Rockford Location
8340 Bridge Street
Rockford, MN 55373
Phone 612.584.1153
Fax 763.515.3349

Solace
Counseling Associates

Delano Location
620 Babcock Blvd. E
Delano, MN 55328
Phone 612.584.1153
Fax 763.972.8808

Informed Consent

I Understand the Therapy Process - I believe I understand the **basic goals**, ideas and **methods** of this therapy. I have no important questions or concerns that the therapist has not discussed with me. I understand that reaching the agreed upon **therapy goal is not guaranteed**. I understand that therapy is successful for some people, moderately successful for others, and for some not successful at all. I further understand that the initial symptoms or problems that were presented to the therapist may initially become more intense.

I Agree to Participate - I am agreeing to actively participate in **individual**, **couples**, or **family** types of services, while acknowledging that the course of therapy may change, and the participants may change, by agreement of both parties.

- I will keep my therapist fully up-to-date about any changes in my feelings, thoughts, and behaviors. I expect us to work together on any difficulties that occur and to work them out in my long-term interest.
- I understand our goals may change in nature, order of importance, or definition. However, if I am not satisfied by our progress towards goals, I will attempt to make changes in this agreement and I may stop therapy services for whatever reasons. However, I agree to meet with the therapist for one last time to discuss plans, get referrals, and close file.

I Understand Confidentiality and Its Limits - What I tell my therapist will be held in the strictest confidence. I understand **Solace Counseling Associates INC,** adheres to the high standards of their board and ourHealth Insurance Portability and Accountability Act (HIPAA) compliant. **Limits of confidentiality** apply in a few circumstances such as my safety, public safety, child abuse, neglect, including prenatal exposure to drugs and alcohol, VA abuse or neglect, and some mandatory court issues.

I Understand Solace Counseling Associates INC Policies Regarding Payments, Insurance, and Cancellations - I agree to pay for therapy services with insurance or cash. **I agree to pay my copay, deductible, or co-insurance** that I might have, depending on my insurance plan. I understand that these fees are due at the time of service, although your therapist will work with you regarding your balance and payments. **Solace Counseling Associates INC cash fees** are as follows:

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- Initial Intake: $200.00
- 53+ minutes session: $175.00
- 45-50 minute sessions: $140.00
- 30 minute sessions: $100.00
- Couples/Family Sessions: $175.00

I understand fee arrangements can be made and **Solace Counseling Associates INC,** does offer a sliding scale fee to clients that express and show that need. I understand I will have to pay a fee of $30.00, plus the amount of the check for any returned checks. I understand that no-shows and late cancellations may end up with me oweing a fee. I understand that if I miss three appointments in a row without informing my therapist the therapist will begin the process of terminating my therapy.

Case Consultation - I give permission to my therapist to present my case in consultation, during consultation with other professions or consultants and **Solace Counseling Associates INC,** therapists, who are bound by the legal framework of privacy and confidentiality, for professions development and guidance purposes. I understand that this agreement will become part of my record of therapy.

Legal Action - Should I become involved in any legal action in which I or someone else requires my participation, because of the complexity and difficulty of legal involvement, my therapist will charge **$250.00 per hour** for personal preparation, professional consultation, travel to/from and/or attendance at any legal proceeding. I will need to pay in advance of any legal preparation.

Emergency Procedure - **In the event of a life-threatening emergency, I will call 911**. If it is after hours and I have a crisis that can not wait, I will call my **medical care provider**, the **Four County Mobile Crisis Team at 320-253-3555**, or **First Call for Help at 211**. If I have a crisis/safety plan with my therapist, I will follow that as well.

Inactive Records - My complete record will be retained for seven years after I have completed treatment. At the end of seven years the record will be entirely destroyed, leaving only my name and date of record destruction. The time period begins from the date of my last visit (or for minors from the date they reach eighteen). Should there be any further direct client contacts the counting period will begin again at the date of new service.