



Informed Consent Form

Welcome New Client

It is my intention to alleviate any anxiety you may have over the counseling experience. If you have any additional questions regarding the counseling experience, our office policies, or limits of confidentiality please feel free to get clarification before signing.

Counseling

The purpose of counseling is to help you better understand yourself and the problems you are having. Counseling helps to empower you to cope with the challenges you face and to make the necessary changes to improve your life.

What you can expect

Our 50 minute sessions together will involve a lot of talking about your concerns, experiences, coping skills, goals, and achievements. We will work together to make a plan of direction and explore the steps and tools to get you there. Counseling is TEAM work and I will act as your coach, however, YOU will do the work. Changes can only take place if you are willing to do your part. Please remember that I am not a physician and I cannot prescribe drugs.

Benefits

If you do your part in our sessions and at home, you will experience change. There may be enhanced personal development and relationships may be improved. If you are committed to improving your life, the chances are good that you will!

Risks

There is no guarantee that counseling will achieve the results you want to achieve. To be successful in counseling you may experience periods of emotional discomfort, anxiety, frustration, or anger. Sometimes as we begin to make changes in our life, the people around us are not comfortable with those changes. There is a risk of challenging some familiar relationships.

How long will you need counseling?

This is always a personal decision. You are free to stop counseling at any time. If you, or I, believe you have achieved the goals we have established, or progress is not being made, either of us may talk about ending counseling and possible alternatives. I encourage you to let me know about your desire to end therapy (for any reason) so that we can summarize some of what has happened in your work with me, suggestions for the future, and possible resources and alternatives for you.

What are your rights?

Our relationship is strictly voluntary. You are free to stop counseling at any time. If you believe you have accomplished the goals we established, or feel that progress is not being made, you may want to discuss ending our counseling relationship. If you wish to end therapy for any reason, I encourage you to discuss this with me prior to stopping so that we may summarize our work together, discuss alternatives, and look at future resources for you.



Emergencies/Crisis/Availability

I am available by phone or appointment Monday-Friday from 9:00am -7:00pm and Saturdays as needed. I will make every attempt to answer phone messages or emails within 3 hours during office hours.

I am not accessible during evenings or Sundays. In the event of an emergency please dial 911 or call the local crisis hotline 803-898-8888 .

Payment and Insurance

Payment is due at the time of your session and can be paid with cash, a valid check, or debit/credit card. Fees are \$90-\$120 per session, sliding scale fee available upon request. I accept BlueCross BlueShield of South Carolina, BlueChoice HealthPlan, Planned Administrators, the Federal Employees Program and the State Health Plan. If you have a different insurance provider, I can provide a receipt for you to submit counseling costs to your insurance company on your own. If you plan to use your health insurance policy, it may provide coverage for some of your counseling services, however, you, not your insurance company, are responsible for the full payment of the fee for which we have agreed upon.

Cancellation Policy

Scheduled appointments must be cancelled at least 24 hours in advance or will be billed at half the regular session fee amount. Appointments are scheduled on the hour, please be on time or your session time may be shortened.

Informed Consent:

I have read, understood, and agree with the information and policies set forth in this Informed Consent Form. (If you have any questions, please ask before you sign). By signing, I voluntarily agree to abide by these policies and conditions.

Signature: _____ Date: _____

Signature: _____ Date: _____

If you are coming to me for any type of relationship counseling, the signatures of both participants are required.