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Informed Consent for Participation in Therapy

I feel it is important that my clients are fully informed about their therapy services. Your signature below indicates that you understand this information and are making an informed decision about entering therapy. If you have questions about anything, please discuss them with me. You understand that I am bound by the Code of Ethics of the American Association of Marriage and Family Therapy (AAMFT) and that you can request a copy at any time.

Confidentiality

The discussions that take place in therapy are confidential. By law, I am not allowed to share information about you or your family without your written permission.

By law, there are limits to this confidentiality, including the following:

- If you reveal the intent to harm yourself and/or others
- If there are reasons to suspect current child and/or elder abuse
- If I/your records are subpoenaed or court involvement

There are several additional situations where I may share *only relevant information*. Clinical supervision, billing/accounting issues, insurance audits (if required), and collections (if needed) are examples of these situations.

In family and couple therapy (when different family members are seen individually), confidentiality does not apply in every situation. I will use my clinical judgment when revealing such information within the therapy. If you have questions about this, please clarify with me before you disclose any information that you have not shared with your family members.

Crises

My schedule does **not** allow me to be on 24 hr emergency call. If an emergency occurs where you need *immediate* assistance, contact 911 or go to your local emergency room. I regularly check my voice mail and will return non-emergency phone calls in a timely manner. Emergency calls should not be left on my voice mail or cell phone.

Therapy Process

You have the right to ask questions about your therapy. I will explain my therapeutic approach and methods at your request. We will work together to define treatment goals and procedures which can be renegotiated at any time.

You understand that by entering therapy you will be working on changing personal and/or family difficulties. **You understand that YOU are responsible to make the changes. Therapy requires your active effort and openness of mind.** The attainment of a positive outcome is dependent on the effort expended by **both** the client and the therapist. Since therapy is not an exact science, the results can be variable. You understand that there are benefits and risks involved in making changes.

- Some of the benefits you may experience include the ability to handle or cope with relationships in a better way, greater understanding of personal and family goals and values, and greater happiness or satisfaction with life as an individual, couple, or family.
- Some of the risks associated with therapy and the discussion of personal struggles and/or relationship difficulties may include, but are not limited to, feelings of anxiety, anger, fear, depression, disappointment, and/or frustration as you recall and discuss potentially unpleasant moments in your life. As you work to resolve problems and conflicts, you may experience *temporary* discomfort and increased conflict. You may be challenged to think and behave differently. There may also be changes in your relationships that you had not originally intended.

Most of the time, these feelings subside throughout the process. Sometimes change occurs quickly; sometimes slower. I would encourage you to talk to me about any of the above feelings you experience.

Termination

You have the right to end therapy at any time without any moral, legal, or further financial obligations other than those already incurred. I would ask that you notify me of your decision at that time. Sometimes therapy is difficult and talking about this struggle with me can be helpful. If you decide you would like to receive help from another therapist, I can provide you with a list of qualified professionals. If at any time, I feel there may another resource that could help you better, I will also provide you with a list of professionals. I will move your file to an inactive status if I have had no contact with you in 60 days. You can resume therapy at any time with a simple phone call or email.

Fees and Payment

My fee for a 50-55 minute session is \$130 (145.00 for intake). I will accept payment, including co-pays and deductibles, at the beginning of each session, by cash, check, or credit card. I reserve the right to utilize collections and/or small claims court if your balance is not paid after your case is closed. In special cases, there may be additional charges for phone calls, extra paperwork, court, or consultation with other professionals, but these will be discussed with you first.

Insurance (if applicable)

Many insurance policies will provide for partial reimbursement for therapy. Your insurance is a contract between you and your insurance company. It is to your benefit that you contact your representative or company personnel office to clearly understand the specifics of your coverage.

- If your insurance company sends payments directly to this office, the payment of non-reimbursed portion of your fee (co-pay, deductible) is due at the time of service.
- If you are uncertain of the method of payment by your insurance company, then payment of the full fee is due at the time of service (until you know otherwise). An excess payment will be refunded to you if needed.

As a service to you, I will provide for the process of insurance claims on a monthly basis. Please understand that insurance companies require me to give them a mental health diagnosis in order for them to pay for services.

Cancellations/No Shows

Your appointment time is reserved for you. If you need to cancel a session, please do so with as much advance notice as possible. I reserve the right to charge half of my session fee (\$50) for a no show/no call.

Technology

For clinical reasons, I will not accept friend requests on social media from current clients. Also, if you choose to contact me through email or cell phone, including texts, know that these methods are not 100% safe from confidentiality issues. I will do my best to protect your confidentiality by using passwords, encryption, and professional judgment.

Complaints

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can contact the State of Michigan Board of Licensing and Regulatory Affairs at www.michigan.gov/lara and they will review the services I have provided.

Legal Proceedings

You are strongly advised to avoid involving your therapy in any legal proceedings. If you do so, protecting your confidentiality becomes very difficult. I will charge an hourly rate of \$200 for court services, including travel time.

***By signing below, I acknowledge that I understand the issues and policies described above.
I authorize Jen Hutchings, Ph.D, to provide for my care.***

Client/Parent(Guardian): _____ Date: _____

Client/Parent(Guardian): _____ Date: _____

Therapist: _____ Date: _____