



Policies and Informed Consent for Treatment

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Print Name of Client

Date of Birth

Welcome and thank you for seeking treatment for your mental health needs from The Strategic Interventionist for Coaching, Counseling and Consulting, LLC (dba The Strategic Interventionist). This document contains important information about my professional services and business policies. The policies and terms of this consent applies to both The Strategic Interventionist, LLC and me as your provider.

I am a therapist who is a fully independently licensed mental health professional with an active New Mexico LPCC license with no restrictions on my license and do not require supervision.

Confidentiality: In general, discussions between a therapist and a client are confidential. No information will be released without the client's written permission unless mandated or permitted by law. Possible exceptions to confidentiality include but are not limited to the following situations: abuse or sexual exploitation; court orders or subpoenas; situations where the therapist has a duty to disclose or where, in the therapist's judgment, it is necessary to warn, protect, notify or disclose; information required by health insurance companies, Medicaid or others related to payment or authorization for health services; to employees or agents of The Strategic Interventionist LLC for operational purposes; to regulatory authorities in connection with compliance responsibilities; for treatment consultations with other mental health professionals when deemed necessary; to your primary care provider or other mental health provider for the purposes of continuity of care; and for fee disputes, licensing board complaints, or lawsuits between the client and the therapist of The Strategic Interventionist. For further information review the notice of privacy practices provided to you.

By signing this Policies and Informed Consent for Treatment form below, you are giving consent to me as your therapist at The Strategic Interventionist LLC to share information with all persons mandated or permitted by law, with the agency that referred you, and the managed care company, Medicaid, and/or insurance carrier responsible for your health services and payment for your health services, and you are also releasing and holding harmless this therapist at The Strategic Interventionist LLC for any departure from your right of confidentiality that may result.

Length of Sessions: Sessions often last 45 - 50 minutes but will vary depending on clinical needs. Therapists typically only see a client once a day.

Payment Policy: I currently do *not* accept insurances. My private pay fee is \$165.00. You agree to be charged for any payments due prior to the beginning of the counseling session (including missed appointment charges). You agree to have a credit card on file with The Strategic Interventionist LLC, and you acknowledge that you are responsible for the entire cost of the session as well as any remaining balance on your account.

If you are insured and I accept your insurance (at a future date), you agree that The Strategic Interventionist LLC will bill the insurance company and will accept payment from your insurance company at their rates for the services. You agree that any insurance carrier with whom you have a policy shall direct to The Strategic Interventionist LLC any benefits and payments related to services rendered to you by The Strategic Interventionist LLC providers. You authorize and consent that The Strategic Interventionist LLC may provide your insurance company, including The Solutions Group, with any and all necessary information, including therapist notes, requested in connection with its review and consideration of the claim for payment of benefits. You are responsible for payment of all charges not covered by insurance, and any and all co-pays, coinsurance, deductibles, and any other payments are due at the time of service.

Cancellation Policy: There is a \$75.00 fee for appointments missed or cancelled with less than 24 hours notice, or by Friday for Monday appointments. You agree that the cancellation fee will be charged to your credit card on file, collected at the next appointment or you will pay upon receipt of an invoice. When sessions are canceled with less than 24-hours notice, your counselor will not be able to fill that time slot and will not be paid for their time. Multiple late cancellations or no-shows (except in cases of emergency) can result in termination.

By initialing below I indicate that I am aware of and will abide by the payment and cancellation policies of The Strategic Interventionist LLC.

Text and Email Communication: There are inherent privacy and confidentiality risks with text and email communications. If you need to contact your therapist and choose text or email communication, email this therapist at the email address listed at the top of this Consent form or text this therapist using the HIPAA Compliant WhatsApp application to 505-410-4082. Do not share protected health information by email or text, and any therapy related questions or issues will not be addressed in email but will be dealt with during your next therapy sessions. If you choose to communicate via electronic means you are fully aware of the risks and agree to hold The Strategic Interventionist LLC harmless for any resulting damages.

Emergencies: In case of a life threatening emergency, call 911 immediately. For mental health crisis the New Mexico Crisis line is available 24/7 at 1-855-NMCRISIS (662-7474).

Relationship: In order to have successful therapy, the relationship with your therapist is to be strictly professional and therapeutic. Personal/business relationships undermine the effectiveness of the therapeutic relationship. You agree not to attempt to contact your therapist outside the scope of therapy, give gifts, seek to spend time together socially, seek to connect via social media, or create any other kind of dual relationship with your therapist. If I encounter you in a public setting, in order to protect your health information as your therapist, I will not acknowledge you unless addressed by you first.

Involvement in Treatment Plan: You and I will discuss the goals, purposes and techniques of your therapy. You agree to communicate any questions or concerns you may have regarding the treatment recommended by me and to communicate your input at the time the treatment plan is made and when it is revised from time to time.

Audio or Video Recordings: You acknowledge, and by signing this form, agree that neither you nor I as your therapist will record (audio or video) any sessions without the prior mutual written consent of the therapist and client.

Court Related Services: The Strategic Interventionist LLC does not provide or perform evaluations for custody, visitation or other forensic matters. Therefore, it is understood and agreed that The Strategic Interventionist LLC cannot and will not provide any testimony or reports regarding issues of custody, visitation or fitness of a parent in any legal matters or administrative proceedings. The Strategic Interventionist LLC is not an authorized organization to work with probation, pre-trial services, or CYFD.

If The Strategic Interventionist LLC is contacted by an attorney regarding your treatment (either at your behest or related to a legal matter you are involved in) you understand and agree to and acknowledge the following:

- The Strategic Interventionist LLC charges a \$500 retainer prior to any preparation or attendance of legal proceedings.

- The Strategic Interventionist LLC charges \$165/hour to prepare for and/or attend any legal proceeding and for all court related services.
- Charges for court related services are not covered by insurance. (Court related services include: talking with attorneys, preparing documents, traveling to court, depositions and court appearances.)
- If the court or attorneys do not pay our fee, you will be charged for the time your therapist spends responding to legal matters you will also be charged for any costs The Strategic Interventionist LLC incurs responding to attorneys in your case, including but not limited to fees The Strategic Interventionist LLC pays for legal consultation and representation by our attorneys.

Marital or Joint Therapy: If you participate in marital or joint therapy, by signing this form you consent for The Strategic Interventionist LLC to maintain a single case file for all joint sessions and to release all information contained in the file related to joint sessions upon request by a participant.

Behavioral Health Advance Directive: Behavioral Health Advance Directives (setting out where to receive care and what treatments you are willing to undergo in a mental health crisis) are available to anyone who is 18 years of age or older. Would you like additional information about this. Please choose: Yes No

Consent to Treatment Signature

I, _____, voluntarily agree and consent to receive (or agree for my Child/adolescent to receive) mental health assessment, care, treatment or services, and authorize a behavioral health provider of The Strategic Interventionist LLC to provide such care, treatment, or services as are considered necessary and advisable.

I understand that I will participate in the planning of my (or my child's/adolescent's) care, treatment, or services and that I may stop such care, treatment or services at any time.

I understand that I am consenting and agreeing to only those services that this provider is qualified to provide within the scope of this provider's license, certification, and training. If the client is under the age of 14 or unable to consent to treatment, I attest that I have legal custody of this individual and am legally authorized to initiate and consent to treatment on behalf of this individual.

By signing this Consent Form, I, the undersigned client (or parent) acknowledge that I have read this Policies and Informed Consent for Treatment document, understood, and agree to be bound by all the terms, conditions, and information it contains. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

Client or Parent/Guardian Signature

Date