

Consent for Treatment with Linda M. Guhe, MSW

This document provides information about counseling/psychotherapy treatment with Linda M. Guhe, MSW. The document also serves to provide information regarding the professional relationship between client and therapist. The decision to enter into a therapeutic relationship is an important one. That decision is taken seriously, and I will do my best to meet your needs as your counselor/psychotherapist. I assure you that I consider the psychotherapeutic relationship to be one of integrity, trust, and respect.

Your expectations of treatment are taken into consideration prior to entering into an agreement. While there are no guarantees your problem(s) will resolve through counseling/psychotherapy, most people can gain a new way of looking at or perceiving themselves, significant relationships, and their work. In addition to psychotherapy, I also offer clinical hypnosis as a tool to enhance treatment. Hypnosis works by increasing your awareness, thus deepening the therapeutic process. You can read more about hypnosis at my website www.MindBodyClinicalHypnosis.com.

In addition to the expectations you may have about treatment, I, too, have a number of expectations and guidelines. Meeting times are important; thus, cancellations should be made with careful consideration. Entering into a therapeutic relationship requires an investment in time, money, and energy. I have a 24-hour cancellation policy. If you cancel late, you are responsible for payment of the amount of your regular fee. I will always consider broken appointments individually and understand that emergencies do arise. As you probably know, insurance will not pay for broken appointments.

The relationship built into psychotherapy is *unique* and it is my job to protect it. By *unique*, I mean that the relationship is formal and professional, where your concerns are of utmost importance. Sessions should focus on your concerns exclusively. During our work together, I may share examples of my experiences to model how I cope with certain challenges. Even so, you will still be experiencing me in a professional role in that any and all communication is meant to be beneficial to your growth.

Be assured I will keep confidential anything you say with the following exceptions: a) you direct me to speak about you with someone, b) I determine that you are a danger to yourself or others, or c) I learn of evidence that a child, dependent, or elderly person is being abused and/or neglected. In the event of the latter two exceptions, I will contact family, friends, Division of Family Services, the Division of Aging, and/or law enforcement authorities to attempt to prevent harm from coming to anyone.

My current fee is \$120 per session. In some instances, I offer a sliding scale. Payment/CoPay is due at the time of service. I accept cash, personal checks, and credit cards. I am in-network with four (4) insurance companies: Aetna, BCBS-Anthem, Cigna, and Medicare and Medicare/Medicaid. Other insurance companies may accept out-of-network providers, and I will be happy to process those claims at no charge to you. The full fee Payment is expected at time of service, however. Your insurance will reimburse you rather than me. There are no exceptions. Payment arrangements are discussed prior to the initial session. **PLEASE NOTE:** there are some insurance companies I will not work with, such as United Health Care, and Humana.

There is a fee charge for my time when you require written correspondence. This would include correspondence such as letters to other practitioners, disability applications, etc. This is billed according to the amount of time utilized with a minimum fee of \$40.00. Insurance will not pay for correspondence. Telephone contacts are also billed at regular rates. The first 5 minutes I consider a

professional courtesy to our relationship. After 5 minutes, however, the time is billed at regular rates to the nearest quarter hour. Insurance does not cover phone sessions.

You may reach me by telephone/voicemail during regular office hours Monday through Friday, 9am to 6pm. Leave a message if you like, and I will respond by the end of the day. Calls made after 6 pm are most generally responded to the next morning/day. If your call is urgent, the number to reach me is (314) 504-2610. My emails are HIPAA compliant; however, your email most likely is not. Therefore, when sending email share only minimal personal information.

NOTICE: If you are in a life and death emergency situation dial 911 for assistance or go immediately to your local hospital emergency department.

Please read this document carefully and be prepared to ask any questions about information in this document. You may also have questions about information not included in this document. ***IN EITHER CASE, DO NOT SIGN UNTIL QUESTIONS HAVE BEEN ANSWERED TO YOUR SATISFACTION.***

- I. I do hereby seek and consent to take part in the treatment provided with Linda M. Guhe, MSW. I understand that developing a treatment plan 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 Linda M. Guhe, MSW.
- II. I am aware that I (or my child) may stop treatment with this therapist at any time. 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 Name

Date

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist

Date

If this consent is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name

Date

Relationship to Client