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Informed Consent for Services and Disclosure of Fees and Agreements

This document is intended to provide important information to you regarding your treatment or receipt of other individual, couple, or family professional services. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents.

Information about Nan Fitzgerald, MSW, LCSW:

I have a Master's Degree in Social Work from the University of Utah, and have been working as a clinical social worker in various settings for the past ten years. I am licensed in Utah (5371236-3501) and provide individual, couple and family counseling among other services in various settings. If you have any questions about my background, please ask.

Goals and Outcomes:

Generally counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts and behaviors. You determine the nature and amount of change you wish to make.

Benefits and Risks:

Most people experience improvement or resolution to concerns that brought them to counseling, but, of course, there are no guarantees; and there are some risks. For example, counseling could open up new levels of awareness that may cause discomfort.

Fees:

Fees for the initial assessment are \$125, \$100 for follow-up sessions, and \$250/hour for time in court/testimony. A session is 45-50 minutes long. Sessions longer than 50 minutes are billed in 30-minute increments. If you are a private pay client, or have an insurance copay those charges are due at the time of service, an additional charge of \$5.00 will be added to your account each time those services are billed to you. There is a \$30 service charge on all returned checks. If insurance coverage or clergy pay is pending, you are responsible to follow through with the payor to ensure payment is made in a timely manner.

Credit Card on File:

In order to maintain a therapeutic relationship during our sessions, and to not infringe on clinical time, I encourage you to keep a credit card on file with the office. This helps to ensure that your account remains current and helps to avoid any unnecessary charges or late fees.

Appointment Scheduling and Cancellation Policies

On occasion, a situation may arise which prevents you from keeping a scheduled appointment with your therapist. As a courtesy, please notify us 24 hours in advance of your appointment, if you will be unable to keep your appointment. YOU will be personally billed for no shows or for appointments not cancelled 24 hours in advance.

Please initial here to indicate your agreement with the fees, scheduling and cancellation policies _____

Confidentiality:

All communications made in session will be held in strict confidence unless you provide written permission to release information about your treatment or other services received. If you participate in marital or family counseling, I will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release.

There are exceptions to confidentiality. Also, therapists are required to report instances of suspected child or elder abuse. Therapists are also required to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person or when a patient is dangerous to him or herself. In addition, a federal law known as The Patriot Act of 2001 requires therapist in certain circumstances to provide FBI agents with requested items, and prohibits the therapist from disclosing to the client that the FBI sought or obtained the items.

Minors and Confidentiality:

Parents have the legal right to be apprised of the details of their minor (under age 18) child's treatment. Parents and other guardians who provide authorization for their child's treatment are encouraged to be involved in their treatment. However, treatment with a minor often progresses best with a good-faith agreement to confidentiality between the parents and their child, so that the child can be assured of his or her confidentiality in therapy sessions. Consequently, I may discuss the treatment progress of a minor client with the parent or caretaker, but preferably not details that would decrease trust between the minor and me. Minor clients and their parents are urged to discuss any questions or concerns that they have on this topic.

Therapist Availability/Emergencies:

Unscheduled telephone consultation, (as distinct from scheduled telephone sessions) between office visits are welcome. However, I will attempt to keep those contacts brief due to my belief that important issues are better addressed within regularly scheduled sessions. Telephone conversations lasting longer than ten minutes will be billed at the half hour rate of \$75.00.

You may leave a message for me at any time in my confidential voicemail at 801-888-4990. If you would like for me to return your call, please be sure to leave your name, telephone number and a brief message concerning the nature of your call. Non-urgent calls are returned during normal workdays (Monday-Friday) within 24 hours. If you have a medical or psychiatric emergency, please call 911.

Social Media Policy:

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I 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 we meet and we can talk more about it.

About the Counseling Process and Other Professional Services:

It is my intention to provide counseling services that will assist you in reaching your goals. Based upon the information that you provide to me and the specifics of your situation, I will provide recommendations to you regarding your treatment. I believe that therapists and clients are partners in the therapeutic process, so if you are not happy with the services received, it is your responsibility to make that known so we can discuss and hindrances to your progress. I will also periodically initiate discussions about the progress of treatment. Due to the varying nature and severity of issues being address and the individuality of each client, I am unable to precisely predict the length of your counseling or guarantee a specific outcome result.

Termination of Counseling or Other Services:

The length of your treatment or other services and the timing of the eventual termination depend on the specifics of your treatment and the progress you achieve. It is a good idea to plan for your termination in collaboration with myself. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy or other services at any time. If you or I determine that you are not benefiting from services received, either you or I may elect to initiate a discussion of your treatment or other service alternatives. Such may include, among other possibilities, referral, changing your treatment or support plan, or termination of services.

Terms and Conditions:

By signing below, you understand that there are no guarantees, stated or implied, and that you accept the risks inherent in the course of therapy. You also understand and agree that counseling services rendered will be charged to you, and not any third-party payer unless specific arrangements have been made and agreed upon. If your account becomes more than 60 days past due therapeutic services will be suspended until the account is brought current in order to preserve the therapeutic relationship. All delinquent accounts will be charged an interest rate of 1.5% per month (18% per annum). In the event that any balance is not paid as agreed, the undersigned agrees to pay all collection costs, which according to state law can be up to 40% of the amount collected. In the event of a lawsuit to collect on the unpaid balance, the undersigned further agrees to pay court costs and reasonable attorney fees.

If using insurance services, I agree that Connections Counseling LLC may release such information required by my insurance company for payment of services rendered, and I agree to hold Nan Fitzgerald, LCSW and Connections Counseling, LLC harmless for any injury or claim for damages arising from the services rendered.

Your signature indicates that you have read this agreement for services carefully and understand its contents.

Signing on the right-hand side indicates consent to work with all members of your family under the age of 18 and that this agreement will serve as "Consent to Treat a Minor Child". Please ask if you have any questions.

_____	_____	_____	_____
Adult Client	Date	Minor Client	Date
_____	_____	_____	_____
Adult Client	Date	Parent/Guardian	Date