



Haley Weiss, MA, LPC, NCC  
Haley Weiss Counseling, LLC  
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## **INFORMED CONSENT FOR PSYCHOTHERAPY**

### **General Information**

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

### **The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy! It is very common to seek therapy when experiencing mental and emotional distress and perhaps that is why you are here: to find some relief for that distress and find hope that you can live fully present in your life. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and help to identify repeating patterns present in your life, as well as to help you clarify what it is that you want for yourself.

Our work together will begin by a 60-80 minute initial intake interview. In this session, you can expect to be asked to share important information about yourself to help me gain a basic holistic understanding of your personal experience in life so far. If you are uncomfortable sharing certain parts of your life in this first session, please do not hesitate to let me know. Trust takes time to develop, and I want to respect your process for building trust with me.

We will discuss and review the information covered in this informed consent document, as well as your current concerns and personal goals, medical and mental health history, family background, and any other important details that you feel are important for me to know. During the intake session, we will determine the frequency of therapy sessions thereafter which will typically be 50-minute sessions scheduled on a weekly, bi-weekly, or monthly basis. We will work together throughout the course of therapy to create appropriate treatment goals and desired outcomes as well as potential interventions and treatments to address your mental health concerns.

### **Freedom to Withdraw**

It is important that the therapeutic relationship is a “good fit” for both the client as well as the therapist. If, after our first session or two or at any time during the therapy process, you feel that this is not a good fit for you, I

would be happy to give you the names of other qualified psychotherapists. It is expected that we will decide together when it is appropriate to end the therapy process, however, you have the right to end therapy at any time. If you should decide on your own to end therapy sessions, I ask that you meet with me to discuss this transition in person. It helps provide closure for both you and the therapist as well as the ability to offer feedback and recommendations for future services.

### **Termination (AKA, Ending Therapy)**

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to attend a previously scheduled or rescheduled appointment for three (3) consecutive sessions, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

### **Confidentiality**

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspected neglect of the parties named in items #3.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

**Supervision/Consultation:** Occasionally, I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

I believe it is important to continually grow as a professional mental health provider. While I may not be meeting regularly for supervision, I still may engage in group supervision with other therapists from time to time.

**Public sightings:** If we see each other outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you. It is best practice that we do not discuss therapy-related topics in public or outside of the therapy office.

## Therapy Services and Fees

Haley Weiss/Haley Weiss Counseling, LLC is currently in the process of working with various insurance providers. Please inquire about current providers.

### Session Fees

Standard counseling sessions are 50 minutes. The standard self-pay rates are \$100 per 50 minute session, and \$120 for the 60-80 minute initial intake session. A sliding scale between \$45-\$90 may be available if you are not financially able to pay the full amount. If I am not able to meet your financial needs or do not take your insurance, I will provide you with a referral.

### Payment

Payment is due at the time of service. I require all clients to provide a valid debit or credit card to have on file for payments but receive cash or check payments for clients meeting in-person. All telehealth sessions will be charged to the card on file. Any in-person sessions that a client would prefer card payment is acceptable as well. You may also pay by \*HSA/FSA card (\*see note below).

*\*Note on HSA/FSA Card:* Your primary authorized card on file **cannot** be your HSA card due to the changing nature of that account. We can change the card to an HSA card to bill you for a particular session at your request during the session.

It is the policy of this business to keep a debit/credit card on file. This card will need to be provided **prior** to your first session. Your specific credit/debit card information will be stored securely within Simple Practice.

Any account balance considered to be delinquent after 30 days of non-payment will be automatically charged to the authorized card on file. If the card on file rejects the processing of payment at any time, I have the right to suspend service until a form of payment can be arranged and the balance can be paid.

If payment has not been received for two (2) consecutive sessions in a row, Haley Weiss Counseling has the right to suspend further services until balance is paid in full, or other arrangements have been discussed and agreed upon between therapist and client.

### Scheduling

Scheduling is handled directly through your therapist. You can use the Client Portal through Simple Practice to manage and schedule your sessions as well. If you have any issues scheduling in this way, please call or text

Haley directly at (814) 826-3646 during listed business hours to schedule or cancel appointments. Requests to change the session should be discussed with your therapist in order for time to be scheduled in advance without penalty.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with me in order for time to be scheduled in advance and may be subject to an increase or decrease in session cost depending on the length.

### **Cancellation Policy**

Please remember to cancel or reschedule your session at least 24 hours in advance. At the time of scheduling your next session, you are committing to paying for that session. If you have a recurring appointment, then your next scheduled appointment in that recurring schedule will be considered your commitment to pay. If you are late, cancel, or do not show up for your appointment, you will be charged the full session fee. I have complete discretion on waiving that fee for sickness or other events. If you need to cancel your session and you give at least 24 hours notice prior to your scheduled session time, you will not be charged any late cancellation fees. Any appointments beyond that can be rescheduled without penalty. Any notice less than 24 hours will result in being charged your full session fee as agreed upon. This is necessary because a time commitment is made to you and is held exclusively for you.

If you are late for a session, you may lose some of that session time. If you are 15 minutes late or more to a session and have not communicated with the therapist that you are running late, I will operate under the assumption that you are not coming/are a no-show for the session and charge you the cancellation fee associated with your session.

### **Communication**

#### **Therapist Availability**

Business hours for Haley Weiss/Haley Weiss Counseling are Tuesday through Thursday from 9:00am to 5:00pm and Fridays from 9:00am to 12:00pm (current as of January 1, 2024). Closed on Mondays as well as Saturdays and Sundays.

When you need to contact Haley Weiss/Haley Weiss Counseling, LLC for any reason, these are the most secure ways to get in touch in a reasonable amount of time:

- **By Phone (814) 826-3646:** You may leave a confidential voicemail at any time by calling (814) 826-3646 and I will return your call as soon as I am able. On weekends and holidays, I check my messages less frequently and may only respond to urgent calls. Non-urgent phone calls or messages are generally returned within the next two (2) business days. If your therapist has not returned your call or message within 48 hours, please try contacting them again.

- **Secure Messaging:** If you wish to contact your therapist by secure means, the Client Portal through SimplePractice provides a secure messaging service for non-emergencies only. Please note that though the message in SimplePractice is secure, SimplePractice does generate an email to notify you when you have a message on SimplePractice. The email message, while containing no PHI, may indicate to others that you are engaged in therapy. This service may be used for appointment changes, referrals, payment method updates, and non-clinical questions. If you would like to opt out of SimplePractice messaging, please indicate your intent during our first session.
  
- **Email & Non-secure Communication:** If you wish to communicate by email or text message, be informed that these methods, in their typical form, are not confidential means of communication. Text messaging is not a secure method of contact. If you use these methods to communicate, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:
  - People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages.
  - Your employer, if you use your work email to communicate with your counselor.
  - Third parties on the Internet such as server administrators and others who monitor Internet traffic.

Email should only be used to schedule appointments or briefly address administrative matters. There are times that your therapist may not check these non-secure forms of communication every day, so email is not the appropriate form of communication in case of a crisis. If there are people in your life that you do not want accessing these communications, please talk with your therapist about ways to keep your communications safe and confidential.

If you do not consent to **any** use of non-secure communication (normal email or text messaging), please indicate your intent during our first session.

## **Emergency or Crisis Procedures**

Haley Weiss/Haley Weiss Counseling, LLC does not provide emergency care or crisis services. It is likely that I will not immediately be available by telephone, however, I will check periodically for telephone messages. If you are experiencing a crisis situation and feel that you are unable to keep yourself safe or need to talk to someone immediately, call **911** or go to your nearest hospital emergency room. If you are in the Centre County region, you may also contact the 24/7 Centre County Crisis Line at **(800) 643-5432** or the Meadows Psychiatric Center at **(800) 641-7529**. Another resource that is more recently available is the national suicide and crisis hotline; by calling or texting **988** you will be able to communicate with someone immediately should you find yourself in crisis. You are solely responsible for all costs arising from such care.

**Social Media:** Please refrain from making contact using social media messaging systems such as Facebook Messenger. These methods have very poor security and do not ensure your confidentiality. Please speak with me about any concerns you have regarding the preferred communication methods.

## Other Important Information

**Gifts:** Occasionally, clients may want to give a gift as a sign of their appreciation for our work together or simply out of a spirit of generosity. If you find yourself at any time wanting to give a gift, I ask that you not exceed \$20 in the value of the gift. If there is any question as to the motivation of the gift being given, we will discuss the therapeutic value or deterrence in session. Of course, if you never think about giving a gift that is perfectly acceptable as well.

**Physician Contact:** Physical and psychological symptoms often interact. We encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for treatment of psychological problems. When appropriate and warranted, we will arrange a referral for psychiatric evaluation and/or medication evaluation.

**Counselor's Incapacity or Death:** In the event of Haley Weiss's incapacity or death, it will become necessary for another mental health professional to take possession of your file and records. By signing this information and consent form, you consent to allowing another mental health professional selected by your counselor to take possession of your file and records. Your records can also be submitted to a practitioner of your choice by the practitioner that your counselor has selected.

**Legal Proceedings:** If you are involved in any kind of legal proceedings and want your counselor to be involved in any way in the legal proceedings the following applies. You agree that the fee for services of any kind related to your legal proceedings, including but not limited to phone communication, gathering and sending notes and reports, preparing for and appearing in court, will be \$500 per hour. This fee reflects that your counselor is not trained in legal matters and that your work with your counselor should not be used as a means to bolster your legal standing.

## About the Therapist

Haley Weiss is licensed by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors (PC017608). Haley is a Nationally Certified Counselor (NCC) recognized by the National Board of Certified Counselors, a private certifying agency that recognizes counselors who have distinguished themselves through meeting the board's standards for education, knowledge, and experience. She received her master's degree (MA) in Clinical Mental Health Counseling from Colorado Christian University (CACREP accredited) in December of 2019. She is a member of the American Counseling Association (ACA).

My approach to counseling is person-centered and informed by the framework and principles of Internal Family Systems (IFS) as well as a neuroscience-based approach to treating anxiety. I have completed the Level 1 Training Program for IFS in February 2022. I utilize principles and techniques from various other approaches such as rational emotive behavioral therapy (REBT), acceptance and commitment therapy (ACT), mindfulness and acceptance-based therapy, and experiential therapy in the here-and-now. Most importantly, I view you, the client, as the expert on your own life and invite you to be an active participant in charting the course of your therapy and progress.

## COMPLAINTS

Although clients are encouraged to discuss any concerns with your counselor directly, you may also choose to file a complaint with the organization below should you feel I am in violation of any of these codes of ethics. I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>).

Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
Phone: (717) 783-1389  
Fax: (717) 787-7769  
Email: ST-SOCIALWORK@PA.GOV

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BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_