

**Stacy Johnson, LCPC, RPT**  
**Lifeline Counseling Center**  
**405 S. Clairborne Road, Suite 1**  
**Olathe, Kansas 66062**  
**913-732-0046 (cell phone)**

Thank you for giving me the opportunity to serve you and your child's counseling needs. I want to give you the best care I can. In order to best meet your needs, the following information is provided for your consideration. Please read this carefully and ask me any questions you have.

**Credentials** – I am a Licensed Clinical Professional Counselor (LCPC) in the state of Kansas, and have a Masters Degree in Counseling Psychology. I also have further training in play therapy and am certified as a Registered Play Therapist (RPT). I am not a physician and do not have authority to prescribe medication. As a mental health practitioner, however, I am required to inform you that certain mental disorders have medical or biological origins. I encourage you to talk with your medical doctor or a psychiatrist if you have concerns regarding this matter.

**Benefits and Risks** – Any time someone seeks therapy to address difficult issues, there are potential benefits and risks. Benefits may include the ability to handle specific concerns and/or interpersonal relationships in a healthier way. Clients may also gain a greater understanding of personal, interpersonal, or family issues. This new understanding may lead to greater maturity and happiness as an individual or family. There may also be other benefits that come as clients work at resolving specific concerns.

Therapy, however, is also sometimes challenging and uncomfortable. Reviewing and resolving unpleasant issues may result in intense feelings of sadness, confusion, and/or anger. As clients work to resolve these issues, it is possible they may experience discomfort and/or an increase in conflict. Changes in relationships that were not originally intended may result. Children, in particular, may externalize these feelings that can lead to an increase in behavior issues at home or school. Although this is not always the case, I do like to like to inform parents up front that client's behavior may get worse before it gets better. I will discuss with each individual/family the benefits and risks involved in their specific situation.

**Confidentiality** – It is my policy and desire to protect the rights of my clients to confidentiality as defined in state and federal statutes. As someone who is licensed as a mental health practitioner, I have been educated in the principles of confidentiality. Your records are being stored, handled, and monitored in the most professional way possible. I maintain records in a secure location that is locked. No information from your records will be released to anyone without your written consent. Exceptions to this include:

- suspected abuse or neglect
- duty to warn of homicidal intent
- civil detention to prevent suicide
- when ordered by a court of law
- when you sign a release for disclosure of the contents of your records or of pertinent needs/progress to any person such as a doctor, case manager, family member or pastor
- when I bill third party providers such as your insurance company, Employee Assistance Program, or church (I only disclose minimal information such as dates of services, length of session, and diagnosis without a further signed release for disclosure)
- collaboration or consultation with professional colleagues (I do not disclose names or other identifying information and these professionals are required to keep this information confidential)

-when the client is a minor child. Parents have a right to have a reasonable account of their child's therapy. Occasionally when a minor reveals information in therapy, he/she wishes it to remain confidential. Usually the request will be honored unless it involves dangerous behavior or potential harm to self or others (examples: drug/alcohol use, risky sexual behavior, suicidal ideation, or running away)

**Scheduling of Appointments and Cancellation Policy** – Sessions last approximately 45-60 minutes depending on the client and the presenting issue. It is your responsibility to arrive on time. If you are running late, please call and let me know. Late arrival of a client will result in a shortened session since I generally have another client immediately following. **If you have not called and are not here 15 minutes past the scheduled start time, I will cancel the appointment and bill you the full fee for the session (\$90 or possibly a lower rate set by the insurance company).**

When you make an appointment, I reserve that block of time specifically for you. A canceled appointment delays our work and progress. If you do not show or cancel late, I lost revenue, but just as important, I lost time. Therefore, I ask you notify me as soon as possible, but no later than **24 hours in advance**, if you need to cancel or reschedule a session. Without this 24 hour notice, I am rarely able to fill that time slot. **If you do not cancel your appointment with 24 hour notice, I will bill you for the full fee for the session (\$90 or possibly a lower rate set by the insurance company).** This is payable prior to your next scheduled session.

I understand sometimes illness (for the parent or child) or other emergencies necessitate cancellation with less than 24 hours notice. This may also happen for me as well. I do not charge for these types of cancellations. I just ask you do your best in these situations to give me as much notice as possible.

**How to Reach Me** – Should you need to reach me, the easiest way is to call my business cell phone **913-732-0046**. You may also call Lifeline at **913-764-5463**, however, my hours at the office are limited to 3 days per week at this time. Therefore, I may not receive your message in a timely manner if you leave it on my office voicemail.

I may not immediately be able to speak with you when you contact me. I will return your call as soon as I am able. Generally speaking, phone calls should be reserved for scheduling issues and/or emergencies. Phone calls lasting 15 minutes or more will be billed in 15-minute increments at my standard hourly fee (\$90). Should you need to discuss issues pertaining to therapy or the presenting issues, please schedule an appointment to meet with me at the office rather than call me on the phone. This allows me to give you my full time and attention as well as adequately bill for my time. If the issue is an emergency (e.g. suicidal or homicidal risk) and you are unable to reach me by phone, please call 911 or go to the nearest hospital emergency room.

**Children** – For the intake session as well as parent sessions, please do not bring your child. It is my experience it is extremely difficult to honestly discuss most of the issues at hand with the child present. Although we would like to think children ignore adult conversations, they rarely do and tend to listen/hear more than we want them to. I also ask you do not leave children unattended in our waiting room.

**Privacy Notice** – Please read the HIPAA Kansas Notice Form, which is mandated by federal law and the Health Insurance Portability and Accountability Act (HIPAA). The notice explains HIPAA and how it applies to your personal health information.

**Insurance Billing** – I am a provider on some insurance panels and please be advised of the following if you are utilizing insurance benefits to pay for counseling:

1. Some, but not all, insurance companies will pay a portion of counseling fees. I cannot guarantee that your company will pay for all or a portion of your counseling.
2. You are responsible for knowing your insurance benefits.
3. I will bill your insurance company in a timely manner and will expect payment in such. Most companies reimburse within 30 days of receiving a claim. If your insurance company delays payment, I may ask you to contact the company to expedite payment.
4. You are expected to make applicable co-payments at the time of each visit.
5. Your insurance company will not pay for missed appointments. **You are responsible for paying my fee for these according to the rate your insurance company has contracted with me.**
6. You allow me to work with your insurance company and/or the State Insurance Commissioner to get your session claims paid in a timely manner.

**Finances** - My self-pay fee is **\$120 for the first session and \$90 for all subsequent sessions.**

Counseling fees are due and payable before the session begins. If you desire any other arrangement, please talk to me in advance. I accept cash, check, Discover, Mastercard and Visa. There is a \$30.00 fee for returned checks.

**Court Fees** – If I am requested or required to appear in court, there will be a \$250 court appearance fee as well as a \$120/hourly fee assessed for my time. Additional fees may apply for phone calls, e-mails, copying of files, report writing, or any other administrative work required for court involvement. I will do my best to inform you of costs/fees prior to billing, however, by signing this form you are consenting you have been informed fees will apply for extra time and effort involved for court-related matters.

**Termination** – A time will come when termination of counseling will be necessary. Hopefully, the reason will be because the goals of counseling have been met and we have a planned ending (last session). Occasionally, parents decide to end counseling before that point, either due to extenuating circumstances or improvement of the problems. Discussing termination is important before just stopping therapy. Children are extremely sensitive to the beginnings and endings of relationships. It is my belief it is important to give children a chance to say goodbye (at least one final session) if you decide you will be unable to continue counseling. This brings closure to the child and gives me an opportunity to help the child process the ending of therapy. I also request you voice concerns to me before just stopping counseling. It is possible I could approach the problem in a different way or address issues being missed. I try very hard to be flexible as well as client-centered so I am always open to feedback. Feedback about your experience (and your child's) with counseling helps me improve my practice so I can help future clients in the best way possible.

If you do miss a counseling appointment without notice, feel free to call me to reschedule. If you do not reschedule for 30 days after the missed appointment, I will assume you want to terminate counseling and your child's file will be closed. It is important to know you are welcome to call back at any time to resume counseling. I am very understanding in these circumstances as I realize life can get busy. I do my best to accommodate returning clients and fit them into my existing schedule (even if I am not taking "new clients").

**My signature below indicates that:**

1. I have read, understand, and agree with the above-mentioned policies and give informed consent to receive therapy services.
2. I understand that there can be risks and benefits associated with therapy. I also understand that no promises have been made to me as to the results of treatment.
3. I have read and understand the cancellation policy. I will try to give 24 hours notice to cancel an appointment. If I fail to do so (unless it is an emergency), I will be billed the full fee for the session.
4. If I need to contact you when away from my office, I will be using a cell phone. Cell phones are not guaranteed to be 100% secure. I have been informed of this and agree to the therapist calling me from a cell phone.
5. I understand I may terminate therapy at any time but agree to discuss the termination of therapy with the therapist before stopping services.
6. I acknowledge receipt of a copy of this Informed Consent.
7. I acknowledge receipt of a copy of the HIPAA Kansas Notice Form.
8. I authorize the release of my name only to our referral source to thank them for the referral.
9. If a self-pay client, I agree to pay \$\_\_\_\_\_ as the fee mutually agreed upon by the therapist and myself. I also agree to pay for missed appointments or for appointments I cancel without giving the required advance notice.
10. If using insurance, I agree to pay my copay or coinsurance set by my insurance company. I also authorize disclosure of necessary information to process insurance claims on my behalf.

Client or Parent/Guardian Signature(s):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature:

\_\_\_\_\_ Date \_\_\_\_\_

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