



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 continuing with counseling.

Counseling

The purpose of counseling is to help you better understand yourself and the struggles you are having, develop new skills to manage those struggles, and to improve relationships. Counseling helps to empower you to cope with the challenges you face and to make the necessary changes to improve your life. Counseling is a growth process that moves through various stages. It is a unique experience for each client and requires several visits through various stages. During the initial stage of counseling, you will get to know your counselor and she will get to know you; how you view yourself, your family, your significant other and how you all relate to each other. After exploring the issues that have brought you to counseling, specific goals to work on will be collaboratively agreed upon. Next, a treatment plan outlining how those goals will be achieved will be developed together with your counselor. Last, counseling will conclude when you, or I, believe you have achieved the goals we have established. Or, when 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 our work together, discuss suggestions for the future, and possible resources and alternatives for you.

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 understand your struggles, develop goals to improve your situation, and learn new skills 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.

Benefits

Individuals, couples, and families who choose to enter counseling for whatever reasons often find significant benefits from seeking to share their struggles with a professional who is trained and devoted to guiding them through this process. If you do your part in our sessions and at home, you will develop a clearer understanding of the circumstances leading up to your struggles, gain new skills and new perspectives to manage current difficulties, and realize enhanced personal development and greater life satisfaction.

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?

Counseling is a unique experience for each client and requires several visits through different stages of the counseling process. I have found that clients who attend regularly and consistently achieve better results more quickly. However, 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.

Confidentiality:

The information you share in psychotherapy is protected health information and is generally considered confidential by both South Carolina statute law and federal regulations. Your therapy file can be subpoenaed in South Carolina through a court order (signed by a judge) but is considered privileged in the federal court system. Keelyn N. Barrick is mandated by standards - through Duties to Warn - to breach confidentiality if she discovers:

- 1) you are threatening self-harm or suicide
- 2) you are threatening to harm another or homicide
- 3) a child has been or is being abused or neglected, and/or
- 4) a vulnerable adult has been or is being abused or neglected.

In addition, if you wish your protected health information released to another party, you must sign a specific Release of Information.

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

It is customary to pay for professional services at the time they are rendered and can be paid with cash, a valid check, or debit/credit card. The hourly fee for individual therapy is \$90 per hour and for couples and families is \$120 per hour. I accept BlueCross BlueShield of SC, BlueChoice HealthPlan, Planned Admisistrators, 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 may be responsible to submit a copay.

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.