



Joyful Hearts Counseling

Client Rights and Responsibilities

The following is to inform you of your rights as a consumer of counseling services and to outline your responsibilities as a client. Please read the following carefully so that you may be as informed as possible in giving consent to treatment. Please initial next to each statement.

Treatment Engagement

_____ Initial

You have the right and the obligation to participate in treatment decisions and in the development and review and of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal. Clients are often given homework assignments between sessions in order to facilitate growth and progress. You have the right to refuse these assignments at any time with the understanding that this could prolong your time in therapy. As your therapist I will remain dedicated to your treatment and will provide quality care to the best of my abilities. I ask that you, as the client, also take responsibility for your progress in counseling by remaining engaged and committed to your treatment plan. Our collaboration together will yield the best results!

Purpose, limitations, and risks of treatment

_____ Initial

Counseling is a process in which an individual seeks professional help to find relief from a stressful situation, event, or issue. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. While my goal, as the therapist, is to accompany you through this process and to facilitate a meaningful experience, I cannot guarantee that psychotherapy will yield positive or intended results at all times.

Our Relationship

_____ Initial

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts to one another, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and I can remain an unbiased participant in your treatment. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible.

Payment policy

_____ Initial

Payment is due at the beginning of each counseling session. You may pay with credit card, cash, or check. An extra 3% charge will be added to a credit card transaction for processing fees. The payment scale is as follows:

50 minute Individual/Family session	\$100
90 minute Individual/Family session	\$130
Late cancellation/no show	\$100



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Because the scheduled session time is set aside specifically for you and cannot be used by others, a minimum of 24 hours is required for rescheduling or cancellation of an appointment to avoid payment.

Clients who use insurance to pay directly for counseling sessions should come to the first appointment with their insurance card and knowledge of what their payment responsibility is. Clients who are not prepared with this information may have to use part of the session to call and verify the insurance plan.

Telephone calls between sessions

Initial

Brief telephone calls regarding a schedule change or asking for a specific piece of information are encouraged. Please allow 24 hours for non-emergency phone calls to be returned. Established clients with an urgent need may call, but an immediate response is not guaranteed. If the concern is regarding something significant, you may want to schedule an appointment. More extensive phone conversations may be charged as a regular office visit, but please note that Joyful Hearts Counseling does not conduct therapy over the telephone on a regular basis.

I do not have the capability to respond immediately to a counseling emergency, and so if you experience a crisis in between counseling sessions, please call 911 or one of the crisis lines:

Impact Suicide Prevention Center/24 Hour Crisis Hotline – 480-784-1500

Teen Lifeline 1-800-631-1314

Maricopa 24 Hour Crisis Hotline 602-222-9444

Across Arizona 1-800-252-6465

Termination Policy and Procedure

Initial

Clients may terminate treatment at any time. Joyful Hearts Counseling may also terminate treatment for the following reasons:

- a. The therapist determines that she does not have the expertise to treat the client's problems.
- b. The therapist determines that the client needs a higher level of care and she doesn't provide the scope of services needed for the client.
- c. The purpose of therapy becomes one that focuses on a custody decision or placement of a minor child. Joyful Hearts does not provide therapy for the purpose of determining custody or providing testimony in court. If this is the intent of the guardian we ask that you please seek another provider.
- d. The client is failing to adhere to the treatment plan – i.e. failure to notify the provider of significant changes in condition, two or more consecutive no-shows or cancellations (without 24 hours-notice), or multiple appointment cancellations that result in significant periods without treatment.
- e. Failure to pay outstanding charges on client account or failure to pay for services to include no show fees.
- f. Inappropriate behavior (e.g., threats, derogatory language, and/or not limited to any disruption to the practice).

If Joyful Hearts terminates care, the client will be provided written notice including the reasons for the termination and referrals for alternative sources of treatment (if, in the opinion of the provider, the client would benefit from some further treatment). Notice period will be 30 days unless termination is due to non-adherence with the treatment plan or inappropriate behavior, in which case the client will be considered to have violated the treatment contract and waived the notice period.

Privacy Notice

Initial

I acknowledge that I have reviewed a copy of the HIPPA Privacy Notice of Joyful Hearts Counseling and understand its content. If requested a copy will be provided to me.



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Consent for treatment of a minor

Initial

If parents/guardians have joint custody of a minor in counseling, then both parties must sign the consent form. Legal documentation denoting any custody arrangements must be provided before counseling services can begin.

I have read the above information, and I voluntarily consent to participate as a client or have my child participate as a client in counseling services with Joyful Hearts Counseling. My signature on this document indicates that I exercised my option to ask questions about any aspect of my treatment and that my questions were answered to my satisfaction. I understand that I have the right to revoke this authorization. Until then this document remains in full effect.

Client signature Date Name printed

Parent/guardian signature Date Parent/guardian name printed

Parent/guardian signature Date Parent/guardian name printed