

## **Explanation of Services and Informed Consent for Treatment for Minors**

*The following is offered for your information about services at Sweetwater Counseling Center. If you have further questions, please feel free to bring them up with us.*

**Goal.** The goal of all the services provided by Sweetwater Counseling Center is promoting emotional and behavioral health and functioning. We are dedicated to meeting your specific mental health needs, as an individual, couple, or family.

**Benefits of Therapy.** There are a lot of benefits common to those who seek therapy. These include a change of perspective on past situations, current situations, and future choices; increased healthy coping strategies; improved mood; decreased anger and outbursts; improved view of self; enhanced relationships; improved sense of assertiveness; and overall decrease in symptoms related to mental health conditions.

**Potential Risks of Therapy.** There are times when therapy can pose some difficulties. These include positive changes in yourself that can cause conflict in relationships; initial period of intensified symptoms; feeling overwhelmed; feeling of discomfort from disclosure of personal information; and financial hardship.

**Staff.** Sweetwater Counseling Center's professional services are provided by a licensed counselor: Renee Schroeder MS LPC NCC Counseling Psychology from University of Wyoming, licensed professional counselor in WY and is a Nationally Certified Counselor.

**Responsibilities of Sweetwater Counseling Center:** We promise to treat you as a responsible individual, giving you the utmost respect in providing you with the best professional services possible. We continually safeguard your welfare and rights, and we uphold high professional standards in all our relationships. Sweetwater Counseling Center will adhere to the ethical codes of their professional organizations (such as American Psychological Association (APA) and American Counseling Association (ACA)). Sweetwater Counseling Center does not discriminate against any patients based upon race, sex, national origin, disability, religion, age, or sexual orientation. The practice promotes honesty and truthfulness, and we encourage this in our clients as well. We are able to help most people with most problems. However, if we feel at any point that you would be better served by another professional or by adding resources, we will work with you to find the best resources for you.

The following disclosure statement is required by the Wyoming Mental Health Professions Licensing Act: Sexual intimacy with a client is never appropriate and should be reported to the licensing board for the state of Wyoming. Any concerns about your therapist's conduct should be brought to the attention of the Mental Health Professions Licensing Board at: 2001 Capitol Ave, Emerson Bldg, Rm 104, Cheyenne WY 82002, 307-777-7788.

**Your Responsibilities as a Client.** Coming to Sweetwater Counseling Center is a positive step you've taken to improve your life. Treatment is voluntary, and we operate with the understanding that you have decided to come here to resolve concerns or improve your quality of life. We expect that you will take an active part in your treatment by talking about your concerns, collaborating in developing treatment goals, and

following through with plans. If you ever have any questions or concerns about your treatment, we highly encourage you to bring these up with your therapist.

We ask that you be on time to your appointments and that if cancellation is unavoidable, you will contact us as soon as possible. Due to the limited availability of appointment times, we ask that you respect our policy:

If for any reason, you cancel within 24 hours of your appointment time or do not show to your appointment, you will be responsible for a missed appointment fee of \$50 for Individual/Couple/Family.

Please sign below to indicate that you read and understand this policy.

Sign  
Here

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**Privacy and Confidentiality.** In general, your personal health information (PHI) and information discussed in appointments is confidential and may not be released to anyone outside Sweetwater Counseling Center without your permission. We will need to obtain your authorization prior to releasing any PHI and psychotherapy notes for situations not described in this consent.

The following is a list of Sweetwater Counseling Center policies relevant to your confidentiality:

a) If Sweetwater Counseling Center specifically was given a referral from another helping agency (another counselor, physicians office, etc), our policy is to provide that agency feedback that the counselor has met with you for your intake. We will not share any other information with them without your consent. Your signature on this form gives us consent to contact your referral source, if there is one. If you desire that we do NOT contact your referring provider or agency, please initial here: \_\_\_\_\_

b) We provide the minimal necessary information to health insurance companies during the process of submitting claims on your behalf.

c) We utilize outside resources for accounting, bill collections, and legal services. Only minimum and necessary information is released to such individuals, and all outside professional service providers are held to standards of privacy and confidentiality.

d) To ensure the highest quality of care, we engage in consultation services with other mental health and medical specialists as needed. We only share relevant treatment information to maintain privacy.

Per the Wyoming Privileged Communication Statute of 1999, Section 164.512 of the Privacy Rule, and other Wyoming laws that address confidentiality, the following is a list of circumstances in which we are legally held responsible to potentially disclose information without your consent or authorization:

a) Abuse or harmful neglect of children, the elderly or disabled or incompetent individuals if known or reasonably suspected

b) Information related to counseling as necessary to defend against a malpractice action brought by a client

- c) An immediate threat of physical violence against a readily identifiable victim is disclosed
- d) An immediate threat of self-inflicted harm is disclosed to the counselor
- e) The patient or client is examined as a result of a court order
- f) In the context of investigations and hearings brought by the client and conducted by the Wyoming Professional Licensing Board, where violations of this act are at issue
- g) The validity of a will of a former client is contested
- h) The client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation

Additionally, there are some very narrowly defined disclosures allowed to law enforcement agencies, a health oversight agency (such as the state department of health), a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

**Records of Care.** Every appointment with Sweetwater Counseling Center is documented. Paper documentation is kept in a locked filing system. Electronic documentation is kept secure via multiple levels of protection. Information from your mental health record with Sweetwater Counseling Center may not be released without your consent unless under court subpoena or to government agencies with a legitimate legal right to access. Any release of records will be in full accordance with limitations imposed by the Privacy Act of 1974. If you would like records to be released, you may complete an Authorization for Release of Information form. You have the right to request your mental health records at any time, and your written authorization will be required for any releases that you request. If Sweetwater Counseling Center ever becomes aware of or suspects a breach in our security, we will give notice of the breach to all potentially affected patients, in accordance with applicable laws and the Final Rule (2013).

**Hours and Facility.** Standard business hours are from 8:00 AM and 5:00 PM, Tuesday through Thursday. Some flexibility is available for evening appointments upon discussion with your therapist. Alcohol, drugs, and weapons are not allowed in the building, and we ask that you do not come to any appointments under the influence of substances.

**Insurance and Filing Claims.** Insured clients are expected to take care of their fees as services are rendered. Our office will use a billing service to bill your insurance company for services provided. This office cannot accept responsibility for collecting your insurance claims or for negotiating a settlement on a disputed claim. You are responsible for payment (and insurance claims) on your account. *Failure to pay your part may jeopardize your benefits. Copays are not negotiable.*

You have the right to restrict disclosure of Protected Health Information (PHI) to your health plan if you pay out-of-pocket in full for your mental health care at Sweetwater Counseling Center. If you are using insurance to help pay for your mental health care, please understand that your health care is ultimately your responsibility financially. Deductibles, copays, and other arrangements within your insurance plan continue to be

your responsibility and are due at time of service payable to Sweetwater Counseling Service.

Fees. The standard fees are as follows:

Initial Interview	\$100
Individual Follow-up Appointments (60 min)	\$100
Couples/Family Follow-up appointments (60 min)	\$100
Individual Follow-up Appointments (90 min)	\$125
Non or Late Cancellation Fee	\$ 50
Bounced Check Fee	\$ 25

**Legal.** If we participate in any legal matters that may arise, we will charge for all time associated with the legal matter. This includes, but is not limited to, consultation with attorneys or other parties related to the legal issue, document writing, preparation for court, appearing in court, and time spent getting to and from court. Additional fees may apply in other special circumstances, including but not limited to report writing, recommendation letters, and printing and mailing copies of mental health records.

We offer a discount Of 10% on services for those that pay cash for all appointments at the time of service and do not utilize insurance.

**Payment.** We request that you pay your co pays, coinsurance, deductibles, and/or session fees on the day they occur.

\_\_\_\_\_  
Client Name Printed

\_\_\_\_\_  
Parent/Guardian Name Printed

**Sign Here**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date