

Turning Point Counseling Services *Informed Consent And Description Of Services:*

Goals and Outcomes: Counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, and/or behaviors. You determine the amount and nature of change you wish to make. The goals are set by the client and discussed with the therapist. Goals should be re-evaluated during the process to assess progress or to modify goals. Outcomes are impacted by a variety of factors including but not limited to openness/honesty, hard work, consistency, follow-through, physical health, expectations, etc. The therapist and Turning Point Counseling Services LLC cannot promise or guarantee change.

Benefits and Risks: The process of change takes time. It is important to have realistic expectations and to discuss them. At times, situations get worse before they get better, or they may get better and then get worse, or they may plateau. This is normal. It is also normal to experience some feelings of anxiety, depression, guilt, frustration, loneliness, etc. prior to or after a session. An additional risk may be encountering your therapist in a public place. Please advise your therapist on how you would like them to proceed if this happens. Turning Point Counseling Services LLC and your therapist cannot promise or guarantee change.

Length of Therapy: The length of therapy will vary on an individual basis due to goals and needs. This should be discussed throughout the counseling process.

Expectations and Other Areas of Discussion: Client is expected to be honest and open. Client is expected to communicate concerns, goals, expectations, etc. Client is expected to make an active effort to work on change both during and between visits. The first few sessions may involve an evaluation of your needs. Client is expected to pay at the time of service. Client is expected to notify the therapist of the need to cancel or reschedule at least 24 hours prior to the appointment.

Therapist is not able to have social media connections with their current clients. The use of text messaging, emails, and social media communication is not a secure form of communication. If clients choose to communicate in these ways, they understand that they do so at their own risk. Urgent or sensitive communication should not be done over text, email, or social media. These means of communication are not monitored 24/7 by TPCS. Clients will discuss matters that are sensitive or safety related with their therapist in person or over the phone. Finally, each therapist is able to determine their own limits regarding the use of these forms of communication. Clients acknowledge that there are additional considerations with telehealth.

Client understands that their therapist may consult with colleagues, attorneys and other professionals, as needed, about their situation but may not give identifying details (unless required by law).

If at all possible, client is expected to leave children at home. Children who accompany their parent(s) must be young enough to not be impacted by the content discussed in the session. Children should not be left in the waiting room unattended. Respect for the other tenants in the office building is important so please keep noise to a minimum and do not allow children to run around the building. Therapist is not responsible for the safety or health of anyone in the waiting area.

Termination of therapy may be based on but not limited to the following reasons: fraud/deceit, non-payment of services rendered, breaking of contracts, the need for referral to additional services/resources, wrong fit between client and therapist, etc. Therapy can be terminated by either the therapist or the client. However, it is recommended that a conversation regarding termination happen between both parties. Should you desire to seek another therapist, your therapist can provide you with alternatives. Please let

the therapist know if you do not intend to return to therapy and the reasons for not returning. It is expected that you will talk to your therapist if you are unhappy with therapy as your needs may be better met after communicating misunderstandings, unmet expectations, disconnect between personalities, etc. A portion of therapeutic success is impacted by the relationship between client and therapist.

Please inform the therapist of any changes in address, phone, or other details. If you need to contact your therapist between sessions for scheduling or general questions, please make contact through phone or email. Your therapist may not be immediately available so, if desired, leave a message. Your therapist will make every effort to return your calls within 24 hours unless it is a weekend, holiday or vacation. If you cannot get a hold of your therapist and it is an emergency, please go to the emergency room or call 911.

Payment for Services: Payment is expected at the time of service and can be made by check, cash, VISA, MasterCard or Discover. Returned check fee is \$35.00. Cash only will be accepted after the second returned check. The clinical fee for a 50 minute session is \$160.00. Additional time is charged in half hour increments. If the client is unable to pay this fee, a sliding scale (\$120.00-\$160.00) based upon income and need may be used. If a sliding scale is used, the client may be expected to bring tax returns to verify income. If you are in need of a sliding scale, please talk to your therapist about the requirements and breakdown of fees. Payment by a charitable organization may be billed at \$120.00. Charitable organizations will be billed monthly and are expected to pay in a timely manner. Ultimately, the client is responsible for payment if services are rendered even if someone else initially agreed to pay and now refuses to do so. There is an additional fee of \$15.00 for the initial session as there are additional assessments, paperwork and outside session time required of the therapist. Group fees will be discussed at the beginning of the group.

Turning Point Counseling Services LLC does not bill insurance but will give the client the necessary information that their insurance company may require so that they can submit their claim to their insurance company for reimbursement. You may be eligible for out-of-network benefits or religious exemption clauses for in-network benefits. If you are planning on getting reimbursed through your insurance company, please check with them regarding what type of clinical license they require of your therapist.

Fees may be applied for any documentation or paperwork needed for employment, security clearances, school, court, insurance, progress reports, etc. Fees may also be assessed for any necessary appearance of the therapist at school, court, insurance, mediation, etc. It is Turning Point Counseling Services, LLC's policy to not go to Court; however, if absolutely necessary for the therapist to do so, there will be a fee. Fees may be assessed for phone calls over 15 minutes in length.

Any client that has a balance that is 60+ days overdue or an outstanding balance of \$500 may not be scheduled for additional appointments until the balance is paid or therapy may be terminated and the client may be referred to community resources.

Confidentiality: The information you share in counseling can be very personal. Confidentiality is essential. A written Authorization for Release of Confidential Information is required to talk to or exchange information with another party. However, Turning Point Counseling Services LLC is mandated by law to report any suspicion or knowledge of any neglect or abuse of a child/elderly person or of any intent to harm self or others regardless of whether an Authorization for Release of Confidential Information is signed. Please refer to HIPPA/ Notice of Privacy Practices for additional information on your privacy regarding health matters. Information may also be discussed in connection with external and/or internal supervision/staffing and evaluation, billing, legal or office management issues.

Billing: Turning Point Counseling Services LLC is able to do all billing and other administrative tasks in house. Kandy Howard is our billing and office manager. Please contact billing@turningpointcounselinggroup.net or your therapist with questions about your bill. It is expected that you will inform us if you would like to have your bills and other documents sent to a particular address other than your own.

Records: Clients are entitled to a copy of their paperwork, excluding process notes. Request for records must be sent in writing to Turning Point Counseling Services LLC. A Release for Medical Records may also have to be filled out. Your therapist and Turning Point Counseling Services LLC may have the right to deny a copy of paperwork if there is clinical justification to do so. It is Turning Point Counseling Services LLC's policy not to go to court. However, if appearing in court is necessary there will be a fee. Please talk to your therapist if you have questions or concerns with your paperwork.

Minors: If the client is under 18 years of age, the law may require that parents/ guardians may have the right to examine the minor client's treatment records. It is necessary to have an atmosphere where the minor can share without the fear of reprisal or misunderstanding by the parents/ guardians. It is important for the therapist to have a balance of confidentiality for the minor and the ability to access help through the parents/ guardians if there are serious concerns about safety, mental health or relationships.

Cancellation/ Reschedule of Appointment: Once time is allocated for the client's therapy session, that time is the client's. It is difficult to reallocate that time to another on short notice. It may also be difficult to reschedule in a timely manner as appointments fill up quickly. The client is expected to give at least 24 hour notice of the need to cancel or reschedule. The client will be charged half of the fee for an appointment when there is not 24 hours notice given. The payment will be expected at the next visit. The client, not a third party, will be billed in this situation. Insurance companies and charitable organizations will not reimburse for missed sessions.

In Case of Emergency: If you are experiencing a mental health emergency, go to the nearest emergency room or call 911. Please leave a voicemail message for your therapist with an update, so they will know how they can be helpful to you. Please provide emergency contact information to Turning Point Counseling Services LLC so that if any unforeseen circumstances happen during a session, your therapist can get you help.

Payment arrangements are as follows:

client pay: \$ _____ other pay:\$ _____

The above can be modified at any time and go into effect without prior notice. I understand the above information and agree to abide by its terms during our professional relationship. If there is anything in this form that I do not understand, it is my responsibility to seek clarification prior to signing.

Signature of Client: _____ Date: _____

Signature of Client, Partner, Parent, or Guardian: _____ Date: _____

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2020