



Client Name: _____

DOB: _____

Informed Consent for Treatment

Welcome to Phoenix Counseling Services, LLC, whether you are just starting your recovery journey or looking for a fresh perspective on counseling, it is an honor and privilege that you chose to be here. This document focuses on some important rights, legalities, and responsibilities you have as a client to ensure that you get the best care possible. Most importantly, if you have any questions, please don't hesitate to ask.

Background/Education

Your Counselor is Tish Weikel, NCC LPC. I am currently pursuing a doctoral degree in Counseling and Supervision (EdD) from Shippensburg University. I have a Master's in Mental Health Counseling from Shippensburg University of PA and I hold a license to practice counseling in PA (PC007853). In addition, I remain in good standing as a Nationally Certified Counselor (NCC). I am also a TFCBT certified therapist for youth. Lastly, I maintain active membership with the American Counseling Association (ACA) and serve as a member on the ALGBTIC board. I have a passion for treating both mental health and addiction challenges. My background includes work with family systems, couples, children/adolescents, individuals struggling with eating disorders, LGBTQ youth, and work with dialectical behavioral therapy.

Services

After your first appointment, we will discuss the services that are the best fit for you. I offer a variety of modalities and therapy techniques that often include meeting the client where they are at. Here at Phoenix we have family, individual, and group counseling options. There are many benefits from counseling, including improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, be aware that in some cases initially clients report feeling worse after counseling, most clients understand that the healing process and growth is difficult and some discomfort will likely be a part of the growth/therapy process. Please let me know if you have any specific needs.

Confidentiality

All communications and records are strictly confidential, 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 a reasonable suspicion of abuse against a minor, elderly person, or dependent adult, (4) to acquire payment for services or billing purpose, or (5) a subpoena 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.

Clients are expected to also keep information of other clients in the building confidential. This is especially important for group sessions. Disclosure of confidential information including names of may be damaging and could result in unsuccessful discharge from treatment.

Recording or filming devices of any kind are not permitted in treatment sessions unless all parties are aware and consent to their use.

Electronic Communication Electronic communication both telephone and internet (including e-mail), are not secure methods of communication, and there are some risks in one's confidentiality that could be



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compromised with their use. If you wish to communicate with me via this medium please sign the electron communication release form acknowledging discussion of this.

Client Follow-up It is my intent to follow up with clients at the 1, 3, and 6-month mark after a successful completion of counseling. This may be completed via phone or snail mail. If you wish not to participate in post counseling check-ins please let me know and your wishes will be respected.

Scheduling and Missed Appointments

Please call (717) 778-1030 to schedule or reschedule appointments. Once you are an established client you may also schedule appointments on our HIPAA compliant portal. Please note that 24 hours is required for any cancelled appointment. If an appointment is cancelled after 24 hours this could result in a \$50 fee (\$25 for group). Please note that your insurance company will not pay your no show/late cancel fees. As you are aware, in order for therapy to be successful, consistent attendance is crucial, therefore, more than two no show or late cancel appointments could result in unsuccessful discharge from treatment.

Telephone Calls

Occasionally you may need to reach me between session. I do my best to check my phone during normal business hours Monday-Friday 9am-5pm, and return all calls by the end of each day. If I am out of the office my voicemail will reflect that I am not available. Please advise that I am often in and out of session, and not on call, therefore, in the case of an emergency please contact 911 or local crisis services. Wellspan crisis can be reached at (717) 334-2121.

Fees and Payments

Your fee for therapy is your co-pay/co-insurance payment amount or full fee. This fee is due at every session, unless other payment arrangements have been made prior. If you need to know out of pocket fees, please let me know in advance. Even though your insurance carrier may pay all or part of the charges at the time of treatment you are responsible at the time of session, and for any charges your insurance company denies due to lack of coverage.

Personal checks are accepted. A \$40.00 service charge will be levied on all checks returned by the bank for insufficient funds. If more than one check is returned service will be provided on a cash basis only failure to pay for treatment could result in discharge.

Insurance

If you are currently covered by an insurance plan, your treatment may be covered by your insurance benefits. Please contact your insurance carrier or benefit manager to determine your policy's coverage for treatment. Some insurance companies cover only medically necessary or crisis oriented treatment, resulting in authorization of sessions in small segments. Your insurance, its coverage limitations and authorization guidelines should be discussed with me at the start of your treatment. However, because I cannot know all aspects of your plan you can always contact your insurance company directly to clarify concerns. In some cases, you may want more therapy than your coverage authorizes or you may choose a therapist outside your network. If this is your choice it must be documented by your therapist as an out of network treatment.

Insurance changes: If your insurance changes at any time. Please notify me immediately. It is very important to give me advance notice of these changes, this will ensure that we can continue to work together and keep you on your recovery journey. Plus, failure to notify me could result in unwanted session charges. Nobody likes unneeded out of pocket expenses!



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Court

I often get questions on testifying in court. I do not get involved in matters with client court cases as I believe this often impacts the therapeutic relationship and can create a potential conflict of interest, furthermore, situations such as evaluations and child custody are not within my scope of expertise. If you get involved in a legal proceeding in which I am subpoenaed or a judge orders me to testify you will be expected to pay for my professional time, including preparation and transportation costs even if I am called to testify by another party. Because of the difficulty of legal involvement and extensive lost client hours, I charge \$250 per hour for preparation and attendance at any legal proceeding.

Letters/Records

Please note that you have a right to request records at any given time. Please provide any requests to me in writing. Please understand that we are a small office and in order to keep overhead to a minim we do charge a \$5.00 retrieval fee for record requests under 50 pages and \$15.00 dollars for record requests over 50 pages. In addition, requests will be \$1.00 per page up to 60 pages and .36 cents a page after 60 pages.

Lastly, I often get requests from clients to write them letters for various things. During our session, I am happy to further talk about the therapeutic benefit of this. I have a short form that provides basic treatment information that I am happy to provide to you for free, if you would like a more detailed letter kindly note that my fee for letter writing is \$60/hour. This is broken down to 10 minute increments.

Conflict Resolution

It is very important to me that you have a positive counseling experience. However, if a conflict occurs, please bring it to my attention, let me know if we cannot get your conflict resolved we can pull in third party or I will be happy to help you find a counselor that is a better fit. At the end of the day, your care and overall treatment is what is most important.

Successful Discharge

Just like starting your journey here at Phoenix it will also come to an end. To me, ending therapy successfully is VERY important. Here at Phoenix Counseling Services, LLC we strive to end well. In order to successfully discharge from treatment a client must meet their treatment goals, as we embark on our recovery journey together we will continue to talk more about what this looks like for you.

By signing below, I am agreeing that I have fully read, understand, and agree to honor this agreement:

Client printed name: _____

Date: _____

Signature: _____

Therapist printed name: _____

Date: _____

Signature: _____