

HARMONY COUNSELING SERVICES

Kimberly Gist Miller, LMFT
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Frisco, TX 75034
214.872.4334
Harmony-Counseling.com

INFORMED CONSENT

Welcome to Harmony Counseling Services. I share the following information to help establish the clarity, understanding, and trust essential to a therapeutic relationship. Please read the following information carefully, as it contains important information about my practice and policies. Note any questions or concerns you have, and we can discuss them before beginning therapy. After you sign this document, it will constitute a binding agreement between us.

THE PROCESS OF THERAPY/EVALUATION. Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek help. As a collaborative process, therapy requires your very active efforts, honesty, and openness in order to achieve desired changes. I will periodically ask for your feedback on therapy and will expect you to respond openly and honestly.

During evaluation or therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, and so forth. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended.

Therapy may also result in decisions about making many different kinds of changes. Sometimes a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be easy and swift; other times it will be slow and even frustrating. There is no guarantee that therapy will yield the intended results.

Sometimes more than one approach can be helpful in dealing with a certain situation. You are entitled by law to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. During the course of therapy, I am likely to draw on various therapeutic approaches according, in part, to the problems that are being treated and my assessment of what will best benefit you. My approach tends to be emotionally focused, experiential, humanistic, and family systems oriented. At times I may draw on cognitive-behavioral, developmental, spiritual, and psycho-educational approaches. Within a reasonable period of time after the initiation of treatment, I will be able to offer you some initial impressions of what our work will include. You should also make your own assessment about whether you feel comfortable working with me. If you have any questions about the process of therapy, please let me know. I will always seek to answer your questions fully.

ENDING THERAPY. The most common reason for ending therapy is that a client's concerns have been addressed to their satisfaction. Although you are free to end therapy or seek a second opinion from another therapist at any time, most clients find it helpful to have one or two "ending/termination sessions" to bring closure to therapy and discuss what has taken place during our time together. These "ending sessions" can be helpful in preventing future problems. Another scenario in which therapy ends is when a client's challenges lie beyond the limits of my expertise or ability to help. I do not work with clients whose challenges, in my opinion, are beyond my ability. If this becomes apparent to me at any point, I would discuss this with you, offer you appropriate referrals, and end treatment.

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PAYMENT AND FEES. Please understand that you, the client are fully responsible for the payment of all fees for services provided regardless of any insurance coverage you may have. Fees for service are payable at the time services are rendered. The fee for a 45-minute session is \$110.00 and if longer sessions occur, the fee will be prorated. Fees for additional services, including travel time, consultation with other professionals, preparation of reports or correspondence, court appearances, and phone calls lasting more than 10 minutes.

Acceptable forms of payment are cash, check, or debit/credit card (Visa, MasterCard, American Express or Discover). If your check is deposited with insufficient funds, you will be charged an additional \$10 to cover the bank fees. Please notify me if any problem arises during the course of therapy regarding your ability to make timely payments.

OVERDUE PAYMENT. If your account is more than 30 days overdue and suitable arrangements have not been agreed to, I have the option of using legal means to secure payment, including collection agencies or small claims court. (If such legal action is necessary, the costs of bringing that proceeding will be included in the claim.)

CANCELLATION. Please make all attempts to keep your scheduled appointments. When an appointment is scheduled, it is reserved for that client at the exclusion of others who may be waiting to see the therapist. Since this practice is fee for service, the late cancellations of an appointment may result in a loss of income for the therapist. **If you must cancel, please give a minimum full 24 hours notice so that the appointment time may be given to another client. If notice is given less than 24-hours or not given, you may be charged the full session fee. Insurance does not cover charges for missed appointments. THE LATE CANCELLATION FEE WILL BE CHARGED TO THE CREDIT CARD ON FILE, UNLESS OTHER ARRANGEMENTS ARE MADE WITH THE OFFICE. THE LATE CANCELLATION FEES MUST BE PAID IN FULL PRIOR TO RESCHEDULING THE NEXT APPOINTMENT.** If you should arrive late for a scheduled session, you will be seen for the remaining portion of your reserved time. I will make every effort to see a client on time, however, in some unusual circumstances you may have to wait before being seen. In the event that I am running late, you will still be seen for the entire 45 minutes session. **Client Initials.** _____

INSURANCE REIMBURSEMENT. While I do bill some insurance companies directly; there are others that I do not, due to not being an in-network provider. In those instances, at your request, I will provide you with a statement of services which you can then submit to your insurance company for reimbursement. Please be aware that submitting an invoice for reimbursement carries a certain amount of risk, as I cannot control how your information is used once submitted. Not all therapeutic issues are reimbursable; it is your responsibility to verify the specifics of your coverage.

ASSIGNED BENEFIT . In the event that insurance is billed on my (the client) behalf, I authorize payment of mental health benefits to Kimberly Gist Miller, LMFT.

Client's or guardian's signature _____

Date: ____ / ____ / ____

ROUTINE CALLS. Calls that do not require my immediate attention and that can be returned at my next available convenience or on the next business day, contact me at 972.265.7990 and leave a message on my voicemail if I am unavailable. I will return your call

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at my earliest convenience. Routine calls might include but are not limited to calls for scheduling/cancellations, billing, insurance concerns, or general practice inquiries.

URGENT CALLS. Calls that require a response within 2–3 hours. Due to the nature of my work, I am often not immediately available by telephone. I do however, check my phone periodically for messages. During business hours, call **972.265.7990**. If your call is after hours, holidays, or extended weekend, call **972.302.8923** and I will return your call as quickly as I can. If you would like a return call, please be sure to leave your name, phone number and a brief message concerning the nature of your call. Therapeutic calls are billed pro-rated at the regular fee.

EMERGENCY CALLS. *If you need to talk to someone immediately,* please call **911** or the 24-hour National Crisis Hotline at **1-800-784-2433**, or **go to your nearest hospital emergency room.**

EMAIL POLICY. Because it is not possible to guarantee the confidentiality of email communications, please use discretion in deciding whether to communicate with me via email. I cannot be held responsible for any information lost in transit or viewed by a third party. Email should *only* be used for brief, general questions. Hence, emergencies, therapeutic issues, sensitive personal information, and cancellations should all be communicated to me over the telephone or in person.

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 that may be of a sensitive and confidential nature, it is agreed that you should be involved in legal proceedings, neither you nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

CONFIDENTIALITY. Trust is the foundation of a good therapeutic relationship. I strive to provide a safe atmosphere where you can honestly explore very personal issues. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed except where disclosure is required by law. If I see you in public, I will protect your confidentiality by acknowledging you only if you approach me first. You should be aware of the following issues about confidentiality.

Some of the circumstances where disclosure is required by the law are as follows.

- There is a reasonable suspicion of the abuse or neglect of a child, dependent or disabled adult. A report will be made to appropriate protective agencies.
- When you present/threaten grave bodily harm to others or to property. I have a legal duty to warn those threatened, and to contact law enforcement.
- When you are actively suicidal or threaten significant bodily harm to yourself. I have a duty to obtain help from others such to do what is necessary to keep you safe.
- I am ordered by court to disclose information
- You disclose sexual contact with another mental health professional

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CONSULTATION. I consult regularly with other professionals regarding my clients. In some circumstances, the professionals with whom I discuss my cases have access to limited confidential information. These professionals are bound by the same confidentiality measures listed here.

In couples and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. I will use clinical judgment when revealing such information. If you reveal to me a “secret” that you refuse to disclose to the others and that puts me, by my knowing the “secret”, in a position of hurting my honest relationship with others in the couple, I will terminate the therapy. I will not release records to any outside party unless so authorized to do so, in writing, by every member of the couple or family in treatment able to execute a waiver.

If I see a child under the age of consent (younger than 16), all custodial parents have a right to information shared in the session. Custodial parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist. Considering all of the above exclusions, upon your request I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful.

There is the possibility that you may see someone you know in the waiting room or cross paths with me while out in the community. Although I may greet you cordially, I never acknowledge working therapeutically with anyone without their written permission.

By your signature below, you are indicating that you read and understood this statement and that any questions you had about this statement were answered to your satisfaction, and that you were furnished a copy of this statement. By my signature, I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date