

Shawna Fox, LPC

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Informed Consent for Therapy Services

Welcome to therapy! By choosing to start therapy, you are taking a significant step toward positive change. This document provides important information about my therapy services, business policies, and your rights under the Health Insurance Portability and Accountability Act (HIPAA), which protects the privacy of your health information.

Please read this document carefully. If anything is unclear, feel free to make a note and ask me questions during our session. I want to ensure that you fully understand and feel comfortable with our work together. When you sign this document, it will indicate your agreement to these terms.

Understanding Therapy

Therapy is a relationship that works best when both parties understand their roles and responsibilities. As a client, you have certain rights and responsibilities that are important to know. There are also legal limitations to these rights, which I will explain. I, as your therapist, have corresponding responsibilities toward you, and these are also detailed below.

Benefits and Risks

The outcome of your treatment depends largely on your willingness to engage in the therapeutic process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring up strong emotions such as anger, sadness, or anxiety. However, psychotherapy has been shown to have benefits, including a reduction in distress, improved relationships, greater personal insight, and better stress management.

There are no guarantees about what will happen in therapy. It requires a very active effort on your part. In order to be most successful, you will need to work on the issues we discuss outside of sessions. I cannot promise that your behavior or circumstances will change, but I can promise to support you and help you understand your repeating patterns, as well as clarify what it is that you want for yourself.

What to Expect

The first 1-3 sessions will involve a comprehensive evaluation of your needs. By the end of this evaluation, I will offer my initial impressions and suggest treatment goals. You should assess whether you feel comfortable working with me, and we can discuss any concerns. If, at any point, either of us feels I am not a good fit for your needs, I will do my best to provide referrals to another mental health professional.

Appointments

Appointments are generally scheduled for one hour, once per week, at a mutually agreed-upon time. However, the frequency of sessions may vary depending on your needs. Please note that the time assigned for your appointment is reserved specifically for you and is not shared with other clients.

Cancellation Policy

If you need to cancel or reschedule an appointment, please provide at least 24 hours' notice, either by emailing me or calling the office. If the office is closed, you may leave a voicemail. If you miss a session without providing 24 hours' notice or cancel last minute, a missed appointment fee will be charged to the card on file:

- \$50 for the first missed session
- \$100 for subsequent missed sessions

Emergency Waiver

To maintain fairness and consistency for all clients, I generally waive one missed appointment fee per year in the case of emergencies. After that, it becomes a concern for both therapeutic progress (as consistency is important) and scheduling/logistical challenges.

Missed Appointments and Termination

If there is a pattern of missed appointments, we will discuss this on a case-by-case basis. Chronic missed sessions may lead to considering termination of therapy, but I will work with you to understand the clinical factors that may be affecting your attendance. If needed, I may also provide referrals to another mental health provider.

Late Arrival Policy

It is important to arrive on time for your session. If you are late, the session will still end at the scheduled time. If you are more than 15 minutes late, the session will be considered a missed appointment. However, if you contact me or the office to inform us of your delay and would still like to have a shorter session, we can discuss whether that option is possible.

Contacting Me

I am generally not available by phone during office hours, as I am in sessions. However, you can leave a message at the office by calling 907-929-4009. Our office hours are Monday through Thursday, 9am-5pm (closed for lunch from 1-2pm), and Friday from 9am-4pm.

For non-urgent matters, you can email me at therapy@shawnafox.com. Please note that email is not HIPAA-secure, so I ask that you avoid sending sensitive or protected health information through email.

I aim to respond to messages within a week's time frame. For quicker responses regarding

scheduling, billing, or administrative matters, please contact the office.

Emergency

In case of emergency, please call 911 and ask to speak with the mental health worker on call.

Additionally, these crisis lines are also available 24/7.

24-hour crisis line: 907-563-3200

24 hour crisis text line: text HOME to 741741

Contacting You

It is my intent to respect your boundaries and autonomy. As a general rule, I do not engage with clients via social media. However, I do have a professional email (therapy@shawnafox.com) we may use for contact outside of session. Please remember, this email is not HIPAA-secure, so do not send protected health information via email.

After our initial consultation, I may follow up with you via email to provide additional resources or information that might be helpful.

If you miss an appointment without calling or stop scheduling without notifying me, I may reach out to check in and ensure you are doing okay. If I do not hear back from you within approximately a month, I will assume you are not wishing to continue therapy, and I will consider your case closed. However, you are always welcome to reach out to resume therapy at any time.

Professional Fees

The fee for the initial intake is \$350 and each subsequent session is \$200. If you are self-pay, we are able to offer a 25% discount, making the first session \$262.50 and subsequent sessions \$150. Payment is due at the time of service. Our office accepts cash, checks, or cards. However, I ask that you keep a card on file as part of our financial consent.

If you become involved in legal proceedings that require the participation of clinic personnel, you will be expected to pay for the requested services, including preparation and transportation costs. Because of the complexity and difficulty of legal involvement, our clinic fee is \$350 per hour for any legal work. However, I **only** provide clinical services and will refer clients to other providers for forensic services whenever possible.

Insurance

I am in-network with Blue Cross and AETNA. If you have Moda or another private insurance, please verify your out-of-network benefits with your insurance company. I am not able to bill Medicare or Tricare.

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 confidentiality:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a imminent 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. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. 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.

I may consult with other professionals for the purpose of providing the best care for you. In such cases, identifying details about you will not be shared.

If we encounter each other outside of the therapy office, I will not acknowledge you first, in order to protect your confidentiality. However, if you approach me, I will be happy to briefly speak with you, but I will not engage in lengthy discussions in public.

HIPAA

You have several rights under HIPAA with regard to your clinical records, including the right to request amendments, request restrictions on disclosures, record complaints, and access a paper copy of the HIPAA Guidelines. Please feel free to ask me about any of these rights or request a copy at any time.

Professional Records

I am required to maintain appropriate records of the services I provide. These records are securely stored on a HIPAA-compliant medical note software system rather than physically in an office. They include basic details of your treatment, such as your reasons for seeking therapy, treatment goals, progress, diagnosis, and billing information.

Except in unusual circumstances involving danger to yourself, you have the right to request a copy of your file. If you choose to review your file, I recommend doing so with me or having it

forwarded to another mental health professional to discuss its contents. If you ever have questions or concerns about how your documentation is managed, please feel free to bring them up with me—I am happy to address them.

Other Rights

If you are unhappy with any aspect of therapy, I encourage you to discuss it with me. Your feedback is important, and I will address any concerns seriously and with respect. You also have the right to ask questions about therapy and my specific training. You are free to end therapy at any time or request a referral to another therapist.

You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment.

My Credentials

I hold a Master's of Science degree in Counseling Psychology and am a fully licensed professional counselor (LPC) in the state of Alaska. I received my supervision under the guidance of Dr. Mike Blakey, PsyD.

Signature

Date

Printed Name

Financial Agreement

For services rendered, I agree to pay Shawna Fox, LPC at Greatland Clinical Associates. I understand that the total charges are due at the time of service.

Late Cancellation/Missed Appointment Policy:

I understand I am financially responsible for missed appointments in which I do not provide at least 24 hours' notice. Notice may be given via phone or email.

The missed appointment fee is \$50 for the first missed appointment and \$100 for subsequent missed appointments.

If an emergency prevents me from providing 24-hour notice, I may discuss the situation with Shawna during the next session. I understand that one emergency waiver may be given per year.

Please provide us with your credit card information. This card will be charged for your copay amount after services are provided or if less than 24-hour notice is given to cancel an appointment.

Credit Card Information:

Name as it appears on card: _____

Card #: _____ Expiration Date: _____ CV Code: _____

By signing below, I agree to the terms and conditions of this financial contract.

Signature _____ **Date** _____

Printed Name _____