

## INFORMATION FOR CLIENTS

Welcome. The following information is intended to help you feel as comfortable as possible and answer some of the questions you may have as we begin psychotherapy. You are welcome and encouraged to ask any other questions at any time.

As with any treatment, there are some risks as well as many benefits with therapy. Risks sometimes include experiencing uncomfortable or painful feelings such as sadness, anxiety, anger, frustration, or other feelings. These risks are normal and to be expected when people are making important changes in their life. While you consider these risks, you should also know that therapy has been shown to have many benefits that include significant reduction of distress as well as improved relationships and coping skills, increased self-awareness, and more authentic, full and satisfied living. I am entering our relationship with optimism about your personal healing and growth.

**Arrival:** When you arrive for your appointment, please come in and make yourself comfortable in the waiting room. There is no receptionist and you don't need to check in with anyone. Please help yourself to water or tea. The restrooms are in the hallway near the elevator. I will come to the waiting room to greet you at the time of your appointment. If you are late, simply stay in the waiting room and I will check to see if you have arrived in a few minutes. Your prompt arrival ensures that you get the benefit of a full session.

**Session format:** Psychotherapy typically involves weekly sessions; duration and frequency vary depending upon the nature of your individual needs. The standard session length is 45–50 minutes. There may be circumstances that indicate that two sessions per week, or a longer session of 75-80 minutes better meets your needs, as is often the case with couples or family work, or when doing intense individual work. At the end of our first appointment, we will arrange for further sessions. You have an option to exit either through the waiting room or through the back exit. This alternative exit further assists in maintaining your privacy.

**Appointments and Cancellations:** Clients generally establish the same time(s) and day(s) each week as their standing appointment(s). We will continue to meet at this time until our work together ends. If your schedule changes, I will do my best to offer you other options so we can continue our work together.

If you need to cancel an appointment, please tell me as soon as possible, but at least twenty-four (24) hours in advance of your reserved appointment time. Please understand that because this time is reserved for you, the lack of adequate notice prevents sufficient time to schedule other clients in need. If you do not provide 24 hours notice of a cancellation, you are responsible for paying the full amount for the session. (If you are using insurance, please note that appointments cancelled with less than at least 24 hours notice, missed or failed appointments are not eligible for insurance benefits and you are responsible for paying the full fee for that session, not just your co-pay amount.)

**Confidentiality:** In all but a few rare situations, your confidentiality is protected by state law and by the rules of my profession. Information you share with me and all matters relating to your psychotherapy will be kept strictly confidential and will not be disclosed without your written permission to release information to a specific individual or organization, such as another healthcare provider. In addition, if I believe that you are in imminent danger of harming yourself or others, or in any situation in which a child or elderly person is put at risk, such as in the case of sexual or physical abuse or neglect, I am required by law to report that danger. In such a situation, I would talk with you about both my concerns and the action taken, if feasible.

**Phone and Emergency Contact:** Don't hesitate to contact me by phone. If I am unavailable when you call, please leave a message on my confidential voicemail. I'm usually able to return calls within the day, but there can be unavoidable delays. I will return your call as soon as possible. If you are experiencing an emergency, please call 911 or go to the nearest hospital emergency room.

*(continued on back. . .)*

**Fees, Payment and Billing:** You are expected to pay for services at each session. If you are utilizing insurance benefits, you are expected to pay your deductible, co-pay or coinsurance amount, as estimated by your insurance quote of benefits. If actual payment by your insurer differs from what was expected, a financial adjustment will be made promptly. Currently, acceptable forms of payment are cash, credit/debit card (VISA, MasterCard or Discover), or check (payable to "Cindy Thelen, LCPC"). Whichever form of payment you choose, you will be asked to complete an *Electronic Payment Consent and Authorization Form*.

- (1) If you choose not to use insurance for psychotherapy services, or if you are covered under a plan for which I am not an in-network provider, or if you are not insured, you will be expected to pay the full fee for each session. Upon your request, I will give you a superbill. If you choose, you can submit the superbill to your insurance company who will then send reimbursement directly to you.
- (2) If you choose to use your insurance and I am an in-network provider in your plan, you will be expected to pay an estimate of your share of each session, based on the mental health provisions quoted by your plan administrator (i.e., your deductible, co-pay, and coinsurance). Your signature below gives me permission to file your claims directly to the provider on your behalf. Once the insurer has processed your claim, any financial adjustments will be made promptly.

You should also be aware that most insurance agreements require me to provide a clinical diagnosis and sometimes additional clinical information such as a treatment plan or summary or, in rare cases, a copy of the entire record. All insurance companies claim to keep such information confidential, but once it is in their hands, I have no control over what they do with it. If you request it, I can provide you with a copy of any report submitted.

***Please be aware that you – and not your insurance company – are responsible for full payment of the fee that we have agreed to. If for any reason your plan does not cover the services provided, or covers them at a different level than was originally understood, you are responsible for full payment of fees. Also, you are responsible for the full fee (not just your co-insurance amount) for any sessions missed or cancelled with less than at least a 24-hour notice.***

**Freedom to withdraw:** You are not obligated to see me for any specific number of sessions, and you have the right to end therapy at any time. You will reach a point in your therapy when you feel finished. I ask that you bring this up in your session and we use the next one to two sessions, or more if you wish, to summarize our work and emphasize how you can continue to integrate the growth you achieved in therapy in your everyday life. You are always welcome to call or continue your therapeutic work if you find the need to in the future.

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**Consent for treatment:** I consent to be treated as a client by Cindy Thelen, LCPC. My signature below indicates that I have read and understand the information provided in this document and agree to abide by its terms.

\_\_\_\_\_  
Signature of Client (12 years and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client (Couples/Family Counseling)

\_\_\_\_\_  
Date

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**Consent for treatment of children or adolescents:** I/We consent that \_\_\_\_\_ may be treated as a client by Cindy Thelen, LCPC. My signature below indicates that I have read and understand the information provided in this document and agree to abide by its terms.

\_\_\_\_\_  
Signature of Parent/Guardian (for all children up to 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (for all children up to 18 years of age)

\_\_\_\_\_  
Date