



# HEAD/HEART

UNIQUE THERAPY FOR UNIQUE PEOPLE

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## OUR WORKING RELATIONSHIP – INFORMED CONSENT

Welcome to Head/Heart Therapy! We are excited to have the opportunity to work with you and hope this handout will help you make an informed decision regarding therapy with us. However, if you should have any further questions, please do not hesitate to bring them up with your therapist now or at any time in the future.

### EXPERIENCE AND APPROACH

At Head/Heart Therapy, we aim to provide holistic care to address problem areas that may be affecting health and happiness. Our therapists have worked with individuals from a wide range of ages, lifestyles and cultural, ethnic, and economic backgrounds. We each have a unique set of skills, but specialize in addiction, shame and mood/anxiety disorders.

Our approach to therapy is eclectic. We aim to match the therapeutic technique to the client, not the client to the technique. We employ various therapeutic techniques such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), mindfulness, psychodynamic, and shame-resilience theory, among others. Therapy is an incredibly personal experience, and we will do our best to address your individual needs and concerns using the therapeutic tools we believe will best benefit you. Further, we believe in the strengths-based/solution-focused perspective, and because people and problems do not exist in isolation, therapy needs to take environmental, interpersonal and developmental issues into consideration. As members of the National Association of Social Workers (NASW), we adhere to its code of ethical principles.

### APPOINTMENTS

Services are by appointment only and individual sessions are scheduled for 45-60 minutes. Because this appointment is reserved for you, it is necessary for us to charge for appointments that are not canceled 24-hours in advance. If you know you will not be able to attend a scheduled appointment, contact your therapist with as much notice as possible so that we may reschedule your appointment. Skype/Facetime/Google Hangout appointments can be substituted for face to face therapy when last minute issues can not be avoided. Please use this method sparingly. The therapist has the right to deny a distance session if this option is being misused.

\_\_\_\_\_ I acknowledge and understand this policy.



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## **COMMUNICATION**

We do our best to check voice mails and return calls within 24 hours and attempt to be available during business hours. Please note that we don't return "missed calls" when no message is left.

We frequently utilize email and text messages, if you would like to do so. We apply the same parameters in responding to text and email exchanges as we do phone messages, as described above. Please note-- therapy will not be done over email or text message.

Please note that email transmission via headhearttherapy.com emails is encrypted, but phone calls, text messages, and social media messages are not. It is our goal to protect your information, but recognize that if you utilize these methods of communication, they may not be 100% secure so do not send protected health information via these platforms.

If an emergency situation arises and we have not been able to answer your call or other message, please call 911 or go to your nearest emergency room.

## **EVALUATION**

Our first several appointments offer an opportunity to discuss the history of your concern and its context. We will spend this initial time exploring your history and background information. Usually an initial diagnosis is identified at this point and we can discuss it if you wish. Please know that both personal concerns and the information regarding them may evolve over time, thus making a diagnosis more of a fluid determination rather than a fixed classification. During this initial evaluation period, we will also discuss various treatment recommendations and goals. Because therapy is a process that occurs over the course of our work together, we will periodically discuss your progress and may modify goals and interventions accordingly. In the case of crises, initial sessions will be used to bring relief to the immediate crisis.

## **TREATMENT**

We expect to make our professional contact one in which you receive the maximum benefit, so we encourage you to gain familiarity with procedures, goals, and possible side effects of psychotherapy. This process can be tremendously beneficial, but at the same time, there are some risks. These risks may include the experience of unwanted or unexpected feelings such as sadness, anger, shame, or anxiety. These emotions can feel intense at times, but it is important to remember that this is



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completely normal and an important part of the therapy process – a process that often entails becoming familiar with your emotional life in order to cope adaptively with life’s circumstances. Further, even the most intense feelings lessen and pass when they are addressed. Other risks of therapy might include recalling unpleasant memories, events, thoughts or beliefs. You may also come to see interpersonal relationships differently, and as such, you may alter your perspectives on those relationships. In therapy, major life decisions are sometimes made, including separations within families, changing employment settings, or altering lifestyles. These decisions are often the legitimate outcome of the therapy experience and are the result of an examination of your beliefs, values, and feelings and often evolve out of a deepening self-awareness. Your therapist will be available to discuss any of your assumptions, problems, or these potential side effects with you.

We prefer to meet with clients on a weekly basis. This allows for the process of therapy to progress and prevents the need for “catch-up” that is sometimes required when sessions are held less frequently. When a person is struggling with a specific issue or feeling increasingly distressed, meeting more than once per week is often recommended. We are willing to adjust the frequency of sessions to what makes sense in each individual circumstance and we will discuss this as needed.

Weekly outpatient services are considered the least-restrictive level of care, and this level of treatment is sufficient for many individuals. If your therapist believes at any time during evaluation or treatment that a more intense treatment setting is indicated, (s)he will make appropriate recommendations. It is within your right to refuse a higher level of care, but it is also the therapist’s right to refuse services when it is determined that a higher level of care is clinically more appropriate.

## **CONSULTATION AND SUPERVISION**

Consultation is an important part of providing quality client care. Therapists of Head/Heart Therapy maintain regular consultation and supervision with licensed therapists who adhere to the same strict confidentiality guidelines as our practice. There may be times when your therapist will share components of your case with a consultant in order to determine the best clinical course of action. When cases are shared in consultation, identifying information will be withheld to protect the client. If you have any questions or concerns about the use or nature of supervision/consultation, please ask your therapist.

## **SOCIAL MEDIA POLICIES**



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There may be times we find it clinically relevant to Google a client or search using other forms of social media. If you have concerns or questions regarding this practice, please discuss it with your therapist.

We have a Facebook business page for Head/Heart Therapy where we often post inspirational materials, articles, or blog posts. Please consider “liking” our page and sharing it with family and friends. You can also follow us on Instagram (headhearttherapy) and Twitter (HeadHeart\_chi). While we like to use these methods for inspiration and education, posts on our site are not intended to replace or be considered therapy.

## COORDINATION OF TREATMENT

It is important that all health care providers work together. As such, we would like your permission to communicate with your primary care physician and/or psychiatrist. Your consent is valid for one year. Please understand that you have the right to revoke this authorization, in writing, at any time by sending notice. However, a revocation is not valid to the extent that we have acted in reliance on such authorization. If you prefer to decline consent no inform will be shared.

You may inform my physician(s)  I decline to inform my physician

PHYSICIAN NAME: \_\_\_\_\_

CLINIC: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

## TERMINATION

Termination of services may occur at any time and may be initiated by either the client or the therapist. If a decision to end treatment is reached by you, we ask that you consider doing so with a minimum of two weeks notice so that we might have adequate time to discuss and explore the reasons for termination as well as adequately reflect on the progress you have made. Termination itself can be both a constructive and useful part of the therapy process as it can provide the opportunity to integrate treatment gains into your life. If a referral or plan for further treatment is warranted, these can be made during the termination process.

## TRANSFER PLAN

In the unlikely event that we are unable to provide ongoing services, Jeff Zacharias, LCSW, CADC will provide those services and will maintain your records for a period of 7 years. Jeff Zacharias can be reached at 773-720-0068.



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## CLIENT'S RIGHTS

You have the right, at any time, to question and/or refuse therapeutic or diagnostic methods. You also have the right to access whatever information you wish regarding the progress or course of your therapy. You are assured confidentiality, something that is protected by both ethical practice and Illinois law. However, there are several important legally mandated exceptions to confidentiality.

In general terms, these exceptions include:

1. Your therapist is required to notify relevant others if (s)he judges that you have an intention to harm another person.
2. Your therapist is required to report suspected child abuse, neglect, or molestation to the Department of Child and Family Services (DCFS).
3. Your therapist is required to report suspected abuse, neglect, or molestation of a dependent elderly person to the Department of Aging.
4. Your therapist may need to notify relevant others if (s)he judges that you are at risk of harming yourself, but will discuss this with you prior to doing so.
5. In the case of legal proceedings, your therapist and/or her/his records may be subpoenaed by the court.

Please be assured, that other than these noted exceptions, confidentiality will be strictly respected. And when a situation rises where a disclosure needs to be made, your therapist will make every effort to discuss the disclosure with the client before it occurs.

If you wish for your therapist to disclose information to another person or professional, (s)he must have your written permission in order to do so. We will also discuss any possible risks and benefits of such a release of information. If you choose to disclose information, (s)he will provide you with a release of information form which will need to be signed by you prior to disclosure to others.

## CHARGES

The full charge for therapy services at Head/Heart Therapy is \$150 for a 45-60 minute session of individual or couples therapy. As a courtesy, we will bill your insurance company for you if you wish. We ask that at each session you pay your co-pay or 50% of the fee. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied. If your insurance company denies payment or does not cover counseling, we request that you pay the balance due at that time. If your balance exceeds \$300.00 we will need to ask that you pay for services when rendered. After 60 days any unpaid balance will be charged 1.5% interest a month (18% APR). In the event that an account is overdue and turned over to our collection agency, you will be held responsible for any collection fee



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charged to our office to collect the debt owed. We ask that every client authorize payment of medical benefits directly to Head/Heart Therapy, Inc.

Again, we would like to welcome you. We look forward to our work together and hope that this will be the beginning of a useful and beneficial professional relationship. Once again, if you ever have any questions regarding this material or any other aspect of our work, please do not hesitate to ask. The effectiveness of psychotherapy is directly dependent on a working collaboration between the therapist and the client and your active participation is welcomed and encouraged.

I have read and understand the above material and have received a copy of this form.

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Client Signature

Date

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Parent Signature (if client is under 18 years of age)

Date