



Center for Grief and Trauma Therapy

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Informed Consent: Consultation Service Program:

The policies and procedures of The Center for Grief and Trauma Therapy comply with applicable Delaware State regulations. This form is provided to give you important information regarding your legal rights and responsibilities as a client. Please ask for any clarification if you have questions and we will be happy to discuss these with you. We are committed to providing quality service, and in our practice, we take steps to support the values of equal opportunity, human dignity, and racial/cultural/ethnic/gender/ status diversity. If you feel that you have been inadvertently discriminated against in any way, please bring this to our attention immediately.

Client Rights:

- You have the right to make your own decisions for yourself.
- You have the right to discontinue consultation services at any time.
- You have a right to be treated with dignity and respect.
- You have a right to privacy and confidentiality.
- You have a right to receive consultation in plain language that is easy to understand.
- You have a right for your consultant to be competent and credentialed regarding the subject matter of your consultation.

Confidentiality:

According to State law, anything you tell your consultant is considered privileged information and will be held in confidence by them. Your consultant will not release any information to others about you unless you give them explicit permission to do so in writing. If you request that they release information about you, they will discuss any implications to you of making your records public. Please be aware, however, that there are certain situations in which they are required by law to reveal information without your permission. These are listed below:

- If your consultant comes to believe that you are threatening serious harm to another person, they are required to try to protect that person.
- If you seriously threaten, or act in a way that is very likely to harm yourself, they will have to seek a hospital for you, or call on your family members or others who can help protect you.
- In an emergency where your life or health is in danger and your consultant cannot get your consent, they may give another professional some information to protect your life.
- If your consultant believes or suspects that you, or someone else, are abusing a child, an elderly person, or a disabled person they must file a report with a state agency. This includes perpetrators who have abused people in the past who might still have access to the type of victims (e.g., children).
- Your consultant may occasionally consult with other health and mental health professionals about your case. If so, they will make every effort to avoid revealing your identity. These professionals are also legally bound to keep the information confidential.
- If you are involved in a court proceeding and there is a request for information concerning the services provided to you, your consultant will seek your written authorization prior to disclosing any information. If disclosure is contraindicated, a court order may be needed to protect your records. Please bear in mind that if you should decide to instigate any legal proceedings against your consultant or any other staff at The Center for Grief and Trauma Therapy, for any reason, you will forfeit your guarantee to confidentiality.
- Although The Center for Grief and Trauma Therapy does not accept insurance for our consultation program, you may request documentation to submit to your insurance company for reimbursement if your policy allows for such. In this case, your documentation will include confidential information, such as your dates of services, name of your consultant, and payments.

Contacting us:

Your consultant will not usually answer the phone when they are with a client, or in a meeting. When they are unavailable, please leave a message on their confidential voicemail. For more immediate help with scheduling, rescheduling, billing, or payment, please contact our front desk.

Emergencies:

Your consultant is not able to intervene during a crisis or emergency. If you feel you or your child are experiencing an emergency, dial 911 immediately. You may also go to the nearest hospital emergency room and ask for the mental health professional on call. During your first consultation session, your consultant will review with you the contact information for adult and child crisis services in your location.

Additional fee information re: Consultation Services:

- Our fee for one 55-minute consultation with Amanda Woolston or Stephanie Oyler is \$150. There is an additional fee for extended time services.
- Your signed agreement for consultation services shows commitment to pay for each therapy session at The Center for Grief and Trauma Therapy at the time of service unless alternative arrangements have been made.
- Please discuss any concerns you may have about payment as soon as they arise.

Scheduling Information:

1. Appointment times are reserved for you, usually on an ongoing basis. If you arrive late your consultant will likely only be able to see you for the remainder of your session, as they will probably have another appointment scheduled after your appointment. If you arrive more than 20 minutes late then you may need to reschedule, as the work is compromised by the limited time.
2. Once an appointment is scheduled, you will be expected to pay for it in full unless you provide 24 hours advanced notice of cancellation. Please understand that you will be charged for all missed appointments in full.
3. Sometimes it may be helpful to extend a session. Please note that you will be charged for sessions that are extended. A session will not be extended unless you agree to the additional charge.

Other Costs and Fees:

1. In addition to scheduled appointments, we charge a fee for other professional services you may need. Other services include report or letter writing, telephone conversations, consulting with other professionals with your permission, preparation of records or consultation summaries, and the time spent performing any other services you may request of your provider.
2. Telephone consultations with you, or on your behalf, that extend longer than ten minutes will be charged on a prorated basis. There is no charge for phone calls about appointments, or regular business matters pertaining to our sessions. **If you elect to communicate with us via e-mail or text, we will assume that you are accepting that confidentiality cannot be completely guaranteed.**
3. Signing this informed consent serves as your consent for us to use office staff to manage billing issues. They are subject to the same confidentiality agreements as we are. They have no access to any clinical or personal information, other than what is needed to bill for services.
4. If you become involved in legal proceedings that require our participation, you will be expected to pay for all our professional time including preparation and transportation costs, even if we are called to testify by another party.

Professional Boundaries and Limits of Consultation:

1. Although our consultants are also qualified therapists, consultation is not therapy nor a substitute for therapy when it is needed by you (the client). Consultation services may be used to support and inform the client about specific subject matter while the client attends therapy with another professional concurrently.
2. Engaging in consultation services does not constitute a therapeutic relationship between you (the client).
3. Consultation sessions cannot take place between the consultant and a minor child. Consultation services are provided to an adult client only for the purpose of providing insight, education, problem-solving and other useful skills.
4. Consultation services are based on specific, measurable, attainable, reasonable, and timely goals established between you (the client) and your consultant documented within a consultation plan. Work is limited to 5 consultation sessions per consultation plan to

establish boundaries between consultation and therapeutic services. After 5 consultation sessions, the need for a plan extension or a new plan for new consultation goals will be discussed and based on the clinical judgment of the consultant.

Cancellation Policy:

Appointment times are reserved for you. Once an appointment is scheduled, you will be expected to pay for it in full unless you provide 24 hours' notice (except in unforeseen circumstances, or if you, or your child, is sick). This means that if you "no-show" for an appointment, you will need to pay for the consultant's time in full.

Initial: _____

Appointment times are reserved for you, usually on an ongoing basis. If you arrive late, your consultant will likely only be able to see you for the remainder of your session, as they will likely have another appointment scheduled immediately thereafter. If you arrive more than 20 minutes late, then you may need to reschedule, as the work is compromised by the limited time.

Initial: _____

Please understand that you will be charged for all missed appointments in full if you fail to contact us.

Initial: _____

Telephone consultations with you, or on your behalf, that extend longer than ten minutes will be charged on a prorated basis. There is no charge for phone calls about appointments, or regular business matters pertaining to our sessions. **If you elect to communicate with us via e-mail or text, we will assume that you are accepting that confidentiality cannot be completely guaranteed.**

Initial: _____

Your signature below shows that you have received the Informed Consent for Consultation Program Services outlining the consultation policies of our practice, a notice of your HIPAA rights, and the FINANCIAL RESPONSIBILITY STATEMENT regarding general financial policies.

You have also had the opportunity to ask for clarification if there is anything that you do not understand. Your signature below also indicates that you personally accept financial responsibility for the services that you receive and acknowledge that no guarantees have been made to you about your consultation plan outcome.

My signature indicates that I have read the policies noted above that were provided to me, and that I understand and agree to all The Center for Grief and Trauma Therapy's Policies regarding consultation, as well as policies regarding financial arrangements for any services that I receive:

Client Name (please print): _____

Client Signature

Date