

## INFORMED CONSENT

*Thank you for choosing Anne Burkart Counseling LLC. Today's appointment will take approximately 45 – 50 minutes. We realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need. Anne Burkart has earned a Bachelor of Arts Degree in American Studies and French from the University of Notre Dame and a Master's Degree in Counseling Psychology from Avila University. She is licensed by the State of Missouri as a Licensed Professional Counselor and is licensed in the state of Kansas as a Licensed Clinical Professional Counselor and a Licensed Clinical Addiction Counselor. Anne Burkart has received training Levels 1 and 2 from the Gottman Institute and Pragmatic Experiential Couples Therapy Training Levels 1 and 2 from the Couples Clinic and Research Institute. Anne Burkart practices standard Cognitive Behavioral therapy for most conditions. Although other treatment approaches are used depending on the person or condition. Treatment practices, philosophy and plan limitations and risks will be discussed with you today. Please note, I can change the terms of this Notice. Such changes will apply to you when the new Notice is made available upon request, in my office, and on my portal.*

**Social Media** Counselors are prohibited from engaging in any personal relationship with individuals whom they have a counseling relationship. To abide by regulations, we do not respond to any type of invitation to connect via social media.

**Email and Technology use:** While we engage in some forms of technology to make the communication process more convenient, please be aware that there are limitations and risks involved in technological communication. **Email is not a secure means of communication.** There is always a risk that any sensitive information contained in email may be disclosed to, or intercepted by, un-authorized third parties. Our preference is to use a more secure method via your portal, fax or phone.

**CONFIDENTIALITY AND EMERGENCY SITUATIONS:** Your verbal communication and clinical records are strictly confidential except for: a) information (diagnosis and dates of service) shared with your insurance company to process your claims, b) information you and/or you child or children report about physical or sexual abuse; then, by Missouri State Law, I am obligated to report this to the Department of Children and Family Services, c) where you sign a release of information to have specific information shared and d) if you provide information that informs me that you are in danger of harming yourself or others e) information necessary for case supervision or consultation and h) or when

required by law. If an emergency for which the client or their guardian feels immediate attention is necessary, and your call is not returned within 15 minutes, the client or guardian understands that they are to contact the emergency services in the community (988) for those services. Anne Burkart Counseling LLC will follow those emergency services with standard counseling and support to the client or the client's family. Never use texting, voicemail or email in a crisis.

**COURT INVOLVEMENT:** Any interaction with court, court services and/or court personnel will be billed at the following rate. Reports: \$130 per hour Professional collaboration: \$130/hour and Court Attendance (requires a court order): \$220/hour including travel and preparation time. **I do not specialize in, nor do I have training in court related cases. As a counselor, I believe the court process is detrimental to the therapeutic relationship.**

**Signature(s)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THERAPEUTIC PROCESS AND EXPECTATIONS:** Participating in counseling may include benefits such as the resolution of presenting problems as well as improved interpersonal relationships and reduced distress. For clients to reach their therapeutic goals, it is essential they complete tasks assigned between sessions. Therapy is not a quick fix, it takes time and effort and may move slower than your expectations. Risks: Although change is inevitable, it can be uncomfortable at times. Making changes in relationship patterns may arouse unexpected emotional reactions. We will work collaboratively toward a desirable outcome; however, it is possible that the goals of therapy may not be reached.

**COUPLES COUNSELING & "NO SECRET" POLICY:** When working with couples, all laws of confidentiality exist. I request that neither partner attempt to triangulate me into keeping a "secret" that is detrimental to couple's therapy goals. If one partner requests that I keep a "secret" in confidence, I may choose to end the therapeutic relationship and give referrals for other therapists as our work and your goals have become counter-productive. Also, if one party requests a copy of couples or family therapy records in which they participated, an authorization from each participant (or their representatives and/or guardians) in the sessions must be signed before records would be released.

**FINANCIAL/INSURANCE ISSUES:** As a courtesy, we will bill your insurance company, HMO, responsible party or third party payer for you if you wish. We ask that at each session you pay your co-pay or 50% of the fee. If you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. If your balance exceeds \$300.00 we will need to ask that you pay for services when rendered. After 60 days, any unpaid balance will be charged 1.5% interest a month (18% APR). If an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed. We ask that every client authorize

payment of medical benefits directly to Anne Burkart Counseling LLC.

Lastly, if you need to cancel or reschedule an appointment, please give 24 business hours notice, otherwise you will be billed at the hourly rate. We sincerely appreciate your cooperation and at any time you have any questions regarding insurance, fees, balances or payments please feel free to ask. **You may have a copy of this form if requested.**

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**COORDINATION OF TREATMENT:** *It is important that all health care providers work together. As such, we would like your permission to communicate with your primary care physician and/or psychiatrist. Your consent is valid for one year. **Please understand that you have the right to revoke this authorization, in writing, at any time by sending notice. However, a revocation is not valid to the extent that we have acted in reliance on such authorization.** If you prefer to decline consent no inform will be shared.*

\_\_\_\_ You may inform my physician(s)      \_\_\_\_ I decline to inform my physician

PHYSICIAN NAME: \_\_\_\_\_

CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

May we contact you at home (circle one) yes **no**? May we contact you at work **yes no**? May we contact you by cell phone **yes no**? Where may we contact you \_\_\_\_\_?  
\_\_\_\_\_?

**EMERGENCY CONTACT** *It is necessary that Anne Burkart Counseling LLC has someone to contact on your behalf. In case of an emergency who should we contact?*

Full Name	Relationship	Phone Number
-----------	--------------	--------------

**CONSENT FOR TREATMENT OF CHILDREN OR ADOLESCENTS:** *I/We consent that \_\_\_\_\_ maybe treated as a client by Anne Burkart Counseling. At times, it may be necessary to schedule appointments during school hours. We ask for your cooperation to provide the timeliest treatment for you and your children.*

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_