Informed Consent Client Name_____
Jennifer Brosenitsch, LPC DOB_____

It is my privilege, as your therapist, to walk with you for this short time in your journey. I take this privilege seriously, and want to thank you for that honor. I want to share some general expectations and rights you have, as my client, and if you have questions, please ask me to clarify them. I will answer your questions, and ask you to sign this form, which states you have discussed any questions with me, and had your questions answered to your satisfaction. This is to document you have been informed about counseling with me, the rights you have, and what confidentiality you can expect.

- Services I provide
  - As a Licensed Professional Counselor, I offer mental health counseling to individuals, couples, and families at Brosenitsch Counseling, LLC. Counseling will be based on your strengths and needs.
  - Referral options are available if I cannot meet your counseling needs. You have the right to choose to get counseling with any therapist. If you become dissatisfied with any portion of your counseling experience or the services provided by me, please first discuss your concerns with me. If the conflict is not resolved, I can refer you to a different therapist.
  - I can work with any of your other care providers (doctors, psychiatrists, pastors, etc.), but only if you sign a release form giving me permission to do so.
  - Therapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. Making changes in life can be scary, and sometimes disruptive. Understand that while you need to consider whether these risks are worth the benefits, I acknowledge that most people who choose to take these risks find that therapy is helpful as it often leads to a significant improvement in dealing with emotions and stress, increased satisfaction in interpersonal relationships, and resolutions to specific problems. How much you ultimately benefit from counseling depends on you and the work you do with your counselor.
  - I do not have access to a resident psychiatrist, but I can suggest referrals if we decide it would help to have an evaluation by a psychiatrist. I may not be equipped to deal with all levels of problems that can present for counseling, especially those conditions which require psychiatric intervention. Some of these may include: active alcohol and drug addiction; persistent suicidal or homicidal intents or actions; and the management of certain types and doses of medication. In these or other cases, I will talk with you about seeking help in a more appropriate setting, and will offer resources to you.
  - I provide a treatment plan, written with the participation from you and if a child is the identified client, with the participation of the child, as age appropriate, and family.

- Your Rights
  - To receive competent, professional, and ethical counseling.
  - To choose whether or not you want to apply your religious faith to counseling.
  - To refuse or withdraw your consent to treatment with your therapist.
  - To review your file with your therapist (with the exception of session notes) and to request the correction or removal of inaccurate, irrelevant, outdated, or incomplete information. All of your information will be kept secure under HIPAA laws
  - To make a complaint if you have a grievance about my counseling with you. I encourage you to talk with me first, if you have a complaint, and if you cannot resolve it with me, then you should appeal to the following: http://www.doscomplaintform.state.pa.us/
  - To not be discriminated against because of race, color, religious creed, disability, ancestry, national origin, age, sex, or sexual orientation. If you believe you have been discriminated against, you may file a complaint of discrimination with any of the following:
    - Department of Public Welfare Bureau of Equal Opportunity Room 223, Health & Welfare Building PO Box 2675 Harrisburg, PA 17105
    - PA Human Relations Commission Harrisburg Regional Office Riverfront Office Center 1101 S. Front St., 5th Floor Harrisburg, PA 17104
    - Dept. of Health & Human Services Office for Civil Rights Suite 372, Public Ledger Bldg. 150 South Independence Mall West Philadelphia, PA 19106-9111

- Confidentiality
  - As your therapist, I protect your confidential information by adhering to the ethical standards of the PA State Board of Professionals, which licenses therapists in the state of Pennsylvania and the ACA code of ethics.
  - I am using the HIPAA compliant TheraNest Software Program to hold your electronic record.
  - The contents of your therapy sessions, and the documents in your file, are not shared with anyone unless you have given specific permission to share that information by signing a release form for that purpose.
  - As a client, you have the right to request sharing your information voluntarily, which requires a Consent to Release Information Form signed by you giving me, your therapist, permission to share.
  - If you would like me to consult with another health professional or anyone else, you must sign a release of information, noting the specific information to be shared.

- In the case of a minor child 14-17 years old, general information pertinent for parental care may be shared with parents, but specific information on sessions may not legally be shared, unless the minor gives permission by signing a release form for that purpose. With younger children, generally speaking, confidentiality holds true, although parents might be involved in the counseling process, and might have more access to the general content of sessions.
- In the case of marital or family therapy, all parties at least 18 years of age will need to authorize the release of information.
    - Exemptions to Confidentiality:
        - If you express suicidal intent with a plan or intent.
        - If you express impending danger towards someone else, such as an intentional plan for homicide or injury.
        - If a minor client describes a dangerous plan, such as running away or seeking a relationship with someone 18 or older.
        - If I am court mandated, I must report to court and provide information, although not necessarily a client's chart. A subpoena alone does not qualify for revealing your information without your permission.
        - If any person reveals that any identifiable minor is being abused in any way (sexually, physically, emotionally) or put in danger.
        - Some information (diagnosis, service dates, types of service, and demographics) my be shared with your insurance company if you choose to utilize your insurance plan to cover services.
        - The use of smart phones for texting and emails presents a risk to confidentiality, through error (sending to the wrong address) or through an unmonitored phone (someone else could read a text or email), etc.
        - HIPAA (Health Insurance Portability & Accountability Act) law covers these examples above. You will receive a copy of the HIPAA law.

- Financial Responsibilities
    - I accept out-of-pocket payments, insurance payments through specific insurance providers, and co-pays. Your counseling fee should have been discussed with you before reviewing this form. If you have questions about your fee, please discuss them with me.
    - Payment or your copay is expected on the date of service.
    - If you miss payment for one or more sessions, we may not be able to schedule another appointment until you make a payment or discuss payment options with me.
    - You are solely responsible for any charges associated with late cancellations (less than 24 hours notice) and fees for returned checks

This office maintains a zero tolerance policy for drug usage. If drug/alcohol abuse is suspected, I may make a referral to drug/alcohol counseling or screening and/or report to parents if the client is under the age of 14. I do not provide drug/alcohol counseling. However, I may still provide mental health counseling in conjunction with drug/alcohol counseling supplied by another agency.

Your signature below says you have read this narrative on Informed Consent, and/or have had this Informed Consent explained to you, and all your questions have been answered by me, your counselor. You also indicate by your signature that you have been given an opportunity to obtain and/or read a copy a of the HIPAA law. Also by signing this, you agree to the standards described above and consent to treatment by me, your counselor. If you are a Legal Representative, please indicate the basis for your authority and attach a copy of documentation: Custodial Parent; Guardianship Order; Power of Attorney.

_____ _____
Signature of Client (or Minor age 14+ or Legal Representative) Date

_____ _____
Signature of Client (or Parent or Legal Representative) Date

_____ _____
Signature of Therapist Date