



Cornerstone Counseling & Consulting Specialists, LLC

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<https://www.cornerstonecounselingnepa.com>

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

July 1, 2020 (Updated)

What is Informed Consent?

_____ 1). Informed consent is a document that explains Cornerstone Counseling and Consulting Specialists, LLC’s policies on Consultation, Assessment and Treatment, services, fee structures and patient’s rights and responsibilities.

_____ 2). Major Functions and Services provided by Cornerstone Counseling and Consulting Specialists, LLC: Consultation, Assessment and Specialized treatment services for Individuals, Couples and Families. Services include the following:

- A. Consultation with Individual(s) or Systems of Care Designees for specific cause and reason;
- B. Assessment of presenting problem[s]
- C. . Individual, Couples, Family and Group Therapy [Face to Face on site and in office]
- D. Individual Therapy and Consultation via Tele-mental Health modalities using the secure HIPAA Compliant VSEE © Application]
- E. Therapeutic parent training and education;
- F. Adjunctive therapy/consultation with other therapists involved with patient’s care
- G. Workshops for Professionals and Parents
- H. 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]
- I. Client/Family advocacy
- J. Collaboration and consultation with other service providers or agencies involved in client care
- K. Current information and resources on the problem[s]

_____ 3). Patient/Client/Family Involvement:

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. Increased responsibility and acceptance to make changes necessary to attain your goals
3. Identifying personal treatment goals: You (the consumer/patient) 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 into treatment is simply a starting point. It can take time before you disclose 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 cope with life stressors more independently. Friends and family members may need some time to adjust to the positive changes made and a 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/associates 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. Patients/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 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 Cancellations: It is important 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/therapist/consultant, based on the limitations of your insurance coverage and/or private fee negotiation respective to the type of service you contract for. Your counselor/therapist/consultant will work with you to schedule appointments that meet your scheduling needs as well as those of the individual provider. Evening and weekend appointments are scheduled at the discretion and availability of your individual counselor/therapist/consultant. Some counselors/therapists/consultants 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 under the auspices of Cornerstone Counseling & Consulting Specialists, LLC. 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 \$120.00 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.**

All fees incurred and all monies collected should be payable to **"Cornerstone Counseling & Consulting Specialists, LLC"** and not to any involved therapist/counselor/consultant/associate directly.

Please ensure that you receive a receipt from your therapist/counselor/consultant for any cash/check or payment through Pay Pal available directly through connection to our website: <https://www.cornerstonecounselingnepa.com> regarding said payments.

We do not offer 24/7 crisis coverage.

IN CASE OF LIFE-THREATENING EMERGENCIES INDIVIDUALS SHOULD:

- CALL 911, 211, or Proceed to your nearest emergency room center
- Contact a facility that offers 24/7 crisis services

FEEES FOR SERVICES:

_____ 7). **Fee Structure:** No Counselor /Therapist/Consultant can guarantee a successful treatment outcome with a particular patient/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 patient/client/family and is due at the time when services are rendered regardless of any custodial matter that may be pending in a court order or agreement. At the patient/client's request, insurance claims may be provided or submitted to the respective insurance company on the patient/client's behalf to validate said payment and to help decrease any patient/client deductible or liability due as identified by your insurance carrier. It is important that prior to services that the patient/client/family contact their insurance provider to understand what is and is not covered, co-insurance/liability/deductible and limits of coverage. 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.

All patient/client liabilities are due at the time of session. If the patient/client is a minor child, the caregiver remains responsible for submitting the payment at the time of service. For all intents and purposes with regard to the definition of "caregiver" for our purposes it is defined as the person who

transports the minor child to our office. Thus, that individual must remit any liability due at the time to us. Further, if the services provided include parties whom are divorced, separated or co-parenting/reunification types of services: co payments are due at the time rendered payable by the party attending the services. Other agreements between the parties or court records remain to be between the parties and are not our concern, issue or responsibility. We cannot extend credit to patients.

_____ 8). **ACCEPTABLE METHODS OF PAYMENT:** Payments through PayPal, Cash and checks are accepted at the \$120.00 per hour fee rate payable to “*Cornerstone Counseling & Consulting Specialists, LLC,*” for in office/face to face meetings/sessions as well as for Tele-mental health services provided through secure HIPAA compliant DOXY.Me and/or telephone should the patient not have internet service. In the event that the check is returned for any reason, a \$60.00 fee will be assessed in addition to the hourly rate. This covers our \$30.00 Returned Check Fee charged by our Banking Institution and a \$30.00 surcharge for the returned check.

- Mastercard, Visa, American Express, Discover and Debit Cards are no longer now accepted (directly) due to the associated service fees for processing such payment.
- PayPal is accepted prior to scheduling any services provided with a 4% automatic service charge related to the fees incurred by accepting this modality of payment. Pay Pal will permit processing of payments through use of Visa, American Express, Master Card, Discover as well as Debit Cards. PayPal will provide both you as well as Cornerstone with a transaction receipt that serves as verification of payment. PayPal can be accessed through our website directly: <https://www.cornerstonecounselingnepa.com>
- Cash or Checks may be issued for Patient/Client Liabilities at the time of session to which you will receive a receipt and can be mailed to our office: 1172 Twin Stacks Drive, P.O. Box 427, Dallas, Pa, 18612.
- Outstanding balances: Payment is expected when services are rendered as would occur with any other medical or healthcare office visit. No patient/consumer should have any outstanding balance. If this occurs you will be invoiced and a 10% fee will be accrued each month that an outstanding balance is not fully rectified. To rectify your balance you may pay directly through Pay Pal, submit check through the U.S. Postal Mail or make arrangements with your provider or a staff member to come to the office to pay with Cash or check to which you will receive a receipt.

With regard to Evidence Based Trauma Specific Telemental Health or Telemental Health or Tele-consultation/coaching services: Once the payment is secured with the signed copy of this document and the Intake/Referral Document, Dr. Gray, or a Cornerstone Practice Consultant will contact you directly and together we shall determine the best method of service for you. Service types include: 1). Telephonic Sessions; 2). Visual and/or Chat Sessions using Doxy.Me©.

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 \$170.00.

9). Evaluation Narrative Fees:

- A. COURT ORDERED CUSTODY/PARENT- 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 \$600.00 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 with a minimum of 2.0 hours collected in advance by each involved party.

Reports will not be issued until all fees have been collected and all checks have cleared.

Testimony will not occur without appropriate notification and service by subpoena with at least prior discussion to coordinate and modify scheduling and availability with at least 2 weeks notice. We will not honor subpoenas sent via fax, email, text. Subpoenas should be served by a process server in person and/or by U.S. Certified Postal Mail.

- B. COMPLEX TRAUMA ASSESSMENTS, DISABILITY EVALUATIONS, or LETTERS ASSOCIATED WITH TREATMENT: PROGRESS/TREATMENT NARRATIVES:** These services are not covered by your insurance. Thus, fees associated with these services remain the responsibility of the client/family and are billable at the \$200.00 per hour rate payable in advance at a 2.0 hour minimum collected in advance. This is subject to the type of assessment, the amount of information involved for review, assessment, interpretation as well as with regard to research and drafting the actual report. As such, if the report remains to be of a comprehensive nature, more of a deposit may be required and will be determined and discussed at the time of agreement for service.
- C. FORENSIC CASES:** Referred to Cornerstone Counseling & Consulting Specialists, LLC, and Dr. Marie Gray directly will be billed \$200.00 Dollars per hour for examination of records, retrospective analysis, In office and/or Telehealth Consultation/Assessment, Interpretation, Drafting Reports and Court Testimony. A Retainer Agreement may be drafted and issued based on the nature, complexity and context of the matter at hand.
- D. ASSESSMENT FOR PURPOSE OF CONFIRMING OR RULING OUT DIAGNOSIS OF PTSD, ANXIETY DISORDERS, or OPIATE DISORDERS:** Cornerstone Counseling & Consulting Specialists, LLC, and Dr. Marie Gray, provide a viable diagnostic assessment designed for individuals to present to a Certifying Physician for acceptance in State Based Medical Marijuana Certification Programs. This unique service seals the gap with regard to identification, diagnosis and/or ruling out one of these presenting conditions. This includes completion prior to HIPAA Compliant Telehealth Session: Informed Consent, Basic Bio Psychosocial Assessment, and Trauma Specific Assessments chosen by the designated provider; review, interview, research and drafting a short concise letter that is provided to the consumer or the consumer's physician.

-A more detailed report can be provided for an additional fee (to be determined based upon our hourly rate of \$200.00) or by means of a phone consultation between Dr. Gray and your Physician

to be billed at \$200.00 per hour. Please note: most physicians accept the letter provided which is based upon a reasonable degree of professional certainty within the scope of knowledge and practice.

- a. **Fees:** Fees for this service are based on \$300.00 per service. We offer a 15% discount to Military Service Personnel (Active and Veterans), First Responders (EMT, Police and Fire), and those who are receiving Social Security Disability.

-Existing Patients can receive this service billed at 50% (150.00).

Cornerstone Counseling and Consulting Specialists, LLC and your individual therapist/counselor/consultant are to be “held harmless” in the event that the patient/client/family disagrees with any assessment, diagnosis, or information contained in any report/narrative, outcomes and/or recommendations.

“Held Harmless” translates into language that specifies that a patient/client/family cannot evoke litigation [sue] Cornerstone Counseling and Consulting Specialists, LLC or any practicing therapist/counselor/consultant associated with the services provided specifically related to the creation of said narrative or report as described above. The Patient/Client/Family may choose to obtain an outside and separate evaluative source or provider at their own will and expense in this case.

- Cornerstone Counseling & Consulting Specialists, LLC and its agents retain the right to accept or refuse any case referred to us by any entity, including but not limited to any judicial or governmental agency or court of law.

____ 10). Insurance: You are responsible for identifying and providing accurate 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 (therapist/counselor/consultant) 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 as well as 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.

11). Rejected Insurance Claims: You are responsible for reimbursing Cornerstone Counseling & Consulting Specialists, LLC 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. Thus, if your insurance rejects your claims you are expected to reimburse the entire balance once Cornerstone Counseling & Consulting Specialists, LLC 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 Patient/client/family] either refuse to honor your payment obligation the Cornerstone Counseling & Consulting Specialists, LLC 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 patient/client/family who refuses to honor his or her financial liability.

12). Court Appearances: In order to appear in court, your therapist/counselor/consultant must be issued a Subpoena to appear or to deliver testimony telephonically. See Page 5.

Subpoenas cannot be faxed or mailed. They must be issued in person and hand delivered to your therapist/counselor/consultant and not another practicing entity associated with Cornerstone Counseling and Consulting Specialists, LLC. Your therapist/counselor/consultant 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/counselor/consultant receives a Subpoena to testify in court, it remains to be the patient/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/Counselor/Consultant 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 patient/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 /therapist/counselor/consultant are to be **"held harmless"** in the event that the patient/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 patient/client/family cannot sue Cornerstone Counseling and Consulting Specialists, LLC or any practicing therapist/counselor/consultant associated with the services provided specifically related to this testimony as described above. The Patient/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.

13). Subpoena of Records and Records Requests: Records which are permissible to be released remain to be Initial Referral form, Informed Consent Document, Initial Assessment/Bio-psychosocial, Progress Notes, Current Treatment Plan, Discharge Summary, and Encounter [Sign in Logs] for attendance verification. Case Notes and Psychotherapy 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.

- Recently, Insurance Providers including but not limited to Medicaid, Highmark Blue Cross/Blue Shield, Magellan, Optum, United Health Care, Geisinger Health Plan and others not listed have enacted a rule for providers mandating the inclusion and release of Progress Notes when requested by said insurer. Cornerstone Counseling & Consulting Specialists, LLC remain opposed to this clause and action. We see this as a violation of both the patient/client/family’s privacy as well as that of the therapist/counselor/consultant in that Progress Notes are derived based on the therapeutic relationship, trust for disclosure between the therapist/counselor/consultant and the patient/client/family and as such said notes remain clinical in orientation and can be misconstrued by a non clinical individual or entity or an individual or entity who does not possess the level of clinical competency that any of the therapists/counselor/consultants at Cornerstone Counseling & Consulting Specialists, LLC possess. The only way to avoid such release of your records remains to contract with Cornerstone Counseling & Consulting Specialists, LLC, privately and outside the realm and reach of said insurers. If you would like to explore this avenue, please speak to your therapist/counselor/consultant directly and Cornerstone Counseling & Consulting Specialists, LLC will assist where able to ensure you receive as much privacy as the law permits.
- **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 \$30.00 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/Counselor/Consultant. 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.

_____ 14). Counselor's Qualifications: At a minimum, Counselors, Social 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. At times, Cornerstone Counseling & Consulting Specialists, LLC, may contract with individuals who are completing the requirements for said Master's Degree and possess more than 5 years of experience within the realm of clinical practice with a proven niche or expertise.

_____ [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 has achieved a level of expertise, certifications, credentials, training, continuing education and credibility in the areas of _____

All therapists/counselors/consultants receive regular clinical supervision or collaborative consultation with and between themselves and with 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. under the auspices of Cornerstone Counseling & Consulting Specialists, LLC.

_____ 15). Patient/Client's Rights:

- A. Confidentiality: Counselors/Therapists/Consultants will respect 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 patient/client/family or when the therapist/counselor/consultant 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 patient/client/family 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 therapist/counselor/consultant 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 patient/client/family member has made threats of violence toward a third party or when a third party has made threats of violence against the patient/client/family member. In the case of a third party threatening violence against the client, therapists/counselors/consultants will contact legal authorities and make all reasonable attempts to inform the patient/client/family of such threats and the same holds true to an identified individual that a patient/client/family member 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. Patient/Client[s] voluntarily waive any and all confidentiality if he/she commits a crime against the Therapist/Counselor/Consultant, Therapist/Counselor/Consultant's property, or on the Therapist/Counselor/Consultant's office premises. Therapist/Counselor/Consultant 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 your records must be provided.
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 [patient/client] or your attorney of record, nor anyone else acting on your behalf will call on your Therapist/Counselor/Consultant to testify in court [or by telephone] or any other proceeding, nor will a disclosure of psychotherapy records be requested.

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

D. Termination of Services: Patient/Client Services will be terminated when the patient/client[s] and Therapist/Counselor/Consultant agree and are reasonably clear that treatment no longer serves the patient/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 Therapist/Counselor/Consultant will advise you to continue treatment and intervention and provide written referrals upon request to another treatment provider/source. If the patient/client wishes to end services prematurely, your Therapist/Counselor/Consultant will make every reasonable attempt to terminate treatment as constructively as possible. Therapist/Counselor/Consultant reserves the right to end the Therapist/Counselor/Consultant—Patient/Client relationship immediately in the event the client threatens Therapist/Counselor/Consultant or their family, colleagues or other person(s) in the office.

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

_____ 15). **The Nature and Extent of Record Keeping:** Therapists/Counselors/Consultants are 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 Patient/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 patient/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 Therapist/Counselor/Consultant, 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.

NO Therapist/Counselor/Consultant is to contact Patients/Clients/Family members of Cornerstone after separation of professional practice with Cornerstone.

If for some reason, any patient/client records become irretrievable, Cornerstone Counseling & Consulting Specialists, LLC will act with due diligence to notify patient/client/family of said matter.

_____ 16). **Alternative Treatment Resources:** Referrals will be provided to you upon request. Your insurance carrier can also identify other providers who accept your insurance.

_____ 17). **Patient/Client/Family Contact and Electronic Communication Contact Consent:** The Best way for my Therapist/Counselor/Consultant to contact me is: _____ . My
Emergency Contact Person is: _____ Relationship: _____

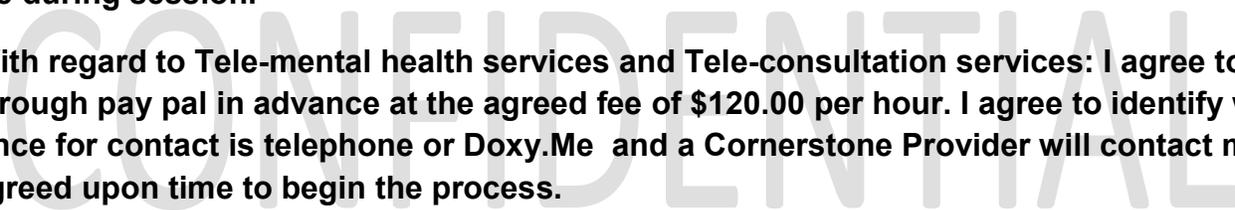
Contact Number: _____ Email communication: _____ is set up at the discretion of the Therapist/Counselor/Consultant and if adjunctive therapeutic contact is derived through email contact associated fees will be assessed as previously discussed.

____ 18). **Social Media Policy:** Clear and healthy boundaries are important. Therapists/Counselors/Consultants associated with Cornerstone Counseling and Consulting Specialists, LLC, are not permitted to engage in Social Media connections through Facebook, Twitter, Instagram, and LinkedIn. To do so would constitute a "dual relationship" and would cross boundaries as defined within ethical codes of practice.

Your Therapist/Counselor/Consultant 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 \$120.00 per hour. I agree to identify whether my preference for contact is telephone or Doxy.Me and a Cornerstone Provider will contact me with a mutually agreed upon time to begin the process.



_____ Patient/Client/Family Member (Caregiver's) Signature

_____ Patient/Client/Family Member (Caregiver) [Please Print]

_____ Date

_____ email address _____ Telephone Number

_____ Therapist/Counselor/Consultant's Signature and Credentials

_____ Date

_____ Supervisor

_____ Date