

General Informed Consent and Policies

Privacy and Confidentiality

- Confidentiality means that therapists have a responsibility to you to safeguard information obtained during treatment. All identifying information about your assessment and treatment is kept confidential. Even within the agency, information about your case is only shared with those other therapists who might be able to enhance the services you receive.
- It is important that you understand that the laws of the State of Indiana mandate exceptions to confidentiality in specific cases. In certain situations, mental health professionals are required by law to reveal information obtained during therapy to other persons or agencies without your permission. Also, in these situations your therapist may not be required to inform you of their actions:
 - A mental health professional is required to report suspected child abuse or neglect and to report suspected abuse of the disabled or elderly.
 - A mental health professional is required to disclose information to law enforcement personnel in order to protect the client or others when there is a high probability of imminent physical injury. A mental health professional is required to disclose information to law enforcement personnel in order to protect the client when there is a high probability of immediate mental or emotional injury.
 - A mental health professional may be required by the court to disclose treatment information in proceedings affecting a parent-child relationship.
 - A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
 - There is no confidentiality of mental health information in connection with criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
 - In the treatment of a minor client, a mental health professional may advise a parent, managing conservator or guardian of a minor, with or without the minor's consent, of the treatment needed by or given to the minor.
- If the treatment we provide is covered by health insurance, you should note that many times "Managed Health Care" plans such as HMOs and PPOs require prior authorization before they will provide reimbursement for our services. If your contract with your insurance company requires that we provide it with information relevant to the services we provide we may be required to provide them with a clinical diagnosis, as well as clinical information such as treatment plans or summaries and/or copies of any records we maintain regarding your treatment.
- Clients will have a file created in his, her, or their name(s). The purpose of that file is to help the therapist remember relevant information and to carry out his/her responsibilities effectively and efficiently. Files will be maintained for seven years after termination of the counseling relationship at which time the file will be shredded. The file of minors will be kept for three years after the day of their eighteenth birthday or seven years after the termination of treatment, depending on which occurs first, at which time it will be shredded.

- If the therapist agrees to provide counseling to a couple and/or family, the treatment unit is considered the client. Therefore, if there is a request for treatment records of the couple or family, the therapist will seek the authorization of all members of the treatment unit before they are able to release confidential information. Additionally, while working with the couple and/or family, the therapist may see or speak separately with different members in the treatment unit. The aforesaid individual discussions may be utilized and shared in the context of providing counseling to the treatment unit. The therapist will use their clinical judgement as to whether, when, and to what extent they will make disclosures to the treatment unit. Furthermore, if appropriate, the therapist will provide the individual(s) the opportunity to make the disclosure. If you feel it is absolutely necessary to discuss clinical matters that you do not want shared with members of the treatment unit, then it would be advised to consult with another therapist than the one providing counseling to the treatment unit. _____ (initial)
- In the case that you are seeing a Provisionally Licensed Therapist or Master’s Level Intern, who is not yet fully licensed by the State of Indiana, your case will be discussed with their immediate supervisor. The therapist is required to obtain supervision from a licensed mental health professional as they work towards their requirements for full licensure. This means that your case and relevant information will be discussed between the therapist and their supervisor to ensure that you are receiving the best treatment possible.
- Professional consultation is an essential component of enhancing clinical competence. All therapists at Mosaic regularly participate in consultation with qualified professionals. While receiving consultation, therapists will not reveal identifying information pertaining to their client(s).

The Therapeutic Process, Benefits and Risks of Counseling

- The therapeutic process can be beneficial to you in many ways. Your therapist and you will endeavor to work collaboratively to reach your personal goals, attain resolution for interpersonal conflicts, provide symptom relief, healing from past trauma and to obtain personal growth. It is important to mention that in pursuit of the aforesaid changes some possible unpleasant emotions may arise and cause distress, and lead to disruption in other areas of your life. This is a standard part of the therapeutic process. While positive gains are expected in psychotherapy there is no certainty regarding outcomes. If a situation fails to improve or a situation deteriorates, your therapist can provide you with referrals to other professionals for consultation and/or treatment.

Fees

- Self-pay rates for Mosaic’s therapists are dependent upon their educational level, experience, and post-graduate training. The Fees at Mosaic range from \$40-\$150. Fees are based on a fifty-minute clinical session and ten additional minutes for administrative purposes. If additional time is needed a prorated session fee will be charged to the client.
 - Agreed upon self-pay rate: _____ (initial)
- If you are using insurance and your therapist is an in-network provider, Mosaic will bill your insurance company the contracted rate and you will be responsible for your portion. If the insurance changes for any reason or does not compensate for any portion, you will ultimately be responsible for the remaining costs. If your insurance changes, it is your responsibility to inform Mosaic Counseling Services. It is solely the client’s responsibility to understand their insurance companies’ policies regarding mental health coverage.
- If you are utilizing your out-of-network insurance benefits, upon request, Mosaic can provide a receipt (Superbill) that you can submit to your insurance company. It is solely the client’s responsibility to understand their insurance companies’ policies regarding mental health coverage.
- Payments are expected at the time of service. A \$30 charge will be assessed for returned checks. Upon the occurrence of a returned check, the client will be expected to pay by cash or credit card for any future sessions.

- If a therapist is contacted by phone and/or email by a client, after 10 minutes a fee will be applied comparable to prorated session fees. If the client calls and/or emails repeatedly during the week the total number of minutes spent on the phone and/or responding to emails will be assessed by prorating the session fee. The client will be responsible for these charges, since they are not eligible to be billed to insurance.
- Clients are responsible for any additional fees pertaining, but not limited to, assessments and educational materials.
- If a therapist is subpoenaed to testify or submit records to the court, a fee will be assessed. For any written report and/or summary, a fee of \$200 an hour will be charged. For testifying within fifty miles of Mosaic's office, in court or a deposition, the therapist will bill \$450 for the initial hour and \$200 for every subsequent hour. For testifying outside the fifty-mile radius, travel time to and from the place of testimony will be included in the billable time. Furthermore, the therapist will bill \$200 per hour for preparation time. Time will be billed in increments of one hour. If the court proceeding requires travel out of the state, travel expenses will also be billed to the client. Additionally, the client and/or his guardians will be responsible to reimburse Mosaic Counseling Services for all expenses (including attorneys' fees) incurred in responding to, resisting, or limiting the scope of the subpoena or discovery request or in obtaining a protective order to limit further disclosure. _____ (initial)
- The client's signature on this document indicates that they give permission to Mosaic Counseling Services, LLC to charge the credit card they have on file with Mosaic for services rendered. If for any reason their credit card changes, it is their responsibility to notify Mosaic of the changes. The client's signature also indicates that if they have a credit on their account that Mosaic can reimburse the proper amount to their credit card which will be on file. _____ (initial)

Cancellation Policy

- Clients who need to cancel appointments are requested to do so at least 24 hours in advance. If a client does not show up for an appointment or provide at least 24 hours' notice of the cancellation, then an \$80 charge will be accrued. Being late for an appointment by 15 minutes or more may require that you reschedule and result in an \$80 charge. The client's signature below indicates they give permission to charge the credit card they have on file with Mosaic Counseling Services, LLC for any missed sessions and corresponding fees. The therapist may also terminate the counseling relationship in the event the client has missed 3 appointments without giving the sufficient 24 hours' notice. It is important to know that insurance companies will not pay for missed or cancelled appointments; therefore, it will be the client's responsibility to pay for the missed or cancelled appointment. Appointments can be cancelled by calling and leaving a voicemail at (317) 645.7691. If for some reason, your therapist must cancel an appointment, they will call the phone number you have provided and, if you are not there, will leave a message. _____ (initial)

Phone Calls, Text Messages, and After Hour Emergencies

- You may leave a voice mail for your therapist at (317) 645.7691. Additionally, you may contact your therapist via their business email. Your therapist will make an effort to contact you within two business days, unless there are unforeseen circumstances, at the contact info provided. Text messages are not confidential and therefore not a viable mode of communication to contact your therapist. Your therapist will not respond to text messages.
- Please note that Mosaic does not offer crisis or emergency services. In the event of an emergency, please call 911 or go to your local emergency room. Below are two local 24-hour Crisis Centers:

<ul style="list-style-type: none"> ▪ Community North Crisis Pavilion 7165 Clearvista Way Indianapolis, Indiana 46256 (317) 621.5100 	<ul style="list-style-type: none"> ▪ St. V's Stress Center 8401 Harcourt Rd. Indianapolis, Indiana 46260 (317) 388.4800
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- Below are additional crisis numbers:
 - Mental Health Talk Line: (317) 251.7575
 - Community Health Network's Crisis Hotline: (800) 662.3445
 - Community Health Network's Support via Text - Text 'IN' to 741741

Video and Audio Recording

- On occasion, a client's therapist may request to make a video recording of the therapy session for consultation, training, and/or supervision purposes. The client is under no obligation to consent to the recording without penalty or consequence. The possible benefits of allowing the recording include case consultation with other skilled therapists who may provide insight regarding therapy interventions and case conceptualization. As previously mentioned, the video recording, is for the sole purpose of the therapist's clinical education and training and will not be considered a component of the client's medical record. The client's therapist will take several precautions to protect their confidentiality including using a digital camera, only using a password protected computer to view the recording, as well as deleting the recording after completion of the supervisory review of the session. Consent will be obtained prior to each recorded session and the client has the right to withdraw their consent at any point by verbal or written notice.

Social Media

- Therapists are not ethically permitted to accept "friend" requests from current or former clients on their personal social networking sites (Facebook, Twitter, LinkedIn, etc.). Adding clients as "friends" on these sites can compromise your confidentiality and your therapist's privacy. It may also blur the boundaries of the therapeutic relationship.

Length of Therapy and Referrals

- Therapy will end when your therapist and you decide that your personal goals have been reached. Additionally, you have the right to discontinue therapy at any time; however, Mosaic would recommend discussing your decision with your therapist so that they can provide adequate referrals. Should you and/or your therapist believe that a referral is needed, he/she will provide some alternatives including programs and/or other mental health providers who may be available to assist you. You will be responsible for contacting and evaluating those referrals.
- Additionally, in order to achieve maximum benefit from counseling it is imperative to hold consistent counseling sessions. Therefore, if the client is not having regular contact and sessions with their therapist the client may be discharged after sixty days of no contact and subsequently their file will be closed.

Acknowledgment and Consent

By your signature below, you are indicating that you have read and understand this document, that any questions you have about this document were answered to your satisfaction, that you willingly consent to mental health treatment and that you were offered a copy of this document. Additionally, you were offered a copy of the Notice of Privacy document.

Printed Name of Client

Signature of Client

Date

Printed Name of Parent/Guardian
(If client is under 18)

Signature of Parent/Guardian
(If client is under 18)

Date

Printed Name of Parent/Guardian
(If client is under 18)

Signature of Parent/Guardian
(If client is under 18)

Date

Printed Name of Therapist

Signature of Therapist

Date