



Consent for Professional Services

Office Policies & General Information Agreement for Talk Therapy/Counseling Services

This form provides you, the client, with information that is additional to that detailed in the Notice of Privacy Practices and it is subject to HIPAA preemptive analysis. Further information is detailed in Counseling Office Policies and HIPAA Notice of Privacy Practices posted online at CompassCounselingConsulting.com and at the Counseling office. Your therapist would be happy to discuss any of those with you.

Please print your name on the top line, initial each box and sign at the X.

Name: _____

I request that **Holly Morseman** provide professional counseling, talk therapy services to me and/or to:

Relationship: _____

Psychotherapy/counseling services: **\$50-80 per 45-50 minute session (see sliding scale)**
Preparation of reports, letters, and phone calls over 5 minutes will be pro-rated as a partial session.

If coverage by Employee Assistance Program; write name of program, employer and Authorization Number here.

I agree that payment for services is due at the time of service and that I am fully responsible for payment, even if insurance is billed. I understand that there is no guarantee of insurance coverage/reimbursement for fees.

In order to avoid full charges for missed appointments; I understand that I must call at least 24 hours in advance if I am unable to keep the scheduled appointment. (Insurance is unlikely to cover the cost of any missed appointment fees)

I understand that my therapist **will not** be available for 24 hour crisis intervention or emergencies and I have been informed where to call if I have an emergency 911 or the local Crisis Line 503.291.9111.

I acknowledge that I have received notice that a copy of Professional Disclosure Statement and a Notice of Privacy Practices for Holly Morseman is available online at www.CompassCounselingConsulting.com, or I can ask for a paper copy if I want. I will review both documents and know that I am encouraged to discuss any further questions with my therapist at any point in my treatment.

I understand that email and text are **not** considered confidential forms of communication. I would like to communicate with my counselor by email (**circle: yes / no**) and/or text (**circle: yes / no**). I understand that neither forms of communication are required, and that I must inform Holly Morseman in writing if/when I wish to revoke my consent to these forms of communication.

I have read and understand the above information. I consent to therapy in full agreement with the terms stated above and the understanding that my therapist and I will clarify goals and objectives at any time.

X _____
Signature of client (or person acting for client) Date

Relationship to client (if necessary)

I, **Holly Morseman, M.A., LPC Intern**, have discussed the issues above with the client. My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist: _____ Date: _____