Jenny Shealy, LCSW
Crossing Point Counseling
67 Charlotte Street Asheville, North Carolina 28801
(828) 279-5369 shealy.jenny@gmail.com

Informed Consent for Treatment and Client Rights

I am pleased that you have selected me as your therapist. The following information is designed to inform you about my background and what you can expect from therapy. As a Licensed Clinical Social Worker (LCSW), I currently provide individual and couple therapy. I work with adults to process various issues including, but not limited to, depression, anxiety, anger, stress, sexuality and difficulty in relationships. I obtained a Bachelor degree in Psychology from Clemson University in 1996 and a Master of Social Work from San Francisco State University in 2003. I became licensed as an LCSW in 2006 and hold licenses in California (license # 23526) and North Carolina (license # C005928). I am a member of the National Association of Social Workers.

The Process of Therapy

Together we will complete an assessment and identify goals. Some clients will need only a few sessions to achieve their goals while others may require more sessions. I view your mental health from a holistic combination of emotional, cognitive, physical and spiritual needs. Depending on your particular symptoms, there are many different methods that I may use to deal with issues that need to be addressed. I am committed to doing the very best work I can for you and I expect that you will make progress in the areas of concern during therapy. However, there are no guarantees. Therapy sometimes arouses strong or uncomfortable emotions. If you experience any of these feelings please feel free to talk with me about them. Most people feel better and are able to function better after therapy.
We will be establishing a relationship together. If you are involved in any important incidents or there are any major events that occur in your life while you are in treatment with me, please inform me. Also, please be sure to let me know if you are taking medication, both the type and the dosage, and remember to advise me if there are any changes in medication. If you have concerns about your own comfort with me, please inform me of this so that we can discuss it. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Explanation of Dual Relationships

Although our sessions may be very intimate psychologically, it is important for you to realize that we have a professional relationship rather than a social one. You will be best served if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns.

Fee and Appointment Policies

My fee for individual and couple sessions is: $120 per 55 minute session and $170 per 90 minute sessions, unless I have a contracted agreement with your insurance company. I accept insurance payment when applicable but it is your responsibility to determine your insurance benefits and in some situations, to file for reimbursement. I require payment and/or copays at the time of service unless we make an alternate arrangement. Please note however, our contract for therapy is between you and me, not between your insurance company and me. Insurance companies do not pay for missed appointments. Please inform me of any changes in your insurance. I accept cash, personal checks or credit/debit cards (with a 2.75% surcharge fee). In those extremely rare occasions where I am unable to collect for services provided, I will secure the services of an outside agency to collect the unpaid balance. Additional charges and/or fees necessitated by securing the collection agency will be charged directly to you. Any returned check fees are also your responsibility.
Health insurance companies and managed care organizations require that I make a diagnosis. If you have any questions about this, please feel free to ask. In order for the process of therapy to be effective, it is important that I meet with you regularly. Please do your best to ensure that you are here for every appointment. Of course, on rare occasions, vacations or other matters may make it necessary for you or for me to cancel an appointment. If I need to cancel or reschedule your appointment, I will let you know as far in advance as possible and I would appreciate the same courtesy from you. If you cannot be here, advance notice will give the maximum opportunity to reschedule the appointment. After two missed appointments (not calling or calling after the scheduled time), I may need to refer you to another provider. **If you are unable to keep an appointment, please notify me at least 24 hours in advance. If you do not notify me within 24 hours, you will be responsible for $80 of the missed appointment. For 90 minute sessions, the late cancellation/no show fee is $130.**

Jenny Shealy, LCSW
Crossing Point Counseling
67 Charlotte Street Asheville, North Carolina 28801
(828) 279-5369 shealy.jenny@gmail.com

To Contact Me

If you wish to reach me, please call my cell phone or email me. I do not answer the phone during therapy sessions, after 6:00pm on weekdays, or on weekends. I will make every effort to return your calls and emails as soon as possible, which may not always be the same day. You can leave private information on my voicemail since I am the only one who retrieves my messages. Please limit texting to scheduling issues. If you have an emergency, please call 911, contact your family physician or go to any hospital emergency room and ask for the on-call mental health worker. If I am away for an extended time, I will provide the name of a colleague to contact, if necessary.

Client Rights

Right to Privacy and Confidentiality
I would like you to be aware of your right to confidentiality and my commitment to safeguard that right. The client-therapist relationship is confidential and privileged, and is protected by both law and the ethical code of the National Association of Social Workers**.** As described in the attached Notice of Privacy Practices, confidentiality is limited by law under the following circumstances: court order or other legally mandated requirement for disclosure of information; to obtain needed services for you or your child, such as in the case of an emergency need for hospitalization; clear risk of harm to self or others or suspected child or elder abuse**.** If any of these circumstances occur, the confidentiality agreement will no longer apply. Finally, disclosure of identifying information is permitted in order to obtain payment and as needed for the operation of this practice. This confidentiality agreement means that with the exception of the circumstances outlined above, I will not disclose any identifying information about you or your child to others unless I have your signed consent. As a therapist I may wish to consult with other health care or educational professionals in order to enhance your child's treatment. I cannot and will not do this without your authorization in writing. I understand that there may be reasons you may not wish me to speak to others about you and I will respect your decision if you wish to decline this request. I am involved in clinical consultation to further my knowledge and skills as a therapist. If I need to consult with other mental health professionals about your case, I will do my best to protect your identity. If we happen to see each other outside of therapy appointments, I will generally not acknowledge you unless you have acknowledged me. This allows you to have control over your confidentiality.
You have:
Right Against Discrimination . . . . .
You have the right not to be discriminated against in the provision of professional services on the basis of race, age, gender, ethnic origin, disability, creed or sexual orientation.
Right to Know My Qualifications . . . . .
You are entitled to ask about my education and training and any other relevant information that may be important to you regarding my provision of services to you.
Right to Be Informed . . . . .
You have the right to be informed of my assessment of your problems in language you understand and to know available treatment options; an estimate of the length of time involved in the therapy process; the cost of the service; the method of treatment; and the expected outcomes of therapy. In addition, you have the right and responsibility to help develop your own treatment plan. No audio or video recording of a treatment session can be made without your written permission. If medication is being considered, you have the right to be informed by your physician of available options and possible side effects of the medication.
Right to Your Own Records . . . . .
You have the rights listed in the attached Notice of Privacy Practices.
Right to Refuse Treatment . . . . .
You have the right to consent or refuse recommended treatment. You can be treated without consent only if there is an emergency and in my professional opinion, failure to act would jeopardize your health. In such emergencies, reasonable effort will be made to contact a close relative or friend.
Right to Voice Grievances . . . . .
You have the right to voice grievances and request changes in your treatment without restraint, interference, coercion, discrimination or reprisal.
Right Against Sexual Harassment . . . . .
You have the right not to be subjected to sexual harassment, physical or verbal.
Right for Referral . . . . .
You have the right not to be referred or terminated without explanation and notice. You have the right to receive active assistance in referring you to appropriate services.

Jenny Shealy, LCSW
Crossing Point Counseling
67 Charlotte Street Asheville, North Carolina 28801
(828) 279-5369 shealy.jenny@gmail.com

Informed Consent for Treatment and Client Rights

I hereby give consent for Jenny Shealy, LCSW to provide treatment for me. I understand that I have the right to revoke this consent at any time by informing Ms. Shealy in writing of my intent to do so. I have read all of the information regarding Notice of Privacy Practices and Informed Consent for Treatment and Client Rights and agree to abide by the terms stated herein during treatment**. I understand the fee of $120 per 55 minute session and $170 per 90 minute sessions, unless there is an agreement with my insurance company. I agree that I am financially responsible for professional services rendered, as well as an $80 fee for a missed or canceled less than 24 hours 55 minute appointment and $130 fee for a missed or canceled less than 24 hours for 90 minute sessions.** I have also received a copy of the Emergency Numbers and the Notice of Privacy Practices effective April 14, 2003.

Note: This agreement will expire on termination of treatment and after all claims for payment have been satisfied.

_____ _____
Printed Name of Client Date

_____
Signature of Client

_____ _____
Jenny Shealy, LCSW Date