**Informed Consent Form**

Federal and state law requires that you understand the counseling philosophy and practice of behavioral health facilities and your rights as clients or the caretakers of clients. While I am not required to do so, it is my concern for your well being that prompts me to require that you read this information carefully and initial or sign where indicated. Please feel free to ask questions should there be anything you do not fully understand. A full copy of this Informed Consent Form will be furnished for your records.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Clinical Background and Philosophy**

Torno Mediation & Mental Health Services offers divorce and custody mediation, other forms of mediation, and individual, family, and group counseling. Topics of specialty include, but are not limited to, divorce & custody issues, marital and relationship issues, trauma & crisis situations, sexual and physical abuse, domestic violence, family issues, child and adolescent issues, transitions, and cutting & self-injurious behavior.

Melanie Torno, MS LPC-MH QMHP, has a Masters of Science Degree in Counseling and Human Resource Development. She is a Licensed Professional Counselor, Qualified Mental Health Provider, a Board approved supervisor, a court- approved divorce and custody mediator, a Custody Evaluator, a certified school counselor, and a certified sand tray play therapist. She has worked in trauma centers, residential facilities, alcohol & drug centers, local school districts, and in a faith based private practice.

Olga Kopp, MS NCC LPC - Supervisee, has Masters of Arts Degree in Counseling Psychology and Community Service. She is a Licensed Professional Counselor - Supervisee. She has experience and interest in eating disorders, body image issues, trauma, mindfulness, stress reduction, anxiety and depression, art therapy, communication skills, panic disorders, and relationship issues.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Telephone and Email Counseling**

Counselors may be available telephonically to help talk a client through a “rough spot” although these conversations are necessarily brief. Counselors email is available for communication for scheduling appointments, but not available for addressing issues. Phone calls and emails will be returned at the earliest time available during normal business hours.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Confidentiality**

Information will not be shared with anyone pertaining to clients or information shared by clients by Torno Mediation & Mental Health Services. The exception is that South Dakota law requires counselors to report to the proper authorities:

1. Where we suspect that a child, or other person, has been physically abused, neglected, and/or sexually abused.

2. In emergency situations where there may be danger to the clients or others as with homicide or suicide situations.

3. If a court of law issues a legitimate subpoena for your records.

4. You provide written consent to release information about you and/or your family members.

5. In the case of a child, non-custodial parents or other may have the right to information according to court orders.

 Initial here if you have read and understood this section. \_\_\_\_\_

**The Need for Children and Adolescents for Confidentiality**

In order to ensure that a child or an adolescent client is receiving the best possible treatment, the parents and therapist must work together. In order to accomplish this, the youth needs to begin to trust the counselor, and have the confidence that anything discussed during a session will not be revealed to their parents. If a situation escalates into something potentially harmful or life threatening, the counselor therapist will notify parents and other authorities as required by law.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Records**

HIPPA, state law, and standards of the mental health profession require that treatment records are kept in an organized, well documented file. These records include all aspects of individually identifiable information that we have obtained from you or others participating in your care. The records reflect face-to-face encounters, telephone contacts, clinical impressions and interventions as they relate to your past, present or future. They are kept in a locked cabinet. You have the right to inspect the information contained in your file unless your therapist believes it reasonably likely to cause substantial emotional, physical, or spiritual harm to you or others, in which case you have a right to appeal in writing.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Fees**

The fee for counseling is $195 for the intake/initial session, $175 for 55-60 minutes, and $160 for 45 minutes. There is a $15 discount for individuals paying with cash if paid at the time of service. To continue to provide quality services, I must charge for counseling services in session, online counseling, telephone conversations lasting longer than 10 minutes, letter or report writing, preparation of records and treatment summaries, and attending meetings/consultations, as authorized by you and will be billed to the client in 15 minute increments at the rate of $175 per hour. The fee for any subpoena rated items, including court testimony and preparation for court testimony, will be billed in 15 minute increments at the rate of $275 per hour. Mileage will be charged at $.625. Forms of payment accepted are cash, check, and debit/credit cards with a convenience fee of $5 up to the first $100 and then an additional $5 for every $100 thereafter. There is a $30 fee for any returned checks and/or NSF debit/credit drafts, in addition to any fees from the bank.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Cancellations and No Show Policy**

A 24 hour cancellation is required, in which appointments must be cancelled 24 hours before the scheduled session. There are a few exceptions, such as a last minute emergency. **No show appointments will have a no show fee billed to the client at the current insurance rate.** Clients arriving 15 minutes late, without notification via telephone, will be considered a no show appointment. If there are 2 no show appointments, you may lose your privilege of receiving counseling from Torno Mediation & Mental Health Services.

 Initial here if you have read and understood this section. \_\_\_\_\_

**On Time Responsibilities**

You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we may have to end on time in order to not run over into the next person's session and you will responsible for the cost of the scheduled time of the session.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Length of Counseling Therapy**

You will normally be the one who decides the length of the counseling therapy. However, in most cases, we will agree on a certain number of initial sessions during your intake session to efficiently facilitate your reason for counsel. Missed sessions are always regarded as a set-back for the client regardless of the reason and often requires two sessions to make up for the one missed. Unilaterally, clients have “homework” assignments to complete between regular sessions that must be accomplished for therapy to be effective, therefore, clients are ultimately responsible for their own recovery. If I am not able to help you, because of the kind of problem you are experiencing, or because my training and skills are, in my judgment not appropriate, I will inform you of this fact and refer you to another counselor who may better meet your needs.

 Initial here if you have read and understood this section. \_\_\_\_\_

**HIPAA Privacy Practices**

I have read and understand the HIPAA privacy practices supplied for me.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Financial Responsibilities**

I request that payment of authorized insurance benefits be made on my behalf to the provider indicated above for services furnished to me. I authorize any holder of medical information about me or my dependent to release to the insurance company any information needed to determine the benefits payable for related services. I understand that I am financially responsible for all charges whether or not covered by said insurance. I further agree to pay the cost of collection, court costs, and other reasonable fees should they be required in the event of my non-payment.

 Initial here if you have read and understood this section. \_\_\_\_\_

**Signatures For Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to the above services,

practices, and policies for myself and/or minor child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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