

# *D'Amico & Associates in Counseling*

## Informed Consent

Thank you for choosing D'Amico & Associates in Counseling, LLC for your counseling needs. 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 laws, 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. I, Terry Lee D'Amico, MA, LCPC, have earned a Bachelor of Science Degree in Psychology from DePaul University and a Master's Degree in Counseling from Governors State University. I am licensed by the State of Illinois as a Licensed Clinical Professional Counselor. I have over 30 years of clinical experience in treating children, adolescents, adults, couples, and families using individual and relational therapies.

My associates have also earned their master's degrees and are licensed by the State of Illinois. Individual, marital and family therapy sessions are 45-50 minutes. Play therapy and young children's sessions are 30-45 minutes. Treatment practices, philosophy, and limitations and risks will be discussed with you today. Each counselor brings his or her own style to the therapeutic relationship in an attempt to help clients improve their lives. Different types of therapy and support may include: Cognitive Behavior Therapy, Dialectical Behavior Therapy, Reality Therapy, Mindfulness, Meditation, Play Therapy, or others deemed appropriate.

Our hope is that we can help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies.

### **Confidentiality and Emergency Situations**

Your verbal communication and clinical records are strictly confidential except for:

- A. Information shared with our staff psychiatrist.
- B. Information (diagnosis and dates of service) shared with your insurance company to process your claims.
- C. Information you and/or your child(ren) report about physical or sexual abuse, then by Illinois State Law, we are obligated to report this to the Department of Children and Family Services.
- D. Where you sign an Authorization for Release of Information to have specific information shared.
- E. If you provide information that informs us that you are in danger of harming yourself or others.
- F. Information necessary for case supervision or consultation.
- G. Recommendations and compliance reports in the case of court-ordered services.**
- H. When required by law, such as elder abuse.

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If an **emergency situation** for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to **contact the emergency services in the community (911)** for those services. D'Amico & Associates will follow those emergency services with standard counseling and support to the client or the client's family.

It is important for you to be aware that computers, email, cell phones, and e-fax communication can compromise the privacy and confidentiality of such communication. D'Amico & Associates currently does not use an encrypting program; therefore, confidentiality cannot be guaranteed through online communication or other electronic media, including cell phones.

**I understand the limits of confidentiality while receiving services from D'Amico & Associates in Counseling.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Notice of Privacy Practices and Client Rights**

I/We have read and received a copy of the Notice of Privacy Practices and Client Rights document.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **How may we contact you?**

Call or text: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### **Financial/Insurance Issues**

As a courtesy, our staff will bill your insurance company, responsible party, or third-party payer for you if you wish. We ask that at each session you pay your copay or 50% of the fee. In the event 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. In the event that 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 D'Amico & Associates in Counseling.

**I have received a copy of the Service Fees Agreement. Initial: \_\_\_\_\_**

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**Cancellations and Communications**

If you need to cancel or reschedule an appointment, please give 24 business hours advance notice; otherwise, you will be **billed at the hourly rate**. Phone calls over 10 minutes will be charged a pro-rated fee.

**I understand the cancellations and communications policies.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 these forms if requested.**