

Cornerstone Counseling & Consulting Specialists, LLC

Twin Stacks Center
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By Appointment Only



Informed Consent and Permission to Provide Assessment and/or Treatment Services

What is Informed Consent?

_____ 1). Informed consent is a document describing Cornerstone Counseling [initials] and Consulting Specialists, LLC's policies on treatment, fee structures and client rights and responsibilities.

_____ 2). Major Functions and Services provided by Cornerstone Counseling [initials] and Consulting Specialists, LLC: Specialized treatment services for Individuals, Couples and Families. Services include the following: A. Assessment of the presenting problem[s] B. Individual, Couples, Family and Group Therapy [Face to Face] [Individual Therapy and Consultation via Tele-mental Health modalities] C. Therapeutic parent training and education D. Adjunctive therapy/consultation with other therapists involved with client's care E. Workshops for Professionals and Parents F. Referral to national and community resources for assessment and/or services not provided by counselor [ie assessment, evaluations, neurological evaluations, participation in other insurance networks outside the realm of our practice] G. Client/Family advocacy H. Collaboration and consultation with other agencies involved in client care I. Current information and resources on the problem[s]

_____ 3). Client Involvement:
[initials] One of the major goals of the counseling/therapeutic process is to identify and cope more effectively with problems in daily living and to deal with inner conflicts creating challenges. This can be accomplished by: 1. Increasing personal awareness 2. Increasing responsibility and acceptance to make changes necessary to attain your goals 3. Identifying personal treatment goals You are responsible in providing the necessary information during our time together. The most successful outcomes occur when you fully share information about your situation. You may be asked to complete questionnaires and homework assignments. Your progress in therapy often depends much more on what you practice in between sessions than what happens in session.

_____ 4). Risks associated with therapy: Often the problems that bring someone [initials] into treatment is simply a starting point. It can take time before you

disclose what other concerns you want assistance in managing. New information is disclosed over time which can be stressful for you and other family members. As the process progresses and solutions are found for challenges faced, you will be better equipped to handle the stress in your life more independently. Friends and family members may need some time to adjust to the positive changes made and the new dynamic created as you gain skills and approach challenges in a healthy manner. Cornerstone Counseling and Consulting Specialists, LLC and its associated therapists/counselors are to be “held harmless” from litigation and prosecution in the event that a client/family is in disagreement with the therapeutic process, recommendations, diagnosis or outcomes. Clients/Families have the right to terminate services and seek services from another provider at any time.

_____ 5). Treatment Outcomes: No treatment intervention can effectively [initials]guarantee a successful outcome for any population of individuals who have a current challenge. The earlier the treatment is pursued, the better the long term prognosis is for the future. Cornerstone Counseling and Consulting Specialists, LLC and its associated therapists/counselors are to be “held harmless” from litigation and prosecution in the event that a client/family is in disagreement with the therapeutic process, recommendations, diagnosis or outcomes. Clients/Families have the right to terminate services and seek services from another provider at any time.

_____ 6). Office Hours, Appointments, Missed/Failed/Late Appointment [initials] cancelations: It is important that appointments be scheduled in advance and attended in a timely manner. Appointments are typically scheduled for 45-60 minutes approximately once a week or as agreed upon by you and your counselor, based on the limitations of your insurance coverage and/or private fee negotiation respective to the type of service you contract for. Your counselor will work with you to schedule appointments that meet your scheduling needs. Evening and weekend appointments are scheduled at the discretion and availability of your individual counselor. Some counselors may not offer evening and/or weekend appointments.

I understand that I am entering into a contract for _____ [Counselor’s Name] professional time and services when I set an appointment. I am specifically contracting for services that include preparation for my session in advance and services that are provided during my appointment time but also during the 24 hours prior to and following my appointment time. I understand that these services involve preparation for my scheduled session, case review, case notes, and consultations with other professionals as agreed in writing by me to assist with my treatment. I

understand that Cornerstone Counseling and Consulting Specialists, LLC's cancelation policy requires 24 hour advance notice in order to be released from the contract. I agree that if I fail to cancel my appointment within the 24 hour minimum time prior to my session I will be charged the full session fee of \$100.00 per hour at the Private fee rate as opposed to any reimbursable insurance premium rates covered for attended sessions. Insurance companies do not reimburse for missed appointments.

IN CASE OF LIFE-THREATENING EMERGENCIES INDIVIDUALS SHOULD:

- **CALL 911 or Proceed to your nearest emergency room center**
- **Contact a facility that offers 24/7 crisis services**

FEEES

_____ 7). Fee Structure: No Counselor /Therapist can guarantee a successful [initials] treatment outcome with a particular client. Therefore, fees are paid as a consideration for the specialized therapeutic interventions and not for particular results with any client. Payment for services is the sole responsibility of the client/family and is due at the time when services are rendered. At the client's request, insurance claims may be provided or submitted to the respective insurance company. This requires an exchange of information with your insurance company and includes dates of service and a clinical diagnosis to justify the services by identifying your current needs: A receipt for the services can be provided to the client/family for tax related purposes. Cash and checks are accepted at the \$100.00 per hour fee rate. In the event that the check is returned for insufficient funds, a \$30.00 fee will be assessed in addition to the hourly rate.

Mastercard, Visa, American Express, Discover and Debit Cards are now accepted. However, due to the associated service fees for processing such payment means a \$2.75% of the chargeable fee is assessed to use this payment method.

PayPal is accepted prior to scheduling any services provided through Tele-Mental Health Modalities. Once the payment is secured with the signed copy of this document and the Intake/Referral Document, Dr. Gray will contact you directly and together we shall determine the best method of service for you. Service types include: 1). Telephonic Sessions; 2). Visual Sessions using Skype.

Sessions that exceed the clinical hour time frame will be assessed at a \$25.00 per 15 minute interval fee. Thus, if a session runs for 1.5 hours,

the associated fee at the private practice rate would be \$150.00 [for credit/debit card transactions this fee would be \$154.12].

_____ 8). Evaluation Narrative Fees: COURT ORDERED CUSTODY/PARENT-[initials] CHILD REUNIFICATION SERVICES: Any case referred to Cornerstone Counseling and Consulting Specialists, LLC., by the Court of Common Pleas, Child Welfare Services, School Districts and/or other community or other Legal Entity: requires a \$450.00 fee in advance by each of the identified parties to cover the costs of testimony, communication with attorney[s] of record and creation of written report and narrative. All subsequent narratives/reports will be billable in advance at the rate of \$200.00 per hour. Reports will not be issued until all fees have been collected.

Insurance Companies will not often reimburse for Complex Trauma Assessments, Disability Evaluations, or letters associated with treatment, Progress/Treatment Narratives. Thus, fees associated with these services remain the responsibility of the client/family and are billable at the \$200.00 per hour rate.

Cornerstone Counseling and Consulting Specialists, LLC and your individual clinician/therapist/counselor are to be “held harmless” in the event that the client/family disagrees with the diagnosis, information contained in the report/narrative, outcomes and/or recommendations. “Held Harmless” translates into language that specifies that a client/family cannot evoke litigation [sue] Cornerstone Counseling and Consulting Specialists, LLC or any practicing clinician associated with the services provided specifically related to the creation of this narrative as described above. The Client/Family may choose to obtain an outside and separate evaluative source or provider at their own will and expense in this case.

_____ 9). Insurance: You are responsible for identifying and providing accurate [initials] and true information pertaining to your insurance. If you have more than one carrier and are a Medical Assistance Consumer, you will need to identify your primary as well as your secondary provider in order for your services to be staffed appropriately by a provider who can accommodate your insurance. If your provider is not associated with your primary or secondary insurance directly he/she will not be permitted to bill that insurance and you will be responsible for services rendered and not paid by your insurance and/or any rejected insurance claims which remain payable to the practice. If a provider who remains credentialed and able to take both insurances does not have availability the process of co-payment liability and billing circumstances will be presented to you

before you agree to enter into services as it remains to be part of our telephone referral and intake process. As such, you will be invoiced and responsible for said co-insurances/liabilities or a referral will be given to you for an outside provider if we cannot come to an agreeable point respective to liability. We cannot bill insurance providers with whom we are not credentialed or permitted to submit bills for services rendered. Similarly, if you as the consumer do not disclose the information pertaining to multiple insurances at the time of intake and your services are deemed non payable by your insurance carrier, your non disclosure immediately equates this as your responsibility for said fees rendered.

_____ 10). Rejected Insurance Claims: You are responsible for reimbursing the [initials] practice for any rejected claims processed as denials by your insurance provider for whatever reasons these services are denied with the understanding that all services rendered should be deemed payable. All services rendered are deemed payable at the time of service therefore if your insurance rejects your claims you will be expected to reimburse the entire balance once the practice notifies you regarding the rejection. On an individual basis, if the amount owed remains high, reasonable payment arrangements will be agreed upon between the billing provider for the practice, the principal owner of the practice and the consumer. If you [the consumer] either refuse to honor your payment obligation the practice will be forced to take action through the court system and resolve the conflict legally which would also include the costs of filing with the Magistrate. Please be aware that we at Cornerstone do not wish to take legal action against any consumer but in the interests of best practice, business and responsibility it remains to be our last course of action taken with an unreasonable consumer who refuses to honor his or her financial liability.

_____ 11). Court Appearance Fees: In order to appear in court, your therapist [initials] needs to be issued a Subpoena to appear or to deliver testimony telephonically. Subpoenas cannot be faxed or mailed. They must be issued in person and hand delivered to your therapist and not another practicing entity associated with Cornerstone Counseling and Consulting Specialists, LLC. Your therapist will not appear in court without receipt of a Subpoena and associated "timely notice" regarding availability to appear and or testify. "Timely notice" for receipt of Subpoena should be no less than two weeks prior to the hearing. If your therapist receives a Subpoena to testify in court, it remains to be the client/family's responsibility to pay the \$200.00 per hour fee associated with this service. The client/family is required to pay two hours of fees [\$400.00] in advance prior to the court date regardless of cancelation or continuance. Therapist bills for time upon arrival to courthouse and departure from courthouse

or wait time involved for testimony as well as length and time of telephone call. Any additional fees will be billed to client/family and will be due within ten days after the court proceeding. If associated fees are not paid as agreed, collection efforts will result and treatment may be terminated based on a violation of the fee agreement schedule. Cornerstone Counseling and Consulting Specialists, LLC and your individual clinician/therapist/counselor are to be “held harmless” in the event that the client/family disagrees with the diagnosis, information disclosed in the course of court testimony related to participation, effort, progress, outcomes and/or recommendations.

“Held Harmless” translates into language that specifies that a client/family cannot sue Cornerstone Counseling and Consulting Specialists, LLC or any practicing clinician associated with the services provided specifically related to this testimony as described above. The Client/Family may choose to obtain an outside and separate provider to serve as an “expert witness” at their own will and expense in this case.

____12). Subpoena of Records and Records Requests: Records which are [initials] permissible to be released remain to be Informed Consent Document, Initial Assessment/Bio-psychosocial, Current Treatment Plan, Discharge Summary, and Encounter [Sign in Logs] for attendance verification. Case Notes, Therapy Notes, Progress Notes will not be released under any circumstances and remain to be the property of the clinician and of Cornerstone Counseling and Consulting Specialists, LLC and not that of the consumer. This is protected under the Mental Health Law.

Additional Billable Services: Services rendered outside of session time which may include but are not limited to are: Tele-Mental Health Services and Consultation; phone consultation [with client/family and/or other providers and associated treatment personnel, agency providers or attorneys of record], telephone oriented court testimony, reviewing and responding to emails, or requests for documentation or supplemental completion of any form not specifically associated or required by your payable insurance carrier respective to your services at Cornerstone Counseling and Consulting Specialists, LLC, will be billed at \$20.00 per 15 minute unit interval and will be supplied to client/family through a formal invoice payable within 10 days of receipt of invoice.

Therapeutic Materials: We have a variety of Guided Imagery, Relaxation, Meditation, and Guided Breathing CD’s available as adjunctive therapeutic tools. We charge a small fee of \$6.00 per CD to cover the cost of time in burning and making a label and providing a cover/case. A catalog will be available or your therapist may recommend certain CD’s. You have the right to

purchase your own CD's outside of this office, independently. It is important to remember that these tools are adjunctive to your therapy and are not the sole basis or means for your treatment.

We have a variety of printed medium materials which include certain workbooks and exercises which may be recommended by your Therapist. You can choose to purchase the workbooks and materials at the bookstore or we can supply copies of chapters of the workbooks we have at the small fee of \$0.10 per page. Because some chapters are of different lengths than others, the chapter fees may vary.

_____ 12). Counselor's Qualifications: At a minimum, Counselors, Social [initials] Workers, Psychologists, Therapists must hold at least a Master's Degree from an accredited school in a specialty area, such as Mental Health Counseling, Community Counseling, Psychology, Social Work or Education and specific experience in the area of individual, couples, group and/or family therapy. _____ [Counselor's Name] has a _____ [Type of Degree] in _____ [Area of study] and is licensed as _____ [license type] or matriculated in a licensure eligible program at _____ [name of institution] and is receiving clinical supervision from Marie C. Gray, Ph.D., N.C.P., L.P.C., F.A.A.E.T.S., F.N.C.C.M., B.C.E.T.S., B.C.E.S.A., B.C.C.P. , B.C.P.C., B.C.P.T.S.D.C. and _____, Licensed Psychologist. In addition to Master's or Doctoral Level training, this clinician received additional training, certifications and credentials from

[Identify sources and associated entities and areas of expertise]

_____ 13). Client's Rights: A. Confidentiality: Counselors/Therapists will respect [initials] the privacy of clients and hold in all confidence, information obtained in the course of this professional service. Information can be shared with other professionals and individuals only when an Authorization for Contact/Consent to Disclose or Acquire Information Form has been signed by client or when the counselor/therapist needs to seek the advice or counsel of peers or in the context of supervision when such consult is in the best interest of the client and all identifying information is kept confidential. In couples or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Your Counselor/Therapist will use clinical judgment when revealing such information. Records will not be released to any outside party unless Cornerstone Counseling and Consulting Specialists, LLC is authorized to do so by adult family members

who were a part of the treatment or unless compelled to do so by law or a valid court order.

Limits of Confidentiality: all mental health professionals are mandated to report the following situations where confidentiality and privilege are exceptions:

- 1. Any and all allegations of sexual abuse, physical abuse, or neglect of a child, disabled person, elderly individual, or someone who is vulnerable and unable to leave place of abuse due to institutionalization [i.e. inpatient unit, prison]. Pennsylvania Law requires that all allegations of abuse be reported to law enforcement or Child Welfare Services in the county where the child lives.**
- 2. A situation where the client poses a danger to him/herself [suicidal thoughts] or others.**
- 3. Mental Health Professionals are also bound by a DUTY TO WARN: when a client has made threats of violence toward a third party or when a third party has made threats of violence against the client. In the case of a third party threatening violence against the client, Counselors/Therapists will contact legal authorities and make all reasonable attempts to inform the client of such threats and the same holds true to an identified individual that a client makes statements to harm.**
- 4. Information is also not considered confidential when a Mental Health Professional is a Defendant in a criminal, civil or disciplinary action. In addition, all client records become subjected to court subpoenas at that time.**
- 5. Client[s] voluntarily waive any and all confidentiality if he/she commits a crime against the Counselor/Therapist., Counselor/Therapist's property, or on the Counselor/Therapist's office premises. Counselor/Therapist will report the crime to the police authorities and will press charges to the full extent of the law.**
- 6. Billing Procedures: when your insurance company is involved in filing a claim, insurance audits, case reviews, or appeals, and other relevant insurance situations.**
- 7. When otherwise required by law or in natural disasters when protected records may be exposed.**

B. Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings [such as but not limited to: divorce and custody disputes, injuries,

lawsuits, etc] neither you [client] or your attorney of record, nor anyone else acting on your behalf will call on your Counselor/Therapist to testify in court [or by telephone] or any other proceeding, nor will a disclosure of psychotherapy records be requested.

C. Primacy of Client's interests: The Counselor/Therapist's primary responsibility is to his/her client. The Counselor/Therapist will make every reasonable effort to advance the welfare and best interest of the Client, and to advocate in the best interest of the client[s] and other family members.

D. Termination of Services: Client Services will be terminated when the client[s] and Counselor/Therapist agree and are reasonably clear that treatment no longer serves the client's best interest or needs. You have the right to terminate assessment or treatment at any time. If the treatment is being ended against professional advice, your Counselor/Therapist will advise you to continue treatment and intervention and provide written referrals upon request to another treatment provider/source. If the client wishes to end services prematurely, your Counselor/Therapist will make every reasonable attempt to terminate treatment as constructively as possible. Counselor/Therapist reserves the right to end the Counselor/Therapist—Client relationship immediately in the event the client threatens Counselor/Therapist, Counselor/Therapist's family, Counselor/Therapist's colleagues or other person in the office.

E. Grievance Procedures: If you have a concern, please address with your Counselor/Therapist directly. In the event a concern cannot be satisfactorily resolved your Counselor/Therapist will provide you with the licensing board contact information.

____ 14). **The Nature and Extent of Record Keeping:** Counselors/Therapists are [initials] required to keep progress notes which document information about therapy sessions, case reviews, telephone contacts with collaborative agencies and any other work provided on behalf of you as the Client. Information included in the Progress Note may include but is not limited to date, time and length of the session work done on behalf of the client, therapeutically relevant information disclosed by the client, treatment objectives, movement towards treatment goals, and goals and dates for the next scheduled therapy session. Pennsylvania Law requires records be kept for a minimum of 5 years. Records are stored in a locked filing cabinet. In the event that something happens to your Counselor/Therapist arrangements will be made to transfer your case to another provider within the context of the practice. Records that have been archived to our secure off site facility remain those that have been "inactive" or "discharged" for a period of two years.

____ 15). **Alternative Treatment Resources:** Referrals will be provided to you [initials] upon request. Your insurance carrier can also identify other providers who accept your insurance.

____ 16). **Client Contact and Electronic Communication Contact Consent:**
[initials] The Best way for my Counselor/Therapist to contact me is:
_____ My Emergency Contact Person
is: _____ Relationship: _____

Contact Number: _____ **Email communication is set up at the discretion of the Counselor/Therapist and if adjunctive therapeutic contact is derived through email contact associated fees will be assessed as previously discussed.**

____ 17). **Social Media Policy:** Clear and healthy boundaries are important. [initials] Counselors/Therapists associated with Cornerstone Counseling and Consulting Specialists, LLC, are not permitted to engage in Social Media connections through MySpace, Facebook, Twitter, and Linkedn. To do so would constitute a "dual relationship" and would cross boundaries as defined within ethical codes of practice.

Your Counselor/Therapist may maintain a blog or publish articles at times in attempts to educate others regarding a variety of topics. You are able to subscribe to the blog but may not post in order to protect your privacy.

1. I have read and understand all of the information contained in this informed consent. All of my questions have been answered to my satisfaction.
2. I hereby grant my permission for any audio-tape/visual recordings and/or photocopying of artwork be used for supervision and case consultation in treatment. I will be informed prior to any recordings taking place during session.

With regard to Tele-mental health services and Tele-consultation services: I agree to submit payment through pay pal in advance at the agreed fee of \$100.00 per hour. I agree to identify whether my preference for contact is telephone or Skype and Dr. Marie Gray will contact me with a mutually agreed upon time to begin the process.

_____ **Client's Signature**

_____ **Client's Name [Please Print]**

_____ **Date**

_____ **email address** _____ **Telephone Number**

_____ Counselor's Signature and Credentials