**Consent for Treatment**

***Please read carefully.*** *Psychotherapy/Counseling is a working cooperative relationship between you and your counselor. Each member of this cooperative relationship has certain responsibilities. Your counselor will contribute their knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.*

1. **Client/Therapist Relationship**

You and your therapist have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship. Gifts over $5.00 (both purchased and homemade) are not appropriate, nor is any sort of trade of service for service.

1. **Fees and Appointments**
	1. The fees range from $75.00 to $195 per 50-minute session for ongoing individual, couples & family counseling and dependent on the therapist/counselor’s experience.
	2. Weekend Hours: $150.00 per 50-minute hour
	3. Intake appointments are 90-minutes and range from $150 -$195
	4. All of our staff continue to receive continuing education on an ongoing basis, as well as weekly supervision.
	5. Co-parenting classes (4-6 weeks) are $250.00 per person (not covered by insurance).
	6. $50.00 -Emergency Phone therapy 30 minutes (for on-going clients only)
	7. $100.00- For any letter required to be written on your behalf. Insurance will not cover this service.
	8. All fees are expected to be paid in full prior to each session.  The Mahogany Projek accepts cash, credit cards (MasterCard, Visa, Discover, American Express) personal checks.
	9. There is a $35.00 service fee for any returned checks. If determined that therapy will continue, you must your overdue balance prior to attending your next appointment.
	10. Our paperwork for your first appointment is available online on our website. Using this system save you time and ensures we are ready to proceed with your first appointment in a timely manner.
	11. **Insurance:**
		1. If you are not using a Managed Care/PPO/HMO insurance plan and wish to file your own claim, we expect full payment at the time of service, and we will provide you with a statement for services rendered. Monthly payment arrangements are available if needed for clients who have established a payment record for three months.
		2. We still bill *some* insurances, but there are several reasons that we limit that:
			1. One reason is that to bill insurance we **must** assign a mental health diagnosis, and many times clients simply want to come in to work things out in their lives, and don’t want or even **fit** a diagnosis. They may also not want to have that information released to their insurance company. Many of our clients want to have complete confidentiality and do not elect to use their insurance.
			2. You will want to ask your insurance company about deductible requirements, authorization requirements, percentage of co-payment, number of sessions per year and "In-Network" vs. "Out-of-Network" benefits. Contracting with insurance companies is the decision of each individual therapist. The Mahogany Projek, LLC will be glad to assist you by providing and filing the necessary information for insurance reimbursement.
			3. You will be responsible for any charges not covered by Insurance due to lack of precertification/authorization for an out-of-network provider or service that is not covered.
			4. We do not accept many insurance carriers because there are so many different mental health subcontracting companies that we cannot guarantee that we will be paid; that leaves our clients responsible for payment and we do not think a surprise bill is fair or just. It also leaves our clients unexpectedly owing us, and we do not like clients to feel they were misled.
			5. We accept payment at the time of your appointment, and we will provide a statement for you to bill your insurance or medical savings or flexible spending account for insurances and payments that we do not accept. We accept checks, credit cards, and cash at the time of appointment.
			6. We do ask for a credit card to schedule an appointment to hold it for you. We do not charge it unless there is a no-call, no-show. That ensures your therapist/counselor is available for you, and that we can set a schedule that works for you.
	12. Appointment Cancellation: We adhere to a ***24-hour***advance notice cancellation policy. You are expected to pay $60 for your session if you do not cancel within ***24 hours*.** Insurance does not cover this cost.

**Currently we accept the following insurance:**

 Please inquire about the insurances we currently accept. ***Please note: as explained above, you are still 100% responsible for your fees if your insurance company denies your claim. Please check your insurance coverage before your session.***

* 1. Prior to the session we ask that you provide your insurance information to confirm your coverage. You can take a photo of your insurance card (front and back) and email it to info@themahoganyprojek.com. We prefer that you provide this information a week in advance.

	*Finally, you need to be aware that most insurance companies do not cover counseling for personal growth issues including relationships and or couples’ therapy, parenting, co-parenting, or as a school requirement.*

**Come-to-you Services:**

*We offer premium services that may be a good fit you, if you are an office strapped executive and you would like us to come to your place of business, or maybe you are a working mom with a hectic work schedule that needs weekend hours these services are just right for you. For an additional fee we can make your experience even more convenient for you. Most Insurance plans will****not****cover these services.*

* Off-site Therapy: $220.00 per 50-minute hour plus travel time. (Site to Site)
* Other options are available just speak to your therapist/counselor.
1. **Confidentiality**
	1. Communication between you and your counselor is confidential. This means that your counselor will not discuss your case orally or in writing without your expressed written permission (please see the following section on “Training and Supervision”).
	2. Your counselor has an ethical and legal obligation to break confidentiality under the following circumstances:
		1. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
		2. If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
		3. If you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic or digital media or exchanges, a film, photograph, video in which a child is engaged in an act of obscene sexual conduct.
		4. If you introduce your emotional condition into a legal proceeding.
		5. If there is a court order for release of your records.
	3. If my therapist believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to my therapist to contact the any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to my therapist to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Training and Clinical Supervision**
	1. The Mahogany Projek, LLC (TMP) provides training to counseling/psychology interns, QMHP’s and residents. All counselors/interns at TMP are under the supervision of licensed mental health professionals.
	2. In order to ensure that counselors receive the best possible training, and that clients are well served, sessions may be attended by an intern or resident only if the client agrees.
2. **Counselor/Therapists Availability and After-Hours Emergencies**

Counselors/Therapists check for voice mail messages during normal business hours. Messages left outside of normal TMP hours of operation will be picked up the next business day. If you have an emergency that needs immediate attention you may need to seek assistance at the nearest emergency services department, emergency services (757) 788 -0011 or call 9-1-1. TMP does not provide after hour services. When your therapist is out of town, you will be advised and given the name of an on-call therapist.

1. **Child Care Release**

TMP does not provide childcare and is not responsible for children or adolescents left unsupervised in the waiting room. Minors must be picked up following their appointments on time. If you must leave your child in the waiting room during a session, it is your responsibility to provide appropriate supervision for that child. Children under the age of 12 may not be left without supervision in the waiting room.

1. **Risk and Benefits**

Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process; however, some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, and specific problem solving. We cannot guarantee these benefits, of course. It is our desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

1. **Counseling**

We provide both short- and long-term counseling designed to address many of the issues our clients are dealing with. Your first visit will be an assessment session in which you and your therapist will determine your concerns, and if both agree that we can meet your therapeutic needs, a plan of treatment will be developed. Should you choose not to follow the plan of treatment provided to you by your therapist, services to you may be terminated.

The goal of The Mahogany Projek, LLC is to provide the most effective therapeutic experience available to you. If at any time you feel that you and your current therapist are not a good fit, please discuss this matter with your therapist/counselor to determine if transferring to a more suitable therapist/counselor is right for you; however, if we are unable to accommodate you we will refer you to an outside provider. If you and your therapist decide that other services would be more appropriate, we will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state being. It goes beyond the curing of illness to achieving health. Through the ongoing incorporation of our physical, emotional, mental, and spiritual self, each person has the opportunity to create and preserve a whole and happy life. Our services are designed to provide our clients an cohesive solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

1. **Your rights**

It is the policy of The Mahogany Projek, LLC that all individuals who are seeking and/or receiving services from any of our services will be provided with effective, efficient services. These services will be directed toward health and habilitation. As an individual receiving services at our offices, you have the following rights:

1. To be treated with consideration and respect for human dignity;
2. To receive quality treatment regardless of race, religion, sex, age, ethnic background, mental and/or
3. physically disabling condition;
4. To be provided confidentiality and protection from any unwarranted disclosure regarding your treatment;
5. To be involved in planning your treatment and to be informed about your treatment process;
6. To be involved in your discharge and aftercare planning;
7. To refuse treatment to the extent permitted by law and to be informed of the possible consequences of your actions;
8. To expect continuity of care from one service to another, should you need another service;
9. To examine and receive an explanation about the bill for your services;
10. To schedule an appointment with your counselor to review your record and receive any needed explanation about the contents.
11. **Additional Rights and Responsibilities**

In addition to your right to confidentiality, you have the right to end your counseling at any time, for whatever reason and without any obligation, with the exception of payment of fees for services already provided. You have the right to question any aspect of your treatment with your counselor. You also have the right to expect that your counselor will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you.

TMP reserves the right to discontinue counseling at any time including, but not limited to, a violation by you of this Consent for Treatment, a change or reevaluation by TMP of your therapeutic needs, TMP’s ability to address those needs, or other circumstances that led TMP to conclude in its sole and absolute discretion that your counseling needs would be better served at an another counseling facility. Under such circumstances, TMP will provide recommendations/referrals to an appropriate counselor(s) or counseling agency.

1. **Safety Policy**

The use/and/or possession of drugs, alcohol, firearms and weapons of any kind are strictly prohibited on any location where therapy sessions are being conducted or on the property of/through The Mahogany Projek, LLC. It is also expected that staff and clients alike will be treated with respect to include the client being transferred, discharged and or the police called for any of the following behavior:

1. Verbally or Physically aggressive behavior
2. Verbally aggressive or vulgar language
3. Threats

**Acknowledgement- Receipt of Consent for Treatment**

**By signing this Client Information and Consent Form as the Client or Guardian of said Client or the client myself, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. NOTE: If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child, or impacting your rights with respect to consent to the child’s mental health care and treatment, The Mahogany Projek, LLC will not render services to your child until the therapist has received and reviewed a copy of the most recent applicable court order.**

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**Acknowledgement- Receipt of Notice of Privacy Practices**

**By signing this Client Information and Consent Form as the Client or Guardian of said Client or the client myself, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.**

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**Acknowledgement- Receipt of No Show/Late Cancellation & Co-payment policy**

**By signing this Client Information and Consent Form as the Client or Guardian of said Client or the client myself, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.**

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**Acknowledgement- Receipt of Social Media Policy**

**By signing this Client Information and Consent Form as the Client or Guardian of said Client or the client myself, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.**

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**Authorization to Release Information**

If I choose to file with insurance, I authorize The Mahogany Projek, LLC to release my clinical diagnosis, prognosis and treatment request information acquired in the course of my examination or treatment to my insurance carrier. I am also aware that payment Is ultimately my responsibility and should my insurance fail to pay for services for any reason, I am required to pay The Mahogany Projek, LLC for services and reconciling with insurance is my responsibility.

Do you plan to use your insurance to pay for services (covered)? [ ] Yes [ ] No

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