



## The Bridge Counseling, Incorporated Informed Consent Document

Welcome to The Bridge Counseling, Inc. This document contains important information about our professional services and business policies. Please read it carefully and discuss any questions or concerns with your therapist.

### **Therapist Information:**

**Therapist:** Avery Alia Moore, **M.S., CRCC, LAC**

**Credentials:** Certified Rehabilitation Counselor (**CRCC**), Licensed Associate Counselor (**LAC**)

**Education:** Master of Science in Counseling, **John Brown University**

## 1. Nature Individual Therapy and Anticipated Course of Treatment

The Bridge Counseling, Inc. offers a range of therapeutic services designed to address various mental health and emotional issues. The nature of your treatment will be individualized based on your unique needs and goals. Typically, therapy sessions last 50 minutes and are held weekly, though the frequency and duration may vary depending on your progress and specific treatment plan. The course of treatment will be regularly reviewed and adjusted as necessary.

## 2. Client Rights

- **Voluntary Participation:** Your participation in therapy is entirely voluntary. You have the right to refuse or withdraw from treatment at any time without any penalty. Your decision to participate or discontinue treatment will be respected and supported.
- **Treatment Alternatives:** There are several treatment options available, including individual therapy, group therapy, and other therapeutic interventions. Alternative options may include medication, lifestyle changes, or other forms of therapy. Each option has its own risks and benefits, and we will discuss these with you to help you make an informed decision. You also have the option to choose no treatment at all.

## 3. Confidentiality and Its Limits

Your confidentiality is of utmost importance to us. All information shared during sessions will be kept confidential and will not be disclosed without your written consent, except in the following situations:

**Mandatory Reporting:** We are legally obligated to report any instances of suspected abuse or neglect of a child, elderly person, or dependent adult.

**Danger to Self or Others:** If you pose a threat to yourself or others, we may need to take protective actions, which could include notifying the appropriate authorities or seeking hospitalization.

**Court Orders:** We may be required to disclose information in response to a court order or subpoena.

## 4. Involvement of Third Parties

In some cases, it may be beneficial to involve third parties in your treatment (e.g., family members, other healthcare providers). Such involvement will only occur with your written consent.

## 5. Group Counseling Policy

At The Bridge Counseling, Inc., we offer various types of group counseling, including psychoeducational groups, support groups, and art therapy groups. The fees for participation vary based on the topic and type of group you are considering. Participation in group counseling can provide unique benefits and present specific risks. This policy aims to inform clients about these benefits and risks, ensuring informed decision-making regarding participation in group therapies.

### Benefits of Group Counseling

**Support and Understanding:** Group counseling offers a supportive environment where clients can share experiences and receive understanding and empathy from others facing similar challenges.

**Diverse Perspectives:** Hearing from multiple group members can provide new insights and alternative ways of thinking about personal issues.

**Skill Development:** Psychoeducational groups focus on teaching specific skills and strategies to manage mental health issues or improve coping mechanisms.

**Creative Expression:** Art therapy groups allow for creative expression, which can facilitate emotional release and insight.

**Cost-Effective:** Group counseling sessions are often more affordable than individual therapy sessions, making mental health support more accessible.

**Social Skills Improvement:** Group interactions help improve communication and social skills, fostering healthier relationships outside the therapy setting.

## Risks of Group Counseling

**Confidentiality Concerns:** While therapists emphasize the importance of confidentiality, it cannot be guaranteed that all group members will adhere to this. Clients should be mindful of the personal information they choose to share.

**Emotional Discomfort:** Discussing personal issues in a group setting can be challenging and may cause emotional discomfort or distress.

**Group Dynamics:** Interpersonal conflicts or dynamics within the group may arise, which can be both a challenge and a learning opportunity.

**Limited Individual Attention:** In a group setting, the therapist's attention is divided among all members, potentially limiting the focus on individual concerns.

**Influence of Others:** Group members may be influenced by the opinions and behaviors of others, which could affect personal decision-making processes.

## Group Counseling Participation Guidelines

**Confidentiality:** Members are expected to maintain the confidentiality of information shared within the group. Breaches of confidentiality may result in dismissal from the group.

**Respect and Courtesy:** Group members should treat each other with respect and courtesy, allowing for a safe and supportive environment.

**Active Participation:** Members are encouraged to actively participate and contribute to discussions, while also being mindful of allowing space for others to share.

**Commitment:** Regular attendance is crucial for the continuity and effectiveness of the group. Members should commit to attending all scheduled sessions unless unforeseen circumstances arise.

## Informed Consent

By choosing to participate in group counseling at The Bridge Counseling, Inc., you acknowledge that you have read and understood the benefits and risks associated with group therapy. You agree to adhere to the participation guidelines and respect the confidentiality and dynamics of the group setting.

If you have any questions or concerns about group counseling, please discuss them with your therapist before joining a group.

### 6. Telehealth Policy

To maintain professionalism and respect during telehealth sessions, please adhere to the following guidelines:

**Professionalism:** Treat tele-health sessions with the same seriousness as in-person sessions.

**Appropriate Presentation:** Ensure you are in a private, quiet space free from distractions. Dress appropriately.

**Respect:** Do not engage in activities such as using the restroom, smoking, or drinking alcohol during sessions.

### 7. Recording Policy

Recording of sessions is strictly prohibited without express written permission from both the client and the therapist. Unauthorized recording may result in termination of services.

### 8. Social Media Policy

**Friend Requests/Follows:** Personal friend requests or follows on social media will not be accepted to maintain professional boundaries. You are welcome to follow The Bridge Counseling, Inc.'s business social media accounts.

**Interaction Risks:** Interacting with our social media is at your own risk and discretion.

**Public Interaction:** If we encounter each other in public, I will not disclose the nature of our relationship. You are free to do so at your discretion.

## 9. Completion of Paperwork Policy (SSDI/SSI/FMLA)

For the completion of SSDI, SSI, or FMLA paperwork, ongoing treatment is required. A minimum of 6 sessions is required before the practice considers you an established client. This ensures that I can provide accurate and current information regarding your mental health status.

## 10. Court Appearance Fee Policy

Occasionally, it may be necessary for me to appear in court on your behalf. Due to the significant amount of time and preparation required, as well as the potential for court appearances to take an entire day, the following policy applies:

**Fee for Court Appearances:** The fee for a court appearance is \$3,000.00. This fee is equivalent to a full day's appointment schedule.

**Payment:** This fee must be paid in full at least 48 hours before the scheduled court appearance.

**Cancellation:** If the court appearance is cancelled with less than 48 hours' notice, 50% of the fee will be retained to cover the time reserved.

This policy ensures that my time is appropriately compensated and allows me to continue providing high-quality care to all clients.

## 11. Fees and Financial Arrangements

The Bridge Counseling, Inc. is a self-pay practice. This means that payment for services is due prior to each session. The current fee for a standard 50-minute session is \$180.00. We accept various forms of payment, including credit cards, which will be kept on file for convenience. Please note that we do not bill insurance companies directly, but we can provide you with a receipt or a "super bill" that you can submit to your insurance for potential reimbursement. We also offer payment plans through Affirm.

**Accrual of Balances:** If your balance exceeds \$500, a payment plan will be arranged to manage the outstanding amount.

**Sliding Fee Scale/Pro-Bono Services:** A sliding fee scale is available based on your financial situation. Please inquire for more details. Pro-Bono services may be available for situations of extreme financial need, if you encounter a situation that requires pro-bono services, please discuss this with your therapist.

**Late/Missed/Cancelled Appointment Policy:** If you need to cancel or reschedule an appointment, please provide at least 24 hours' notice. Appointments cancelled with less than 24 hours' notice, missed appointments, or late arrivals will incur a fee of \$50 for the first occurrence, \$75 for the second occurrence, and the full session for fee each occurrence thereafter.

**Card on File Policy:** A valid credit or debit card must be kept on file for billing purposes. This card will be charged for any fees incurred, including late/missed/cancelled appointment fees.

**Chargeback Policy**

If any fee for service is disputed and a chargeback is initiated, services will be terminated immediately. This policy is in place to maintain the integrity and financial stability of the practice.

**12. Emergency/Crisis Policy**

In the event of a mental health crisis, immediate steps must be taken to ensure your safety. Please provide an emergency contact below:

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In a crisis, the following procedures will be followed:

- Contact your emergency contact.
- Call emergency services (911).
- Reach out to local crisis intervention services.
- For after-hours emergencies, please go to the nearest emergency room or call the National Suicide Prevention Lifeline at 1-800-273-8255.

**13. Consent to Email and Text Communication**

By signing this document, you consent to communication via email and text messages for scheduling and other administrative purposes. Please be aware that while we take precautions to ensure your privacy, these communication methods are not completely secure.



## **The Bridge Counseling, Incorporated Informed Consent Acknowledgment and Consent**

By signing below, you acknowledge that you have read and understood this informed consent document. You agree to the terms and conditions outlined above and consent to participate in counseling services at The Bridge Counseling, Inc.

Client Name (Please Print): \_\_\_\_\_

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

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

Please retain a copy of this document for your records. If you have any questions or concerns, feel free to discuss them with your therapist. Thank you for choosing The Bridge Counseling, Inc.