



Haley Weiss, M.A., 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 an 80-minute initial intake interview. In this session, you can expect to be asked to share important information about you to help your therapist get 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 your therapist 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.

Important note on diagnosis: I will not be billing insurance, therefore, any discussion regarding mental health diagnosis will be solely to inform treatment planning and conceptualization of your current level of functioning in your day to day activities. If you are planning to submit a superbill to your insurance for your services with me, be aware that if a diagnosis is present it may become part of your record. If you are looking for a formal diagnosis, I can refer you for a psychiatric evaluation.

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, we ask that you meet with us to discuss this in person.

Termination

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.

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.

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.

Supervision: I believe it is important to continually grow as a professional mental health provider. One of the ways I pursue this goal is by engaging in ongoing supervision. I am currently working under the supervision of Dr. Kristen Nadermann (License #: PC010689 Pennsylvania) accumulating hours of experience to apply for professional licensure by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors.

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

Please note that Haley Weiss/Haley Weiss Counseling, LLC does not take insurance at this time. Services will be provided via out-of-pocket/self-pay methods. Normal business hours for Haley Weiss Counseling, LLC are Tuesday through Thursday from 9:00am to 5:00pm and Fridays from 9:00am to 1:00pm (current as of January 1, 2021).

Session Fee: Standard counseling sessions are 50 minutes. The standard fee is \$80 per 50-minute session, and \$100 for the 80-minute initial intake session. A sliding scale based on income level may be available as an option if you are not financially able to pay the full amount. If we are not able to meet your financial needs or you are seeking to use insurance, we will provide you with a referral.

Scheduling: Scheduling is handled directly through your therapist. Please use the client portal through Simple Practice to schedule your sessions. If you have any issues scheduling in this way, please call Haley directly at (814) 826-3646 during listed business hours to schedule or cancel appointments. Requests to change the 50-minute session should be discussed with your therapist in order for time to be scheduled in advance.

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.

Payment: Payment is due at the time of service. All payments must be made by debit/credit card or HSA card; thus, we ask all clients to submit a debit/credit card authorization form. Cash and checks will not be accepted as payment at this time. 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.

**Note on HSA 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.

Any account balance considered to be delinquent after 90 days of non-payment will be automatically charged to the authorized card on file.

No-show/Late cancellation: If you are unable to attend your scheduled session, you must call at least 24 hours in advance or you will be charged a \$40 late cancellation fee. If you miss the session, or contact your therapist less than 2 hours prior to your scheduled session time, you will be charged the full session fee. These fees will be charged to the credit card on file.

Communication

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

By phone (814) 826-3646. You may leave messages on the voicemail, which is confidential.

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, and non-clinical questions. If you would like to opt out of SimplePractice messaging, please indicate your intent during our first session.

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 1:00pm (current as of October 1, 2020). You may leave a confidential voicemail for your therapist at any time by calling (814) 826-3646 and your therapist will return your call as soon as they are able. On weekends and holidays, therapists check their messages less frequently and may only respond to urgent calls. Non-urgent phone calls or messages are generally returned within the next business day. If your therapist has not returned your call or message within 48 hours, please try contacting them again.

Non-secure Communication: If you wish to communicate by normal email or normal 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 with your counselor, 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

E-mail 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 e-mail is not the appropriate form of communication in case of a crisis. If there are people in your life that you don't 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.

Social Media: Please refrain from making contact using social media messaging systems such as Facebook Messenger or Twitter. 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.

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. You are solely responsible for all costs arising from such care.

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 my 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 my psychologist 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 currently working under the supervision of Dr. Kristen Nadermann (License #: PC010689 Pennsylvania) accumulating hours of experience to apply for professional licensure by the Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. 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 (M.A.) 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), the Pennsylvania Counseling Association (PCA), and Chi Sigma Iota Professional honor society.

Her approach to counseling is person-centered and informed by techniques and principles of rational emotive behavioral therapy (REBT), mindfulness and acceptance-based therapy, neuroscience, experiential therapy, systems theory, choice theory/reality therapy, and attachment theory. Most importantly, she views you, the client, as the expert on your own life and invites 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 choose to contact the supervisor, Kristen Nadermann at (508) 446-2309. 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

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

Printed Name: _____

Signature: _____ Date: _____