



## **Informed Consent for Services**

*Shine a Light Counseling Center & New Perspectives Center for Counseling*

Your therapist asks you to read and sign this "Consent for Services" document before you start therapy. Please review the information. If you have any questions, contact your therapist. You can expect an opportunity to discuss these agreements in your first session.

### **WHO IS THE CLIENT?**

- If you are seeking therapy for yourself, please fill out this form.
- If you are seeking therapy for a minor, under 11, please fill out this form on behalf of your child and read the separate Parent Information form.
- If you are seeking therapy for a minor, 12 or older, please ask your teen to read and sign this form (if they are capable). Parents should also read the separate Parent Information Form.
- If you are seeking therapy as a couple or family, choose one member of the couple to sign this form and the other adult members to sign the separate, Couple/Family Therapy Participant Form.

### **THE THERAPY PROCESS**

Therapy is a collaborative process where you and your therapist will work together to help you achieve your goals, heal emotional pain, become more self-aware, improve your interpersonal relationships, and relieve any symptoms of mental illness. Therapy is a unique and highly individualized experience. Please let your counselor know what you need to feel safe and supported in your growth. Your openness and honesty are important for a healthy therapeutic relationship. You retain the right to end this relationship at any time.

### **CONFIDENTIALITY**

We honor the importance of your confidentiality in the counseling process. We want you to know that any information you share is protected by professional and ethical standards, and will not be released without your written consent. The only exceptions to this are to protect the safety of you and others. We may need to report reasonable suspicion of child abuse; elder abuse; dependent adult abuse; or intervene if you present a danger to yourself or to others; or by court order.

### **CONSULTATIONS & SUPERVISION**

Our counseling services are provided primarily by pre-licensed clinicians, who are training to become licensed therapists. You can ask your therapist about their current status as a trainee, associate or fully licensed therapist. Our licensed clinical supervisors provide supervision to our pre-licensed clinicians on a weekly basis. During group and individual supervision meetings, your information may be discussed. All information shared between clinicians, supervisors and the

administration is handled with strict confidentiality within our agency. Our clinical director is Tim Hartnett, LMFT #27228. You can ask your therapist about their direct supervisor(s).

#### EMERGENCY CONTACT POLICY

Please note that Shine a Light Counseling Center is not a crisis counseling center or an emergency provider. If you experience a mental health crisis, please call the Santa Cruz County Access Team (Santa Cruz county) at [800-952-2335](tel:800-952-2335), Monterey County Mental Health Crisis Line (Monterey county) at [831-755-4111](tel:831-755-4111), San Francisco General Psychiatric Emergency [415-821-8125](tel:415-821-8125) or the Suicide Prevention Hotline at [877-663-5433](tel:877-663-5433), Mental Health Emergency Hotline at 988, or Local Emergency Services at 911.

#### CONTACTING YOUR COUNSELOR

Please contact your counselor via their direct email or direct phone number. Be sure to get your counselor's contact information from them. Do not call the Shine a Light main phone number to communicate with your counselor or give notice about late arrivals or cancellations. Please discuss with your therapist their policy on communications with them between sessions.

#### FEES & PAYMENT (Medi-Cal, Medicare & Insurance subscribers only)

As providers for various Insurance plans, we will need to verify coverage in order to bill for services. If you have dual insurance coverage, please disclose this to your therapist. To have your therapy sessions covered by insurance, your symptoms will need to satisfy the criteria for a formal mental health diagnosis. Your therapy record may be audited by your insurance plan, at their discretion. In signing this form you will therefore be authorizing the exchange of information between your insurance plan and Shine a Light Counseling Center for the purpose of billing and possibly auditing your health record. There is no fee for Medi-Cal clients. Fees for other insurance depend upon the plan deductible and copayment amounts. Please also verify that your therapist is an Associate-level therapist, as Trainee counselors cannot bill insurance.

#### FEES & PAYMENT (Self-pay only)

Your fee is set by your counselor according to agency policies, and will be disclosed to you prior to your first session. Payment of the fee is due at each session. Cash, check, and credit/debit cards are accepted. There will be a \$25.00 fee charged for any returned check. Unfortunately, we are unable to bill for services, or allow a client to "carry" a balance owed. And we do not refund payments for missed appointments or late cancellations. Credit card charges will be submitted automatically with your consent on the separate Payment Authorization form.

#### FEES & PAYMENT (by other parties)

If you arrange your fees to be paid by another party (parent, family member, friend or employer), please be aware that you are releasing Shine a Light Counseling Center to disclose billing information to the payer. This information is limited to the dates and service codes of your scheduled sessions, and whether you attended the session or not.

#### IF YOU HAVE "Out-of-Network" PRIVATE INSURANCE or an HSA/FSA

If Shine a Light is not a contracted provider for your insurance, be aware that your costs for therapy may be lower by using an in-network provider with your plan. This depends upon your plan details, including your deductible and co-payment amounts. If you have **out-of-network benefits** with your insurance plan, we can provide you with a Superbill for you to submit to your insurance plan for

reimbursement. If you have a **Health Savings Account**, it can most likely be used successfully to pay for your therapy at Shine a Light.

#### SESSION LENGTH

Your session length is 50 minutes. If you require a longer appointment, your counselor can work with you to determine an appropriate length of time; and the fee will adjust accordingly.

#### LATE CANCELLATIONS & MISSED APPOINTMENTS

Cancellations must be made 48-hours in advance. If an appointment is canceled (or missed) without **48-hours of notice**, you will be charged your usual session fee for that missed session. Our therapists usually reserve the time for your appointment a week beforehand, and they cannot reassign that time on short notice. So when you schedule an appointment, please realize that you are committing to pay the fee for that session. If you arrive late for your appointment, your session will still end at the regular time.

If you are a **Medi-Cal subscriber**, please note that Medi-Cal will not pay your therapist for appointments you miss. Thus, to limit the financial burden to Shine a Light Counseling Center, we will end services to any Medi-Cal subscriber who cancels a total of three appointments with less than 48 hours notice.

#### CONTAGIOUS ILLNESS

If you are experiencing symptoms of or testing positive for a contagious illness, or have had recent exposure to someone with a contagious illness, please contact your therapist as soon as possible to arrange for your in-person session to be switched to a telehealth session. If you come down with a contagious illness shortly after seeing your therapist, please let them know that they may have been exposed to your illness pre-symptomatically.

#### TELEHEALTH SERVICES

Shine a Light can provide teletherapy sessions with the agreement of both therapist and client. Effective teletherapy necessitates that you:

- Locate in a comfortable, private and secure environment, free from distractions or interruptions.
- Make sure that other people cannot hear your conversation or see your screen during sessions.
- Use a reliable device, power source and internet connection.
- Do not use video or audio to record your session unless you ask your therapist for their permission in advance.
- Make sure to let your therapist know if you are not in your usual location before starting any telehealth session.

Our teletherapy platforms conform to federal regulations (HIPAA) for data security. However, teletherapy does carry the following risks: potential interruption of internet connection; potential data security breaches; potential decrease in crisis management options your therapist can help you with; and potentially reduced impact of the therapeutic relationship. Please discuss any concerns you may have with your therapist.

#### CHILD CUSTODY, LEGAL PROCEEDINGS & COSTS

It is the policy of Shine a Light Counseling Center not to participate in any litigation, including child custody evaluations/recommendations. We do not voluntarily testify in any court proceeding or disposition. We generally do not write or sign letters, reports, declarations, or affidavits to be used in any legal matter. If any officer or employee of Shine a Light Counseling Center is called to testify or

provide disposition in court, proceeding, or other meeting on your behalf, Shine a Light Counseling Center charges \$300.00/hour and reasonable travel and hotel costs for any and all related time spent on the case.

#### COMPLAINTS

If you feel your therapist has engaged in improper or unethical behavior, you can talk to them directly and/or report the behavior to the clinical director of Shine a Light Counseling Center at [info@shinealight.info](mailto:info@shinealight.info). In California, The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

#### PARENTS

Signing this form indicates your consent for Shine a Light Counseling Center to provide therapy services to your child or legal guardian.

**Your signature when you complete this form indicates your agreement to this entire document.**

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_