

## **Informed Consent for Assessment and Treatment**

Welcome to New Paths Counseling. We are committed to help you get whatever your outcome is for our time together. A counseling situation offers a unique relationship between two people. In order that we start our relationship in a healthy way, we have put together this document to ensure that there are no misunderstandings about the various aspects of the counseling and psychotherapy services.

### **Background and Services**

New Paths Counseling and Consulting offers counseling, psychotherapy, EMDR treatments, executive coaching, mediation and consultation services to individuals, couples, and families in the areas of mental health, relationships, and adjustment. New Paths Counseling is owned and operated by Katherine Bogushefsky-Reamer, a Masters level Arizona State Licensed professional counselor. Katherine also employs and supervises non-independent Masters level state licensed therapists, within the counseling practice. Clients that present in counseling with serious eating disorders, Addiction issues or are sexually abusive as their primary problem will be referred to other professionals or programs that specialize in these areas. All therapists reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for the skills or experience of the therapist.

### **Financial**

Payment is expected at the time the service is rendered, unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. If you are in-network with the few insurance companies New Paths Counseling is contracted with, the fees will be the required co-pay or deductible, otherwise the standard fees for Katherine are: 50 minute counseling sessions \$125. and Initial 80 minute couples assessment \$250. Licensed Masters level therapists that are supervised by Katherine charge \$75 for 50 minute counseling sessions and \$125. for the initial 80 minute couples intake. In addition to the basic session and assessment fees, there may be other fees for additional services such as report or documentation writing, court required therapy or appearances, psychometric testing, telephone counseling etc. Fee information for those not listed is available upon request. New Paths Counseling reserves the right to change fees with a 30 day notice. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with Katherine if you have a concern.

### **Insurance**

New Paths Counseling will submit the billing for a limited number of in-network insurance plans. As the insured, it is your responsibility to contact your insurance company to confirm that Katherine Bogushefsky-Reamer, MC LPC is listed as an in-network, provider on your particular plan and determine what financial responsibility and limitations you may have to participating in counseling services

**. \*\* Please be aware insurance companies have the rights to all your records and at times call providers to discuss the details of your treatment.**

If it is determined that Katherine Bogushefsky-Reamer MC.LPC is not in-network you can turn paperwork into your insurance company so they can reimburse you with the coverage allowed per your plan. New Paths Counseling will provide you with the paper work (Superbill, HICF) and instructions for you to submit claims to your insurance plan. Reimbursement is not guaranteed.

In all cases however, payment for services is ultimately the responsibility of the client, not the insurance company. Once again, please discuss this with me if you want to use this payment option.

\*\*Using a third party to pay for counseling implies that some information can be released in order to obtain payment for the services. Please see the HIPAA NOTICE OF PRIVACY PRACTICES for more information.

Initials \_\_\_\_\_

### **Availability of services**

Office hours for phone calls are Monday-Friday 8-5. (Clients may be seen on off hours) New Paths Counseling does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact 480-784-1500, Banner Help line - 602-254-4357, ValueOptions - 602-222-9444). Established clients with an urgent need to make contact may call the main number and leave a message, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

### **Appointments**

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. We reserve 50 minutes or more for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. Appointments for Sunday must be canceled by the prior Thursday at 5:00 P.M. You will be billed for appointments you fail to cancel in accordance with this policy. Currently, the fee billed for this is \$125.00 per session and \$200.00 per intake or the standard payment that we would receive for services for your session either from you and/ or insurance payments. Repeated late cancellations or missed appointments may result in termination of treatment. Appointment availability varies with the client load at the time. High demand appointments (off hours, late afternoons/evenings, and weekends) are likely to be sporadic in their availability. We reserve the right to limit our commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

### **Privacy, Confidentiality and Records**

Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved. Being that Katherine Bogushesky MC,LPC supervises, Masters of Counseling and Social Work therapists, counseling staff may discuss clinical information for treatment planning purposes but will not identify clients by their names. Katherine also participates in EMDR consultation, a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods. If by accident, New Paths Counseling staff transmits through facsimile, e-mail, or telephone voice mail and answering machine, and an unauthorized person or entities intercepts this information, the client waives any and all claims to breach of confidentiality. Please do not send personal information over e-mail or text, Confidentiality is not guaranteed. There are also numerous other circumstances when information may be released, including when disclosure is required by the Arizona Board of Behavioral Health Examiners, if a lawsuit is filed against any therapist, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA addresses confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the HIPAA NOTICE OF PRIVACY PRACTICES may be revised. Any changes to these privacy practices will be posted in my office, but you will not receive an individual notification of the updates. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

I have read the HIPAA NOTICE OF PRIVACY PRACTICES, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the HIPAA NOTICE OF PRIVACY PRACTICES

is incorporated by reference into this agreement.

Initials\_\_\_\_\_

### **Professional Records**

Both law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy, but if you wish I can prepare an appropriate summary. Because these are professional records, they can be misinterpreted and/or can be upsetting. If you wish to see your records, I request that you review them in my presence so that we can discuss what they contain. I am willing to conduct this meeting without a charge but there will be an appropriate fee for the preparation time which is required to comply with an information request.

### **Purpose, Limitations, and Risks of Treatment**

Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

### **Treatment Process and Rights**

Your counseling will begin with one or more sessions devoted to an initial assessment so that we can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences or such refusal or withdrawal.

### **Our Relationship**

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to connect on social media, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

### **Consent for Evaluation and Treatment**

Consent is hereby given for evaluation and treatment under the terms described in this consent document and the HIPAA NOTICE OF PRIVACY PRACTICES. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Initials\_\_\_\_\_

## **Minors**

In order to counsel anyone under the age of eighteen the Consent to Treatment must be signed by a parent or legal guardian. For separated or divorced parents a copy of court records will be requested. **If both parents have the legal rights to medical decision, both must sign the consent to treat.** In all situations, both parents have the right to know their child is in therapy. Please be aware counseling is confidential but that the law may provide your parents the right to examine your records. Also, if I feel there is a high risk that you will harm yourself or another. I will notify your parents (or legal guardians) of my concern.

## **COMPLAINT / GRIEVANCE PROCEDURE**

Katherine Bogushefsky-Reamer MC,LPC is the owner of New Paths Counseling and Consulting and is a trained supervisor for Masters level counselors and social workers who are working toward their hours to receive their independent license through the Arizona Board of Behavioral Health. In the event you are dissatisfied with the services you have received from Katherine or one of her supervisee's please contact her at [Katherine@newpathscounseling.com](mailto:Katherine@newpathscounseling.com) or (480) 205-4040. You may make your complaint by phone, e-mail, or in person. She will call you as soon as possible that same working day. Complaints must be filed within **6 months** of last appointment. **The complaint will be reviewed within 14 working days.**

Once a decision is made on your complaint **you will be notified of the outcome within 30 days.** If you are not satisfied you may then contact:

### **Arizona Department of Health Services**

**Office of Behavioral Health Licensing Services  
150 North 18th Avenue, Suite #410, Phoenix, AZ. 85007  
(602) 364-2595**

**My signature indicates that:**

- **I have received a copy of my clients rights**
- **I understand and have a copy of the agency's fee and refund policy.**
- **I understand and have received a copy of my grievance procedure and contact information the Az Dept of Health Services**
- **I understand that Katherine Bogushefsky-Reamer MC,LPC Supervises therapists that may be a treatment provider at New Paths Counseling.**
- **I have read and understood the above information,**

**Client Signature:** \_\_\_\_\_

**Parent/Spouse Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Names of children to be treated:**

I, \_\_\_\_\_ am the parent or legal guardian with legal custody. I confirm that the other natural parent and I give permission to New Paths Counseling to provide behavioral health services for our child(ren) listed above.

**Signature(s)** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**For office use only-verification that the client has read and understands Informed Consent document**

**Authorized Representative:** \_\_\_\_\_ **Date** \_\_\_\_\_