

INFORMED CONSENT TO COUNSELING WITH VIRGINIA MCKENNA, M.ED. LICENSED PROFESSIONAL COUNSELOR

You have taken the important first step to pursue counseling with Virginia McKenna, M.Ed., Licensed Professional Counselor. I realize that starting counseling is a major decision, and you may have many questions. This document contains valuable information about my professional services, state and federal laws, and your rights. If you have any questions about what is stated in this document or about something that is not covered in this document, please ask me so that we can discuss your questions.

COUNSELING WITH VIRGINIA MCKENNA: I view counseling as a way to enrich your life. Counseling can improve your physical, mental, and spiritual wellbeing as well as your relationships. You may have specific issues to address or just want to enhance your day-to-day living. While some people believe that seeking out counseling signals weakness, I wholeheartedly believe that seeking counseling for oneself exhibits tremendous strength. Counseling can serve to further uncover your strengths and help provide strategies about ways to employ them. I consider it an honor to be an empathetic, non-judgmental, objective presence in a situation where you can be at your most vulnerable. Thank you for the privilege of providing you with counseling.

I earned my Masters degree in counseling from the University of Georgia and worked at Samaritan Counseling Center for 3 ½ years prior to opening my private practice. I am a National Certified Counselor, licensed by the state of Georgia, and a member of the American Counseling Association. My theoretical orientation is client-centered, cognitive-behavioral, and existential, among others. I incorporate mind, body, and spirit in counseling. In addition, I view the individual as being part of a family, a community, and other groups that can influence the client's experience.

PROFESSIONAL COUNSELING: I am bound by the rules and codes of the following organizations, and I take these responsibilities seriously. The Rules of the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists (www.sos.state.ga.us/plb) state "(1) A licensee's primary professional responsibility is to the client. The licensee shall make every reasonable effort to promote the welfare, autonomy and best interests of families and individuals, including respecting the rights of those persons seeking assistance, obtaining informed consent, and making reasonable efforts to ensure that the licensee's services are used appropriately." 135-7-01 Responsibility to Clients. In addition, the ACA Code of Ethics (2005) states "The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients." A.1.a. (www.counseling.org). Please find the remainder of these rules and code at the web sites provided.

Professional counseling has been scientifically shown to have many benefits such as solutions to specific problems, better relationships, and improved health and welfare. However, there are no guarantees that your problems will be remedied by pursuing services with me. You may experience unpleasant feelings. Growth is difficult, and things may feel worse before they get better in our work together.

SERVICES OFFERED: I am trained and experienced in counseling individuals, couples, families, and groups. I provide counseling to children, adolescents, and adults presenting with a wide range of issues. I do not prescribe medication. If you or a family member requires services that I cannot provide, I shall assist you in a referral, and with your permission, coordinate services with the specialty provider.

In our initial session(s), I will gather information about your reasons for pursuing counseling and take a personal history. After the evaluation session(s), I will be able to offer you some first impressions of what our work together will include and a treatment plan to follow, if you decide to continue counseling with me. We will work together to devise a counseling plan that offers reasonable promise of success and is consistent with your abilities and circumstances. We will regularly review the plan to ensure its continued viability and effectiveness. At any time, you have the right to terminate counseling. If at any time you would like a referral to another psychotherapist, I will provide one.

APPOINTMENTS AND CANCELLATIONS: A counseling session usually lasts 50 minutes. ***To avoid being charged for a scheduled appointment, it must be rescheduled or canceled at least 24 hours in advance.*** A missed appointment is a lost opportunity for both client and counselor. The counselor has reserved that time for the client. Other clients have not had access to that appointment time because it was held for you. In addition, your counselor considered that appointment time an important part of your

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counseling. While unforeseen emergencies do occur, please make every effort to keep your appointment as scheduled.

When, on occasion, I will be unavailable for appointments, I will make every attempt to inform you of this in advance. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

E mail communication can be a convenient means of setting appointment times, but I will not use e mail as a means of providing counseling. E mail may not be a secure way of sending and receiving information, and while I make every attempt to keep my e mails confidential, you may not hold Virginia McKenna liable for any breach of confidentiality that results from the use of e mail communication.

Signature

Date

PROFESSIONAL FEES & PAYMENT: \$125 for initial 50-minute session and \$100 for each subsequent 50-minute session. I do negotiate fees on a sliding scale based on your family's gross income and size. Please let me know if you would like to discuss a sliding scale fee.

Payment by cash or check is due at the time of service. If you would like to submit a receipt to your insurance company for reimbursement, please let me know as I will need to provide a mental health diagnosis for insurance purposes. Any diagnosis creates a pre-existing condition that may affect your applications for future insurance. Your signature giving me permission to communicate with your insurance provider means that your counseling is not confidential. Your insurance provider will determine how many sessions it will cover for the diagnosis. In addition, there are some mental health services that many insurance providers do not cover. It is your responsibility to check with your insurance provider prior to your appointment to determine if services provided by me will be covered.

Telephone consultation can occasionally be useful. There is no charge for brief phone calls. Longer/frequent ones may be charged at a rate of \$100 per 50 minutes and pro-rated based on the length of the call. I will notify you if you will be charged for your calls. Telephone calls with referral sources, family members, or others with whom you wish me to speak on behalf of your treatment needs are charged in the same manner when they are lengthy, frequent, and/or numerous.

CONFIDENTIALITY: Records are maintained on each client. Records may contain the following: identifying information; session notes; any reports from other professionals regarding your treatment; any correspondence or other materials that you send to me; copies of any correspondence about you that I send to others. These records are meant to be a working document to both reflect and guide your therapeutic work. Your records are confidential and may only be accessed by me.

Your records are confidential *except* in the following circumstances:

- 1) Should you choose to seek reimbursement for counseling from your insurance provider, I will communicate about your counseling with your insurance provider;
- 2) I am mandated to report physical or sexual abuse of children;
- 3) I am mandated to report threats of suicide or homicide;
- 4) If you sign a release of information for me to communicate with someone else;
- 5) Information necessary for supervision or consultation;
- 6) Information noted in the HIPAA Notice of Privacy Practice;
- 7) Information required by law.

Signature

Date

EMERGENCIES: While I will always try to return your call or e mail within 24 hours and usually sooner, I am not an emergency mental health service. If you experience an emergency, you should call 911 or go directly to your nearest emergency room.

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NOTICE OF PRIVACY PRACTICES AND CLIENTS' RIGHTS: I/we have received a copy of the *HIPAA Requirements: Notice of Privacy Practices and Client Rights* documents.

Signature

Date

CONSENT FOR TREATMENT OF MINORS: Clients under 18 years of age who are not emancipated and their guardians should be aware that the law allows parents to examine their child's treatment records unless I believe that doing so would endanger the child, or we agree otherwise. Because privacy in counseling is often crucial to successful outcomes, particularly with teenagers, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, during treatment, I will provide them only with general information about the progress of the child's treatment, and his/her attendance at scheduled sessions. If the child reveals something to me that I believe that child should tell the parents, I will request that the child tell the parent in my presence. I will notify the parents if I believe the child is a danger to himself or others. The parent/guardian should sign below if (s)he agrees with this statement.

Signature

Date