

Beautifully Broken Therapy Services LLC



Rhonda M Stalb, LMFT

lmftl478@rhondamariestalblmft.com

P: (256) 631-6303

F: (256) 690-0992

INFORMED CONSENT FOR THERAPY

Welcome! My Name is Rhonda Marie Stalb, Licensed Marriage and Family Therapist. I earned my Master's degree in Marriage and Family Therapy from Amridge University of Montgomery Alabama in August 2012. I'm also actively pursuing personal and professional development on a consistent basis by maintaining active membership to the American Association of Marriage and Family Therapy. Before your first session, I would like to give you an idea of what to expect from working together. My license number is L478 and the Alabama Board of Examiners of Marriage and Family Therapy is the governing body that I answer to in regards to the law, rules, regulations and ethics of Marriage and Family Therapy practitioners.

LICENSED MARRIAGE & FAMILY THERAPIST- CLIENT SERVICE AGREEMENT

This document contains important information about my 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. These documents are long and sometimes complex, however, it is very 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 this form or at any time in the future.

THERAPY SERVICES-RISKS & BENEFITS

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, couples, and families 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 have to work on things we discuss outside of sessions.

The first 2-4 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.

SPIRITUAL BELIEFS

I counsel from a biblical worldview. It is not my intent to push my beliefs onto any client, but prayer will be offered and biblical references may be shared if it is appropriate for the therapeutic process and if you ask direct questions about faith and spirituality,

APPOINTMENTS

Appointments will ordinarily be 55-60 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. Group Sessions are 90 minutes. 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-hour notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the amount due for your session [unless we both agree that you were unable to attend due to circumstances beyond your control (emergency, illness, injury, accident). 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 on time.

PROFESSIONAL FEES

The standard fee for the initial intake is \$100 and each subsequent session is \$100. A sliding fee scale schedule is provided below for those who don't have insurance and/or if you have an insurance plan/company I don't accept or subscribe to. I also offer a free 30 minute consultation to help you decide if you want therapy and to work with me. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment can be made by check or cash or you can pay with a debit/credit card via my square card reader in the office or a PayPal account. Any checks returned to my office are subject to an additional fee of up to \$25.00 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.

In addition to weekly appointments, it is my practice to charge this amount on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your

right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

INSURANCE

I accept Blue Cross Blue Shield of Alabama (New Directions Behavioral) Please call the customer service department of your insurance company if you have any one of the plans above. You are responsible for obtaining the amount of your required copay to make sure therapy services are covered by your plan before you make your first appointment. Some insurance companies and plans require a referral from your primary care provider in order for your therapy services to be covered by your insurance.

SLIDING FEE SCALE SCHEDULE FOR NON-INSURED

Individual/ Couple/ Family Therapy	
25,000 (Yearly) and Under	\$25
25,001 (Yearly) to 30,000	\$35
\$30,001 (Yearly) to \$50,000	\$50
\$50,001 (Yearly) to \$70,000	\$75
\$70,001 (Yearly) to \$90,000 and above	\$125
Group Therapy	
25,000 (Yearly) and Under	\$25
25,001 (Yearly) to 30,000	\$35
\$30,001 (Yearly) to \$50,000	\$50
\$50,001 (Yearly) to \$70,000	\$75

\$70,001 (Yearly) to \$90,000 and above	\$125
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PROFESSIONAL RECORDS

I am required to keep appropriate records of the psychological services that I provide. Your records are maintained in a secure location in the office. 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. If I refuse your request for access to your records, you have a right to have my decision reviewed by another mental health professional, which I will discuss with you upon your request. 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 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For

children 14 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. In regards to custody issues, if parents are divorced, I must see proof of custody per a divorce decree or other court papers. I can only accept consent to treat a minor from the custodial parent.

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 voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. 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 Community Mental Health Services of Madison County, Alabama at (256) 533-1970, Lifeline 1-800-273-8255, Crisis Services of North Alabama (256) 716-1000 or toll free for Alabama & Tennessee 1-800-691-8426 2) go to your Local Hospital Emergency Room, or 3) call 911 and ask to speak to the mental health worker on call. 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.

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. You have the right to expect that I will not have social or sexual relationships with clients or with former clients.

CONSENT TO THERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

Signature of Patient or Personal Representative _____

Printed Name of Patient or Personal Representative _____

Date _____ Description of Personal Representative's Authority: _____