



## **Consent and Services Agreement**

Welcome to your first session at Thrive! This form provides information about our services: Please review it carefully, and feel free to ask us any questions!

### ***About our Services***

The potential benefits of counseling are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after counseling. Clients understand that healing and growth is difficult, and some discomfort will likely be a part of the counseling process.

### ***Confidentiality / Personal Health Information***

All communications and records with your counselor are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes, or (5) a subpoena or court order is received directing the disclosure of information. To protect your privacy to the greatest extent of the law, it is our policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

*Electronic Communication.* Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. Counselors at Thrive, sometimes communicate with clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor and we will honor this request.

*Client Follow Up.* Your counselor may "follow up" with you after counseling / life coaching has ended. 1 month, 3 month, or 6 month follow up calls may be made to check in with clients and see if gains made in counseling have been maintained. In addition, someone from our team might call you to ask for your feedback on your experience at Thrive. If you would prefer that Thrive not contact you, simply inform your counselor and your preferences will be respected.

### ***Scheduling and Cancellations***

Scheduling an appointment is a commitment that both counselors and clients honor. Appointments can be cancelled or rescheduled if 72 hours notice is provided. If sessions are cancelled or rescheduled with less than the required notice, or if a client misses a session, the client agrees to pay for that session (insurance will not pay for missed appointments). Please know that exceptions to this policy may be made in the instance of a serious medical emergency, or serious family emergency.

### ***Work Agreement***

It is agreed that the client shall engage in the counseling process as an important priority in his or her life. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior showing disinterest, lack of commitment, or for any unresolved conflict or impasse between counselor and client.



**Conflict Resolution.** We work hard to make sure that you have a positive counseling experience. However, if a conflict occurs, it is agreed that any disputes shall be negotiated directly between the parties. If these negotiations are not satisfactory, then the parties *agree to mediate any differences with a mutually acceptable third-party mediator.* If these are unsatisfactory, then the parties shall move to arbitration, and then binding arbitration, choosing an arbitrator mutually agreeable to both. Litigation shall be considered only if and after all of these methods of resolution are given a good faith effort and are unsatisfactory.

***Emergency Contacts***

Your counselor will establish emergency contacts for you, such as the phone number and location of a family member. Your counselor will also obtain alternative methods for contacting you, such as a mobile phone, or work phone number. These emergency contacts may be used if the counselor perceives a need. If you are in crisis and cannot reach your counselor, please contact emergency services (911) or go to your nearest emergency room.

***Service Fees***

Payment is due at the time of your scheduled session. Any insurance co-pays or deductibles are due at the time of the session. In addition, all new clients pay a one-time fee of \$99. Payment can be made in cash or check. Unfortunately, we cannot extend credit or provide services until payment is made. *Clients understand they are fully responsible for all fees if insurance or other vendor does not pay for any reason.*

**We, the counselor and client, have read and fully understand and agree to honor this agreement, including the commitment to negotiate and mediate as stated above, and will respect one another's views and differences in their outworking. We have also agreed to an initial definition of work and to the fee to be paid by the client.**

Client Name (s) \_\_\_\_\_ Date \_\_\_\_\_

Provider Name \_\_\_\_\_ Date \_\_\_\_\_