

Client Name

Client DOB

SIGNATURE PAGE

INFORMED CONSENT

Section 1.2 I hereby authorize Morning Star Counseling to RELEASE my protected health information (PHI) to: [\(Enter health insurance provider here\)](#)

I hereby authorize Morning Star Counseling to RELEASE my protected health information (PHI) to the below: [\(Enter third party to bill here, church, family member\)](#) for scheduling and billing purposes

Section 1.7 I have read the Teletherapy disclosure or have had it read to me. I understand the conditions for teletherapy services at MSC as stated. **Select One.**

I AGREE to receive teletherapy services from my provider under these conditions.

I DO NOT intend to receive teletherapy services from my provider at this time.

Section 1.9

Initial here that you have read and understand our Cancellation Policy

CONSENT

Your signature below indicates that you have read the information in this document and agree to abide by its terms, including the following:

- I do hereby seek and consent to take part in the treatment provided by this agency. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.
- I am aware that I (or my child) may stop treatment with this therapist at any time. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)
- I am aware that an agent of my insurance company or other third-party may be given information about the type (s), cost (s), and providers of any services I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment.

My signature below shows that I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

Client Signature

Date

Client Name Printed

CREDIT/DEBIT CARD RELEASE

In order to maintain efficiency for both our practice and our clients, we are offering the option of keeping your credit/debit card information in your secure electronic file to use for service fees and/or copays as services are rendered. Doing so will provide the convenience for our clients in not having to pay our staff during visits and allow you to maximize your time with your therapist, particularly when being seen in the evenings or during office hours in which an administrative assistant may not be present to collect fees before or after your session. In addition, it will allow us to maintain efficiency in collecting payments from clients after services are rendered for uncollected fees or fees not paid by your health insurance. This is simply an option, not a requirement. If you have any questions, do not hesitate to ask. Completing the information and signing below will indicate your consent to allow Morning Star Counseling to charge your account for services rendered. This will not compromise your ability to dispute a charge.

[Please call our office if you prefer to give payment info over the phone.](#)

Client Name

Name on Card

Card #

Expiration Date

Billing Address Zip Code

I hereby give my consent to Morning Star Counseling, LLC to charge my credit/debit card:

215 E. State Street
Quarryville, PA 17566

126 Foxshire Drive
Lancaster, PA 17601

ph 717.806.5050 | fax 717.806.5179 | morningstarllc.org



CONSENT TO TREATMENT

1.0 THERAPEUTIC PROCESS

We hope that your time at Morning Star Counseling (MSC) will be useful and it is our pleasure to have the opportunity to embark on this journey of exploration with you. Therapy is not like a medical doctor visit. Instead, it calls for a continually active effort on your part. For treatment to be successful, you will have to work on things we talk about both during our sessions and at home. For instance, you may be asked to read a book, chart moods or behaviors, journal, or practice strategies discussed at home between sessions. You are expected to play an active role in the therapeutic process. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there is no guarantee. Therapy can be short-term, focusing on one specific issue or concern, or longer-term if the issues are more complex. The more motivated you are to change your situation and the more effort you put into the process, the better the chance of success.

Our first couple sessions will include an assessment, which involves gathering information about your past and present medical, social, and psychological wellbeing. This includes an evaluation of your current needs. By the end of the evaluation, your therapist will decide if he/she is able to address your needs and you can decide whether you are comfortable with him/her and feel as though he/she is a good fit for you. Your therapist will then be able to offer you some first impressions of what our work will include and he/she will develop a treatment plan with you. If it is determined that your needs are outside of our area of expertise, we will be happy to refer you to another professional as it is most important to MSC that you find help from the person best suited to address your needs.

You have the right to ask questions about anything that happens in therapy. We are willing to discuss your progress in treatment and evaluate what is working and what is not. Feel free to ask your therapist to try something new if you think it might be helpful. If you don't believe you have been assigned to the therapist that is right for you, please feel free to let either your therapist or the administrative staff know and we will do our best to accommodate your needs.

1.2 BILLING AND PAYMENTS

Payment for your session is due at the time of service. MSC accepts cash, personal checks, and credit cards. We work with some insurance companies via managed care contracts and we will file claims for your services. You must pay your copay at the time services are rendered. Even if we are not a participating provider in your insurance company's network, your insurance company may reimburse you for a portion of your fee for services rendered. You will need to check with your insurance company ahead of time to inquire about whether they will reimburse you for services by an out of network provider. You are still required to pay for your session at the time of service. **If you have an outstanding balance (including late cancellation fees), we will likely prevent you from scheduling further appointments until your balance is paid.**

In addition to therapeutic session fees, we charge for other professional services you may need including report writing, telephone conversations lasting longer than 10 minutes, attendance at meeting with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other services you may request of us. Our charge is \$120/hour for each of those services. If you become involved in legal proceedings that require our participation, you will be expected to pay for our professional time even if we are called to testify by another party. Because of the difficulty of legal involvement, we charge \$200 per hour for preparation and attendance at any legal proceeding, including travel time, and travel expenses.

If you have an outstanding balance for therapy session fees or other professional services more than 60 days past due and arrangements for payment have not been agreed upon, we have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information we release regarding a client's treatment is his/her name, the nature of services provided, and the amount due.

Patient Rights

- You may end this authorization (permission to use or disclose information) any time by contacting our office.
- If you make a request to end this authorization, it will not include information that may have already been used or disclosed based on your previous permission.
- You will not be required to sign this form as a condition of treatment, payment, enrollment, or eligibility for benefits.
- You have a right to a copy of this signed authorization.
- If you choose not to agree with this request, your benefits or services will not be affected.

Patient Authorization

I hereby authorize the name(s) or entities written below to release verbally or in writing information regarding any medical, legal/court records, educational records, mental health and/or alcohol/drug abuse diagnosis or treatment recommended or rendered to the above identified patient. I authorize these agencies to share information by mail, phone, in person, fax and/or email contact. I understand that these records are protected by Federal and State laws governing the confidentiality of mental health and substance abuse records, and cannot be disclosed without my consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time and must do so in writing. A request to revoke this authorization will not affect any actions taken before the provider receives the request.

1.3 CONTACT

Although the client-therapist sessions will be intimate psychologically, it is important for you to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with your therapist. Sessions are usually held in our office. If you should encounter your therapist outside of the office, the therapist will speak with you only if you initiate the contact; this allows you to maintain the privacy of your therapeutic relationship. Please do not invite your therapist to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or ask them to relate to you in any way other than the professional context of our therapy sessions. Although this may seem artificial and/or awkward, it is the best way to promote a good therapeutic relationship.

If you are experiencing a mental health emergency the Lancaster County Crisis Intervention # is 717-394-2631 or you can call the National Suicide Prevention Hotline at 800-273-8255.

If you have a question between sessions that are not an emergency, please feel free to call or email your therapist. We will do our best to respond within a day or two. If reading and/or responding to your email or phone call requires more than a few minutes we will typically ask to respond at your next scheduled appointment. Failure to comply with the above request for limited contact between sessions may result in your termination of treatment and referral to an outside treatment provider.

Morning Star Counseling uses a basic (unsecured) email system. With your verbal permission, we will obtain your email address to use for appointment reminders. Your signature below indicates that you are aware of the lack of security of the email system. If you chose to email us for any reason, we cannot guarantee the confidentiality of your email. If you are giving us your email address, then you are acknowledging that you are aware of the insecurity of our system and give us permission to email you anyway. Similarly, some clients prefer to communicate via text messaging to our cell phones in lieu of contacting the office. If you chose to communicate with us via text messages, you are acknowledging the risks of jeopardizing your confidentiality when doing so.

Finally, most of our therapists utilize our administrative staff for scheduling and billing. To make or reschedule an appointment or if you have billing questions please call the office at 717.806.5050 or email: admin@morningstarllc.org.

1.4 DIAGNOSIS

If you are utilizing a third party such as an insurance company for payment of a portion of any portion of your bill, we are normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether or not they are short-term or long-term problems. If we do use a diagnosis, we are more than willing to discuss it with you at your request.

1.5 PROFESSIONAL RECORDS

The laws and standards of our profession require that we keep treatment records. Our records are kept through an online, HIPAA compliant platform especially designed for mental health practices. You are entitled to receive a copy of your records, or for a fee we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained reader. If you wish to see your records, I recommend that you review them in the presence of your therapist so that he/she can discuss the contents with you.

1.6 TREATMENT OF MINORS

As a general rule, we will respect the privacy of the minor confidential unless we have consent by the minor to disclose certain information to a parent or someone else. There are, however, important exceptions to this rule that are important for you to

understand before you share personal information with your therapist in sessions. In some situations, we are required by law or the guidelines of the profession to disclose information with or without your permission. If a minor is a threat to themselves or someone else or if we receive information that cause us to suspect that a child is being abused, then we are mandated to break confidentiality to protect the individual(s) involved. Before giving parents or anyone information regarding the treatment of a minor, we will discuss that matter with the minor in treatment we will discuss the matter with you, if possible, and do our best to handle any objections you may have about what we are prepared to discuss.

Minors and parents of minors will be asked to sign a supplemental adolescent or child treatment agreement which explains confidentiality in greater detail.

1.7 TELETHERAPY CONSENT

BENEFITS AND LIMITATIONS OF TELETHERAPY

Teletherapy offers potential advantages and disadvantages. There is an advantage for many patients to be able to receive teletherapy services when they are unable to participate in face-to-face therapy and the alternative would otherwise be to receive no clinical services. Potential disadvantages of teletherapy, when compared to face-to-face therapy may include, but are not limited to, misunderstandings between a provider and patient when the visual cues that would normally occur during a face-to-face visit do not exist, the inability of the therapist to be immediately available to provide emergency services if needed and the potential for the means or substance of communication in teletherapy being accessed by an unauthorized party despite appropriate efforts made to avoid this by both provider and patient.

DISRUPTION OF SERVICE

If services are disrupted or disconnected in the course of teletherapy, your provider will attempt to contact you as quickly as possible through the means of teletherapy you were using at the time of disruption. If service is disrupted or disconnected in the course of teletherapy when you are in a state of emergency and your provider is unable to contact you in a timely manner you may call 911, go to your local emergency room or contact the Crisis Intervention at

If you are experiencing a mental health emergency the Lancaster County Crisis Intervention # is 717-394-2631 or you can call the National Suicide Prevention Hotline at 800-273-8255.

CONFIDENTIALITY AND SECURITY

MSC will only use teletherapy technologies deemed sufficiently confidential and secure according to generally accepted standards of practice. While MSC and your MSC provider can maintain generally accepted standards for confidentiality and technological security from the location they are treating you from, it is your responsibility to maintain confidentiality and technological security from your location. All patients of MSC receiving teletherapy are advised to only receive these services in a private room where they will not experience interruption and the communication of the provider and patient cannot be heard by a non-participating party.

By participating in teletherapy with MSC you are stating that you have considered and ensured these conditions whenever teletherapy services are rendered. In addition, MSC cannot be responsible for the security of the technological device you use to receive teletherapy. Even the most secure forms of technological communication are vulnerable to access by an unauthorized party and you accept that risk by choosing to participate in teletherapy. It is also the patient's responsibility to ensure that all necessary technological security measures are in place at their location before receiving teletherapy. Your provider cannot advise you on these specific matters and you may consult a professional for assistance if necessary.

If you are unable to ensure these measures appropriately, you are advised by MSC to not participate in teletherapy or to reschedule teletherapy services until such measures are in place.

1.8 CONFIDENTIALITY

In general, the law protects the privacy of all communications between a client and a mental health professional, and we can release information about our work to others only with your written permission. There are just a few exceptions to your rights of confidentiality.

There are some situations in which we are legally obligated to take action to protect others from harm, even if we must reveal some information about a client's treatment. Those exceptions are the following:

1. If we have good reason to believe that you will hurt another person. We must attempt to inform that person and warn them of your intentions. We must also contact the police and ask them to protect your intended victim.

2. If we have good reason to believe that you are in imminent danger to yourself, we may legally break confidentiality and call the police or the county crisis team. We are not obligated to do this and would explore all other options with you before we took that step. If you are unwilling to take steps to guarantee your safety, we would call the crisis team.
3. If we have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give us information about someone else who is doing this, we must inform Childline within 48 hours. If you are under the age of 18 and you tell us that you are having sex with someone 4 or more years older than you, or sex with a teacher or a coach, we must also report that to Childline, even though at age 16 you have the right to consent to sex with someone less than 4 years older than you. We would inform you before we took that action.

During the course in treatment, we may occasionally find it helpful to consult with other professionals within the practice about a case so that we can better serve you. All therapists at MSC are legally bound to keep your information confidential.

1.9 ATTENDANCE

Attendance of sessions is extremely important to the success of your treatment. You are responsible for scheduling your sessions and you may need to schedule sessions well in advance if your availability and/or the availability of your therapist is limited. If you need to cancel or reschedule an appointment, we ask for notification at least 24 hours in advance of your appointment. There may be situations outside of your control that cause you to miss an appointment however failure to notify us prior to 24 hours in advance will result in a cancellation fee (below). **Failure to cancel prior to 24 hours in advance on three or more occasions during your course in treatment will also likely result in termination of treatment and referral to an outside agency.**

CANCELLATION POLICY: We are setting aside the time for you and we cannot bill insurance companies for missed or late cancellations. If you need to cancel an appointment for any reason, you will be expected to notify MSC at least **24 hours in advance to avoid a cancellation fee of \$60.**

We also reserve the right to charge our full session fee of \$120 for a complete no show to an appointment.

We understand that sometimes there are unforeseen circumstances that cause you to miss an appointment so that is why we do not charge you a full session fee, but our \$60 fee is expected even if your absence was not preventable.