefits, you have the option to pay your provider directly and he/she can provide a "super-bill" for you to submit to your insurance company for possible out of network reimbursement.

In addition to counseling appointments, each clinician will charge an hourly rate for other professional services you may need, including paperwork such as letters and other documents, though she will break down the hourly cost if she works for periods of

less than one hour. Other services might include report writing, telephone conversations, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other professional service requested of her, including court subpoenas. Please note that we cannot bill insurance companies for these services.

Additional services available include yoga services, health coaching, and telehealth options for counseling sessions. Please contact us directly or visit our website for more information about these additional services.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have insurance coverage which requires another arrangement. Payment schedules for other professional services will be agreed to when they are requested. In circumstances of unusual financial hardship, we may be willing to negotiate a fee adjustment or payment plan.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a patient's treatment is his/her name, the nature of services provided, and the amount due. We prefer to avoid this option and ask our patients to work with us to settle any balances.

We accept cash, check, or credit card. We do request that you keep a credit card on file with us for billing purposes, which are further outlined in the Agreement for Credit Card Authorization form.

INSURANCE REIMBURSEMENT

Please note that our clinicians are in network with various insurance companies. Please contact us directly or visit www.wrightwellness.me for the most current list of insurance plans accepted by each clinician.

As mentioned above, insurance companies generally do not consider primary or routine family or couples sessions as medically necessary, and are only considered necessary when in support of the individual in treatment. As a result, primary or routine couples or

family sessions must be private pay only. For secondary or supportive (non-routine) family or couples, the below insurance information applies and is important to understand and read carefully.

For insurance companies that we are considered an out-of-network provider, we can provide you with a "super-bill" statement that details the services provided so that you can submit the information to your insurance for possible out-of-network reimbursement.

It is important to note that paying for psychotherapy or counseling services without insurance benefits gives both your therapist and you more control of your treatment. However, we also understand the out of pocket expense for treatment, and therefore we accept the health insurance plans indicated above.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. We can fill out forms and provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you are responsible for full payment of our fees. 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 we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company.

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 such as HMOs and PPOs 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. While a lot can be accomplished in short-term therapy, some patients feel that they need more

services after insurance benefits end. Some managed-care plans will not allow us to provide services to you once your benefits end. If this is the case, we will do our best to find another provider who will help you continue your psychotherapy or agree on a private payment plan.

You should also be aware that most insurance companies require you to authorize us to provide them with a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). 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, we 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. We will provide you with a copy of any report we submit, if you request it.

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 services yourself to avoid the problems described above, which is one common benefit to not using insurance benefits for psychotherapy or counseling.

PROFESSIONAL RECORDS

The laws and standards of mental health treatment require that we keep treatment records. You may request in writing a copy of your records, or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, we recommend that you review them in our presence so that we can discuss the contents. Patients will be charged an appropriate fee as outlined above for any professional time spent in responding to information requests.

When you attend couples or family therapy sessions, the couple or family is considered to be the client and your mental health records therefore belong to all individuals involved. This means that except in the circumstances above, we will need a written consent from all individuals in order to disclose any information from your record to a third party.

MINORS

If you are under eighteen years of age, please be aware that the law gives your parent(s) and/or guardian(s) the right to examine your treatment records. We may request an agreement from parents that they agree to give up access to your records. If they agree, we may provide them only with general information about our work together, unless we feel there is a risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern. We may also provide them with a summary of your treatment. Before giving any information, we will do our best to discuss the matter with you, if possible, and do our best to handle any concerns you may have. For any minors named in a custody agreement, court order, and/or divorce decree, we will require the most current copy of this document to schedule services and all applicable adults will be contacted in accordance with the agreement.

DISCHARGE/TERMINATION

Please remember if you miss a scheduled appointment and do not call the office to reschedule within 30 days, we will take that as your notice that you have decided to terminate treatment with us. In the event of your therapist's death or disability, you authorize Wright Wellness to take appropriate steps to find a suitable custodian of your records.

COMPLAINT PROCEDURES

Please let us know immediately if you have any questions, concerns or complaints first, as we will always strive to problem solve and work with you to the best of our ability. However, if we are not able to solve the issue, and/or you feel that you have ever been treated unfairly by any of our clinicians or another mental health professional, you can also contact the state licensing board. Anyone who wishes to file a complaint against a healthcare professional in this state may call the Health Professions Council toll-free complaint referral system: 1-800-821-3205. This automated, statewide number routes a complainant to the appropriate licensing agency. The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers and licensed specialists in school psychology. Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint. Please call 18008213205 for more information; address: 333 Guadalupe St, Tower 3, Room 900 | Austin, Texas 78701; <https://www.bhec.texas.gov/index.html>.

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INFORMED CONSENT SIGNATURE PAGE

We acknowledge that we have received, have read (or have had read to us), and understand the information about the psychotherapy or counseling we are considering. We have had all our questions answered fully, and agree to abide by the terms outlined above. We understand that, in couples or family therapy, there are no secrets, and the focus is on the entire relationship(s).

We do hereby seek and consent to take part in the treatment by the psychologist or counselor we have chosen to work with. We understand that developing a treatment plan with this clinician and regularly reviewing our work toward meeting the treatment goals are in our best interest. We agree to play an active role in this process.

We understand that during the course of couples or family therapy, the clinician may see each of us individually as part of the overall treatment of the couple or family. These sessions should be seen as part of couples or family therapy, and are considered confidential. We will not release any confidential information to third parties unless we are required to do so by law or unless we have a written release of information from all individuals. We also understand the limits to confidentiality.

We understand that information shared in couples or family therapy is for therapeutic purposes only and is not intended for use in any legal proceedings involving the partners. We agree not to subpoena our clinician to testify for or against either party or to provide records in a court action.

We understand that no promises have been made to us as to the results of treatment or of any procedures provided by the psychologist or counselor. We understand that therapy requires an active effort on our part towards change in the relationship(s).

We are aware that we may stop my treatment with this psychologist or counselor at any time. The only thing we will still be responsible for is paying for the services we have already received. We understand that we may lose other services or may have to deal with other problems if we stop treatment.

We know that we must call to cancel an appointment at least 48 hours before the time of the appointment. If we do not cancel and do not show up, we will be charged for that appointment.

We are aware that if we use insurance, an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. We understand that most insurance plans do not cover couples or family therapy or consider them medically necessary as a primary service. We understand that if payment for the services we receive at Wright Wellness is not made, the psychologist or counselor may stop our treatment.

Signatures below indicate that all of those participating have read the information in this document and agree to abide by its terms during our professional relationship.

Name of Patient: _____

Signature of Patient: _____ Date: _____

Name of Patient: _____

Signature of Patient: _____ Date: _____

Name of Patient: _____

Signature of Patient: _____ Date: _____

Name of Patient: _____

Signature of Patient: _____ Date: _____