

## Informed Consent

Welcome to Mooney and Associates, LLC! I am excited to get to know you and look forward to collaborating with you to meet your goals. The first step in a new direction is often the hardest to take, and I am honored to accompany you on this journey.

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask any questions that you may have regarding its contents before signing it.

### Information about Your Therapist:

Fred :

Bachelor of Science in Education, (Special Education) 1974,  
Kent State University, Kent, Ohio  
Masters in Education, (Diagnosis and Prescription Of The  
Handicapped In The Educational Setting), 1979, Case  
Western Reserve University, Cleveland, Ohio  
Masters in Education (Community Counseling) 1993, Kent  
State University, Kent, Ohio  
Licensed Professional Clinical Counselor (With Supervision  
Endorsement), Ohio Licensed Professional Counselor,  
Colorado License 5399  
Over 20 years experience with adults and children in  
community mental health EMDR (Eye Movement  
Desensitization and Reprocessing) Certified by EMDRIA  
EMDRIA approved Consultant, and IFS Trained.

Barbara:

Bachelor of Science in Nursing 1975, Kent State  
University, Kent, Ohio Masters of Education  
(Community Counseling) 1998, Kent State  
University, Kent, Ohio  
Post Masters Academic Study at Kent State  
University 1998-2004, Kent, Ohio.  
Professional Clinical Counselor (PCC) (with  
Supervision Endorsement), Ohio  
Licensed Professional Counselor (LPC), Colorado  
License 5449  
Registered Nurse, Colorado License.  
EMDR (Eye Movement Desensitization and  
Reprocessing) Trained by EMDRIA, IFS trained.

Brigid:

Bachelor of Arts, 2003. DePauw University – Greencastle,  
Indiana  
Masters of Social Work, 2008. University of Denver  
Graduate School of Social Work, Denver, Colorado.  
Licensed Clinical Social Worker, 2010  
Certified Spanish Language Medical Interpreter, 2011  
Over eight year's experience working with English and  
Spanish-speaking clients and their families, EMDR  
Trained.

## **Financial and Payment Policies:**

The fee for service is as follows:

- \$130.00 per 45-50 minute therapy session
- \$150.00 per 75-90 minute EMDR therapy session

If 6 sessions are pre-purchased, I offer a 10% discount.

I do reserve the right to periodically adjust the fees and will notify you in advance so that you can make the appropriate accommodations.

Fees are due in full at the beginning of each session.

Checks, cash and credit/debit cards are accepted for payment of services. Please have your payment ready at the **beginning** of each session, so that the majority of our time can focus on your clinical needs. Also, if you choose to pay with cash, please have the proper amount, as I do not provide change.

If a check is returned due to insufficient funds, a reprocessing fee of **\$35** will be charged. Subsequently, all payments will be requested in cash or credit card.

If you end therapy with an unpaid balance and do not make arrangements to settle the bill, your account may be turned over to a collection agency. Any costs incurred in the collection are your responsibility.

*Telephone conversations of a clinical nature may be charged as regular sessions at my full rate.*

If for some reason you find that you are unable to continue paying for your therapy, please inform this therapist. I will help you to consider any other options that may be available to you at that time.

## **Insurance:**

This therapist does not accept insurance and is considered an out-of-network provider. This means you are responsible for full payment of services directly to this therapist, due at the time of services rendered.

However, many insurance companies will reimburse a portion of fees for out-of-network providers. Upon your request, I will provide you a bill that may be submitted, along with any required insurance claim forms, to your insurance company to collect out-of-network reimbursement for your therapy sessions.

Please be aware that if you desire to pursue possible reimbursement from your insurance company, it is your responsibility to work with your insurance company regarding any reimbursements. I recommend that you check with your insurance company prior to our first session to identify their out-of-network policy. I cannot tell you what your particular plan covers and have no role in deciding what is covered. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions, which then become part of your medical record.

Upon setting, or at, your initial appointment, please notify me if you would like a monthly bill for services rendered, that may be used to pursue out-of-network reimbursement.

You may also choose to utilize a Health Savings Account (HSA) or Flexible Spending Account (FSA) for payment of services.

When applicable, I do accept and work with Victim Compensation Funding. If you have been a victim of a crime, and have questions about eligibility about this fund source, please feel free to ask.

## **Appointment Scheduling and Cancellation Policies:**

Consistent attendance to therapy sessions greatly contributes to a successful outcome. It is common for clients in my practice to be seen on a weekly or bi-weekly basis. However, frequency and duration of treatment is dependent on your presenting issues and goals for treatment.

When you schedule an appointment, understand that you are entering into a contract for Mooney and

Associates LLC's professional time and services and the appointment time is reserved for you. You are required to provide 24 hours notice (via voicemail/text at 720-460-0872 or email at [contact@fbmooneyandassocs.com](mailto:contact@fbmooneyandassocs.com)) should the need to cancel or reschedule arise. **If an appointment is missed, or canceled with less than 24 hours notice, you will be charged the full fee for that missed session, due at the time of the next scheduled session.** Exceptions to this policy due to unexpected illness or emergency may be granted at the discretion of the therapist.

For scheduled sessions, if you have not arrived within fifteen minutes of the scheduled appointment and there has been no ability to connect with an outreach attempt, the session will be treated as a cancellation without 24 hours notice.

*Please note: If you are utilizing Victim Compensation Funding for payment of services, they will not pay for any missed or late cancelation fees that may be accrued. The client will solely be responsible for any of these fees accrued.*

## **Appointment Reminders:**

Clients often request reminders for their appointments to avoid missing or having to pay for a missed appointment. To assist with this need, Mooney and Associates will provide reminder voicemail, text and/or emails the day before your appointment. Should you desire appointment reminders, please indicate your preferred appointment reminder method on the Client Registration Form. The information you provide will be used for scheduling purposes only, and will not contain clinical information.

## **Electronic Communication Policies:**

**Email and Text Messaging:** There are risks to confidentiality with any electronic modality. Please be aware that electronic communication (i.e. email and text messaging) will only be used with your permission and only for administration purposes (i.e. scheduling/rescheduling appointments). These types of communication cannot be guaranteed to be confidential, although I will take provisions to secure confidentiality whenever possible. As such, please do **not** email or text about a clinical matter, but rather contact me via phone at (720) 460-0872.

**Social Media:** While a healthy therapeutic relationship is at times very personal and intimate in nature, it is important to be clear that the relationship between a client and therapist is a professional one; therefore, I will not communicate with or contact you through social mediums like LinkedIn, Twitter or Facebook. In addition, if an accidental association has occurred and is discovered, I will cancel that online relationship immediately. This act is necessary because these types of casual social contacts can create significant security risks for you.

**Websites:** Mooney and Associates, LLC has a professional website and professional Facebook page that you are free to access and use as a reference. These sites exist for professional purposes only and if you choose to "Like" something, that does not disclose that we have an established client-therapist relationship. Your confidentiality will be protected at all times. No client or clinical information will be published on these sites.

## **Benefits and Risks of Therapy:**

Psychotherapy is a healing process in which clients can understand places in their lives that they have become stuck emotionally, overcome their fears or insecurities, cope with stress, understand past trauma, define their symptoms, develop a genuine sense of self, identify triggers, improve relationships, establish a stable routine, define personal wellness goals, develop a plan for coping with crisis, and eliminate destructive behaviors. Thus, the benefits of therapy could include stress reduction, an increase in positive thinking and feelings, improved interpersonal relationships, increase in self confidence, increased capacity for intimacy and experiencing joy in life. Such benefits require substantial effort on the client's part,

including an active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts and behaviors.

Psychotherapy may also have the risk of discomfort from remembering and discussing unpleasant events, feelings and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which I will challenge your perceptions and assumptions and offer different perspectives. Sometimes in the process, clients may feel worse prior to feeling better. This is because personal change is hard! It takes strength, courage, dedication, passion, and motivation to accomplish our goals.

## **Treatment Methods, Planning, Evaluation and Termination:**

This therapist believes that therapy is a partnership between herself and the client to accomplish the client's stated goals. Therefore, I will spend some time with clients discussing the client's stated reason for coming to therapy, ideas about the source of the issue, develop therapeutic objectives, and methods in which these goals can be accomplished. During the course of therapy, I will draw on various treatment approaches according, in part, to the problem that is being treated and the assessment of what will best benefit you. These approaches may include, but are not limited to, Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Solution-Focused Therapy and Mindfulness-Based, experiential techniques. If you would like more information regarding these theories or techniques, please feel free to ask.

I am also a Level 2 EMDR (Eye Movement Desensitization and Reprocessing) trained therapist, working towards certification, and will utilize this approach when appropriate. EMDR is an empirically validated treatment approach with a range of client issues (particularly trauma-related). It incorporates somatic, emotional, cognitive and narrative elements, and facilitates accelerated change of client dysfunctional patterns. It can be an intense form of therapy and is not appropriate for all clients. We will talk about your situation and determine whether EMDR makes sense for you.

The length of therapy depends on the specifics of each client's situation, treatment plan and progress achieved. This therapist may be able to approximate length of treatment and probable results; however, due to the complexity of each client's unique situation and differing responses, this therapist cannot predict the exact length of therapy or guarantee a specific treatment outcome. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You should discuss with your therapist any concerns you have regarding your progress in therapy.

You may discontinue therapy at any time. Periodically, client and therapist will assess progress towards treatment goals. If either client or therapist determine that therapy is not benefitting the client, either person may initiate a discussion of treatment alternatives. Furthermore, if I cannot provide the services you need, you will be provided referral information. It can be mutually beneficial if termination of treatment is discussed in advance.

## **Collaboration with Other Professionals:**

In order to provide quality services, this therapist may collaborate with other professionals in a client's life as appropriate, such as family members, a physician, psychiatrist, past therapists, and/or other mental health professionals. Clients will be asked to complete a release of information authorizing these exchanges. In some cases, services may not be provided without this.

In addition, this therapist participates in consultation meetings with other therapists to receive ongoing support in providing the best care possible. Your confidentiality is still protected during consultation and identifying information will not be released. Signing this consent form gives me permission to consult as needed to provide professional services to you.

## **Records and Record Keeping:**

This therapist completes progress notes every time that I meet with you and complies with the law and ethical standards regarding documentation of therapy services. These notes constitute the clinical and

business record, which by law, I am required to maintain. Such records are kept secured and are the sole property of the therapist. Should you request a copy of the records, such a request must be made in writing. The right is reserved to provide a treatment summary in lieu of actual records. The right is also reserved to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. Records are maintained for ten years following termination of therapy. After ten years, your records will be destroyed in a manner that preserves your confidentiality.

## Court Testimony:

If you ever become involved in a custody dispute or divorce, I will not provide evaluations or expert testimony in court. You should contact and hire a mental health professional that can help you with any evaluations or testimony that you need. This is for two reasons: (1) My statement will be seen as biased in your favor because we have a relationship as therapist and client and (2) Our relationship may be affected by testimony, and my relationship with you as a client is first and foremost. By signing this consent form, you are acknowledging your understanding and agreement of my stance on this issue.

In the event that this therapist should be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving a client, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at the usual and customary hourly rate for such services of \$150 per hour, including drive time. In addition, if the chart is subpoenaed, a fee of \$.25 per page will be applied.

## Therapist Availability and Emergencies:

Clients may call this therapist's confidential voicemail (720-460-0872) at any time and leave a message with the client's name, number, and the nature of the call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday through Friday). *As noted above, telephone conversations of a clinical nature may be charged as regular sessions at my full rate.*

Mooney and Associates, LLC is **not** a 24-hour crisis-intervention agency, and in the case of an emergency, including any situation involving a threat to your safety or the safety of others, you may call **911** or go to the nearest **hospital emergency room**.

**\*\*Before signing this document, please make sure that you contact me at (720) 460-0872 should you have any questions or would like additional information.\*\***

## Acknowledgement:

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have had any questions with regard to its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and consent to treatment at Mooney and Associates, LLC. Moreover, I agree to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Client Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Consent to Treat Minors:**

In order for minor children/adolescents (age 14 and under) to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Name of minor client to receive psychological services: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

In instances of divorce, it is essential that the legal custodian of the child grant permission for these services. I understand that if I am a divorced parent, I may be asked to provide a copy of the court order which names the legal custodian of the above-named child. I also acknowledge that both natural parents, even though divorced, may have a right to obtain information from the provider named below regarding the nature and course of treatment of the above-named child.

I hereby attest that I have legal right to obtain treatment for the above-named child. I give permission for my child to receive psychological counseling services from Frederick J Mooney, LPC of Mooney and Associates, LLC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_