

Jane A. Michener, LCSW

871 South Arbor Vitae, Suite 003

Edwardsville, IL 62025

Phone: 917-453-5661 Fax: 212-874-0959

Consent for Treatment

Patient Information and Office Policy Statement

Welcome

This document is an opportunity to acquaint you with information relevant to treatment, confidentiality and my business policies. The intent is to allow you to make informed and autonomous decisions pertaining to the counseling /psychotherapy process. Please read it carefully and jot down any questions you might have so that we can discuss them. When you sign this document, it will represent an agreement between us.

My qualifications

My name is Jane A. Michener. I hold a Master of Social Work (MSW) from New York University and a BFA from Syracuse University. My title is Licensed Clinical Social Worker. I have been in private practice for 22 years and am licensed to practice independently in Illinois, Missouri, New York, and New Jersey. I have completed extensive post-graduated training at several analytic training institutes, been employed in eating disorder and substance abuse treatment centers, and worked with Fortune 500 and non-profit corporate clientele at an external employee assistance program. I have significant experience with those who have experienced a major catastrophe and trauma (including 9/11 first responders and therapists who treated first responders). My complete resume is available on request.

Aims and Goals

Counseling/psychotherapy varies depending on the particular issues presented. It is a collaborative process between you and your counselor. Your problems, significant life changes or crises, mental health issues and/or disorders will be evaluated, assessed, and treated. I will use different methods or styles of treatment to help you achieve your goals. For therapy to be effective, it is absolutely essential that you take an active role in the process. You are responsible for providing the necessary information to facilitate effective treatment and must work on the things we discuss inside and outside of sessions.

In our first session we will talk about the issue(s) that brought you in and I will ask questions about your history, your family history, past treatments, and about your health in general. By the end of the evaluation, I will be able to offer you first impressions of what our work will focus on and a treatment plan to follow. You should evaluate this information and assess whether or not you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so you should be comfortable with the decision to continue treatment. If you have questions or doubts, please feel free to bring them up at any point during our work together. If you would rather work with a different provider or get a second opinion, I will be happy to assist you in finding a referral.

Appointments

Sessions are generally scheduled in 40-45 minute increments, once per week. Once an appointment is scheduled, it is assumed to be a recurring appointment. This time is reserved specifically for you and is necessary for effective treatment and progress. If you need to change or cancel an appointment, please

Initial(s) _____

contact me ASAP at 917-453-5661. A **\$40 cancellation fee** will be charged for missed appointments. This fee will be waived if we are able to reschedule the missed appointment within the next 10 business days. If you miss a session your insurance company cannot be billed.

Fees and Payment

Please have payments or co-payments ready for collection at the beginning of each appointment. Payments can be made in cash or check. Checks should be made payable to Jane A. Michener, LCSW. Unless we make other arrangements or your insurance company sets a contracted rate, the standard fee for the initial intake is \$150.00 and each subsequent 45-minute session is \$125.00. Checks returned for insufficient funds will be subject to an additional \$35 fee. If you are subject to undue financial stress, you may request that we discuss a fee adjustment.

Benefits and Risks

The counseling process can often involve discussing unpleasant aspects of your life and can open up levels of awareness and provoke realizations that may cause uncomfortable feelings -- sadness, guilt, anxiety, anger, pain, frustration, loneliness, and/or helplessness. However, this process of growth and self-actualization has been shown to have many benefits for those who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. Psychotherapy services are inexact sciences; we make no guarantees/warranties, regarding outcomes. Together, we will monitor how you feel after appointments and make changes in treatment if necessary.

Confidentiality

All communications between a mental health professional and a client are protected by law as privileged and confidential information. I will disclose no information about you, or the fact that you are my patient, without your written consent – except in situations where state or federal law overrule your right to privacy. I may or must disclose your name and/or applicable records without your consent or authorization in the following circumstances where it is legally required:

- **Serious Threat to Health or Safety:** Under Federal law, if you communicate to me a specific and immediate threat to cause serious bodily injury or death, to yourself or an identifiable person, and I believe that you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect you or the identified person. These precautions may include: 1) warning the potential victim(s), or their parent(s)/guardian(s) if they are a minor, under age 18, 2) notifying law enforcement and releasing your name and address/location, or 3) by calling 911 and releasing your name and address/location.
- **Child Abuse Reporting:** If I have reason to suspect that a child being abused or neglected, I am required by law to report the matter immediately to the Illinois Department of Children and Family Services.
- **Elder/Disabled Abuse Reporting:** If I have reason to suspect that an elder or disabled person is being abused or neglected physically or financially, I am required by law to report the matter immediately to the Department of Aging of the State of Illinois.

Initial(s)_____

Confidentiality (Continued)

- **Workers Compensation:** If you file a worker's compensation claim, I may be required, upon request, to submit your relevant mental health information to your employer, the insurer, or a certified rehabilitation provider.
- **Court Proceedings:** If you are involved in a court proceeding and a request is made for records and/or information about your diagnosis and treatment, I will not release information unless you provide written authorization or a judge issues a court order. If I receive a subpoena for records, I will notify you so you can file a motion to quash (block) the subpoena.
- **Billing and Payment:** Your name, address, social security number, member ID number, dates of service and diagnosis will be shared with your insurance company (if you are using your insurance) to collect payments. Your insurance company is also required to treat your personal health information as confidential and privileged.
- If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize their release to 3rd parties without your consent.

Urgent contact and Emergencies

If you need to reach me between sessions to reschedule or for more urgent matters, call my phone at 917-453-5661. I check messages regularly throughout the day (including weekends) and will respond as soon as I'm able. Never hesitate to call if you feel a sudden worsening of symptoms or you feel as if you might hurt yourself.

In the event of an emergency, for which you feel immediate attention is necessary; I will make reasonable effort to make myself available. If I am not immediately available by phone and you reach voicemail, please leave a message indicating that the call is an emergency. Next, call 911 or proceed to your nearest emergency room for immediate evaluation. Let them know that you work with me and sign a release of information. I provide outpatient counseling/psychotherapy only. I do not provide crisis treatment that requires a hospital emergency room. Anderson Hospital in Maryville can triage and stabilize in this kind of situation. They transfer to the major St. Louis hospitals for ongoing urgent care, if needed.

Office Closures

I will notify you in advance of dates the office will be closed (holiday, vacation, or weather, etc.). The details of length of closure, including reopening date, and the name of any covering clinician will be left on the office voice mail. This clinician will be available for emergency calls. If you are uncertain about any dates, call my voicemail to hear a recorded message.

Termination/Ending Treatment

Termination of the counselor-client relationship can occur in several different contexts, but it is important that we be prepared for a termination phase from the outset of treatment and plan together how and when to end. You can choose to terminate therapy at any time. You have a right to expect that the treatment will end when you have realized maximum benefit from it, or have achieved the goals that were discussed at the beginning. A final session to review and close is recommended.

Initial(s)_____

Professional Consultation

I may consult with other professionals (legal and clinical) about your case. Every reasonable attempt will be made to avoid revealing your identity.

Managed Care Limitations

I am committed to providing the highest quality care available; however, limitations on my ability to provide that level of care are sometimes affected by insurance and/or managed care providers. Limitations can affect the therapy process, length of treatment, number of sessions, and amount of money that will be reimbursed. In some cases managed care guidelines may affect the content of the therapy. These considerations, if they apply, will sometimes affect outcomes. If and when these limitations begin to affect our work, I will discuss them with you immediately.

Records

I am required by law to maintain detailed records each time we interact. The records contain information including observational data, diagnosis, treatment plans, and other clinically relevant information. During the course of treatment your insurance company, managed care company, and on rare occasion the courts will require that I share my records with them. Insurance company requests for records are infrequent, but do happen as part of their internal audit process.

If you have chosen to use your insurance, they require and you have already consented to the release of your records to them, if requested. This release of information will be listed in your member handbook. Before releasing your records, I will inform you of their request and have you sign a release of information. I will ask the requesting party if a summary is sufficient to satisfy their request. Often, it is and there is no need to share your full record. I will share your records with you, in full or in part, if requested; unless the determination is made that it may hinder progress or otherwise cause undue harm.

- Please be aware that the private psychotherapy practice of Jane A. Michener, LCSW is not connected to or affiliated with the private practice of Ruth Kubicek, LCSW in any way. Both practices use the same common spaces but are not related to each other.
- ***I have read, understood, agree, and consent to the above conditions of service. I have had the opportunity ask questions about the information listed above.***

Client name(s) (printed): _____

Client(s) signature: _____

Date: _____