



Enso Counseling, LLC
6619 N. Scottsdale Rd. Suite 23
Scottsdale, AZ. 85250
602-819-2657
rseanrollinson@ensocounseling.com
www.ensocounseling.com

INFORMED CONSENT-Therapist/Client Service Agreement

Welcome to Enso Counseling, LLC. This document contains important information R. Sean Rollinson, LPC's professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, it is especially important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

PSYCHOTHERAPY SERVICES

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will want to work on things we discuss outside of sessions.

The first 2-3 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

PROFESSIONAL FEES

The standard fee for a 50-minute individual session is \$145.00 and the standard fee for a 90-minute couples' session is \$250.00. 90-minute family sessions are \$275.00

You are responsible for paying the full amount at the time of your session, unless prior arrangements have been made. Payment must be made by cash, check, or credit card. Any checks returned to my

office are subject to an additional fee of up to \$35.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

APPOINTMENTS

Appointments will ordinarily be 45-60 minutes in duration, once per week at a time we agree on, although some sessions may be more, or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. **If you need to cancel or reschedule a session, I ask that you provide me with 24-hours' notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the full session fee of \$145.00/individual or \$250.00/couples or \$275/family. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for 100% of the full rate.** If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end at the scheduled time. **If you use insurance and you are more than 15 minutes late, I will not be able to charge your insurance for the session and you will be assessed the \$145.00/individual or \$250.00/couples or \$275.00/family, missed appointment fee.** Finally, I have the right to terminate treatment after 2 missed appointments or habitual tardiness. Thank you for understanding.

To schedule, cancel or change an appointment you may call, text or email me. You can expect a response before the end of the business day.

INSURANCE – IF YOU ARE NOT USING INSURANCE YOU MAY SKIP THIS SECTION

R. Sean Rollinson, LPC is contracted with Blue Cross Blue Shield of Arizona. With your permission, my billing service and I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes.

Due to the rising costs of health care, insurance benefits have increasingly become more complex. It is sometimes difficult to determine exactly how much mental health coverage is available. Managed Health Care plans such as HMOs and PPOs often require advance authorization, without which they may refuse to provide reimbursement for mental health services. These plans are often limited to short-term treatment approaches designed to work out specific problems that interfere with a person's usual level of functioning. It may be necessary to seek approval for more therapy after a certain number of sessions. While a lot can be accomplished in short-term therapy, some patients feel that they need more services after insurance benefits end. Some managed-care plans will not allow me to provide services to you once your benefits end. If this is the case, I will do my best to find another provider who will help you continue your psychotherapy.

You should also be aware that most insurance companies require you to authorize me to provide them with a clinical diagnosis. (Diagnoses are technical terms that describe the nature of your problems and whether they are short-term or long-term problems. All diagnoses come from a book entitled the DSM-V. There is a copy in my office, and I will be glad to let you see it to learn more about your diagnosis, if applicable.). Sometimes, I must provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their hands. In some cases, they may share the information with a national medical information databank. I

will provide you with a copy of any report I submit, if you request it. By signing this Agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, many policies leave a percentage of the fee (which is called co-insurance) or a flat dollar amount (referred to as a co-payment) to be covered by the patient. Either amount is to be paid at the time of the visit. Also, some insurance companies also have a deductible, which is an out-of-pocket amount, that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. This will typically mean that you will be responsible to pay for initial sessions with me until your deductible has been met; the deductible amount may also need to be met at the start of each calendar year. Once we have all the information about your insurance coverage, we will discuss what we can reasonably expect to accomplish with the benefits that are available and what will happen if coverage ends before you feel ready to end your sessions. It is important to remember that you always have the right to pay for my services yourself to avoid the problems described above, unless prohibited by my provider contract.

If I am not a participating provider for your insurance plan, I will supply you with a receipt of payment for services, i.e. a "Superbill", which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers.

PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secured, encrypted, HIPAA compliant web-based system. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records I receive from other providers, copies of records I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, I recommend that you initially review them with me, or have them forwarded to another mental health professional to discuss the contents. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 12 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 13 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication will require the child's agreement, unless I feel there is a safety concern (see also above section on Confidentiality for exceptions), in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

CONTACTING ME

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible; you may also text or email me. I will only discuss matters of scheduling via text and/or email, for confidentiality purposes. All other matters must be discussed either on the phone or in-person. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) contact the Crisis Response Network at 602-222-9444. 2) go to your Local Hospital Emergency Room, or 3) call 911. I will make every attempt to inform you in advance of planned absences and provide you with the name and phone number of the mental health professional covering my practice.

TERMINATION OF THERAPY

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination with you as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determines that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives.

Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about my specific training and experience.



ENSO Counseling, LLC.

Enso Counseling, LLC
6619 N. Scottsdale Rd. Suite 23
Scottsdale, AZ. 85250
602-819-2657
rseanrollinson@ensocounseling.com
www.ensocounseling.com

INFORMED CONSENT-Therapist/Client Service Agreement

HOW WOULD YOU LIKE FOR ME TO CONTACT YOU? Please initial.

_____ Telephone only **without** permission to leave voice message.

_____ Telephone only **with** permission to leave voice message.

_____ Telephone and Text **with** permission to leave information regarding scheduling on text.

_____ Telephone, Text and Email **with** permission to write information regarding scheduling.

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Informed Consent- Therapist/Client Agreement and the COVID-19 Policies and Procedures Addendum and agree to their terms. Your signature below also indicates that you accept full financial responsibility for payments of services rendered, in the unforeseen events that your insurance (if using insurance) denies your claims.

Signature of Patient: _____ Date: _____

If patient is a minor:

Parent or Legal Guardian: _____ Date: _____