



New Hope Counseling, Coaching and Consulting, P.C.  
Informed Consent

**Welcome**

Thank you for choosing New Hope Personal Growth Center. We realize that starting counseling or coaching is a major decision and you may have many questions. This document (along with the Notice of Privacy Practices form) is intended to inform you of our policies, state and federal laws and your rights. If you have any other questions or concerns, please ask and we will try our best to give you all the information you need.

**You've Already Taken the Biggest Step ...**

Deciding to come in for counseling/coaching is a big step for many people. We recognize the courage and determination it takes to decide to deal with the situations you are facing. Because counseling/coaching depends on honest, two-way communication, we want to explain what you can expect from us, as well as what we will expect of you, while you work together with us at New Hope Personal Growth Center.

**May We Call You?**

New Hope staff may need to contact you regarding scheduling or other issues. What telephone number(s) may be used?

Phone 1 \_\_\_\_\_ (home / work / cell / other \_\_\_\_\_)

Phone 2 \_\_\_\_\_ (home/work/cell/other \_\_\_\_\_)

**May we leave a brief confidential message? ( ) yes ( ) no**

If yes, please indicate where \_\_\_\_\_ (e.g. voice mail, answering machine, person.)

**Emergencies**

- New Hope does not have staff to provide 24-hour crisis/emergency intervention - You may not be able to contact your counselor directly in time of emergency.
- **If you are experiencing a life-threatening emergency (e.g., feeling suicidal, assaulted), dial 911 or go to your local emergency room immediately.**

**Confidentiality and Release of Information**

- At New Hope we work to provide you with a safe, private atmosphere and secure confidentiality.
- You have the right to have your treatment information kept private. However, **there are certain situations, as required by law, in which your counselor/coach is required to break confidentiality. Please become familiar with all policies and regulations outlined in the Notice of Privacy Practices**, included in this packet, prior to your first session. Read it carefully and feel free to ask your counselor/coach questions if you have any concerns.
- If you would like your counselor/coach to speak with someone about your treatment (e.g., physician, minister, family member, etc.), you will need to give your permission in writing. Simply ask your counselor/coach to fill out a **Release of Information** form. You can revoke your Release of Information at any time.

**Consent for E-Mail Correspondence**

Although E-mail is a simple and efficient way to communicate and exchange information, **it should never be used during a time of crisis or emergency.** During your time in counseling/coaching at New Hope, e-mail exchanges with your counselor/coach may be helpful for issues such as rescheduling an advanced appointment, providing a brief update on events/issues or sharing journaling. While there are benefits to corresponding through e-mail, you need to be aware of, and agree to, the following provisions:

- The staff at New Hope usually checks their email accounts one or two times per day, therefore information needing prompt attention should not be emailed (e.g. emergency, crisis, less than 24 hour cancellation notification)
- New Hope **cannot guarantee the confidentiality of the information that you send or receive via e-mail.** If other people in your home or office have access to your e-mail account and sent/received emails, it is important to remember they may see the emails exchanged between you and your counselor/coach.
- If you change your e-mail address or would like messages sent to a different e-mail account, you are responsible for informing your counselor/coach of these changes.

**Insurance**

- New Hope does participate in some managed-care insurance plans and does directly bill these participating insurance companies.
- A client's annual deductible amount or the required session co-pay amount will be due at the time of service.
- If you decide to submit a claim to your insurance carrier (other than with those whom we participate), you are responsible for submitting all paperwork to the insurance company and payment needs to be made to New Hope at the time of service.
- At times, after a claim is submitted to an insurance company, they contact our office to obtain information about the diagnosis, treatment plan and licensure of the counselors. If you submit a claim for mental health care provided by New Hope to your **insurance carrier and they contact us for more information, you give New Hope permission for us to release any information necessary to file that claim.**

**OVER →**

- If, for whatever reason, your insurance provider denies payment to New Hope, you will be responsible for setting up payment arrangements for the unpaid balance of your account. This balance may be paid via a credit card transaction or from a flexible spending account.

**Fees for Counseling**

- The New Hope standard rate for counseling services is \$125 per 50 minute session. Original intake sessions are \$150 per session. If clients choose to pay at the time of service, there is a discount rate available for immediate payments via credit card, debit card, cash or check.
- Coaching fees are agreed upon at the time of initial contract, depending on the number of sessions and the needs as defined by the client and coach.
- There is no sliding fee scale for counseling/coaching services.
- You have a responsibility to pay the fee that you agree upon and to let your counselor know about any problems with payment of fees.

**Cancellations and No-Shows**

- You have a responsibility to keep scheduled appointments. New Hope expects that you will notify your counselor/coach in advance if you are unable to keep an appointment – a minimum of 48 hours notice. If leaving a voice mail or email cancellation notice, a reply from New Hope staff should be received to verify cancellation notification has been made.
- Because late cancellations may not give your counselor/coach enough time to reschedule the session with another client, **you will be billed for late cancellations or No-Show sessions.**
- You will need to provide a valid credit card number for such late cancellation fees.

**Consent for Treatment**

- You have the right to choose among various treatment options that can be used to deal with your issues.
- You have the right to know the risks and benefits of any counseling techniques used in your treatment.
- You have the right to know the clinical guidelines used in providing and managing your care.
- You have the right to know your counselor’s/coach’s education/training, licensure and clinical specialties. (staff credentials can be found at [www.grownewhope.com](http://www.grownewhope.com))
- By entering into this counseling/coaching arrangement you give consent to be treated by your counselor/coach.

**Challenges of Counseling and/or Coaching:**

- In counseling (and sometimes coaching), you face the challenge of learning things about yourself or your relationships that you may not like or are difficult to deal with at the time. Often, personal growth cannot occur until you confront those issues/struggles that cause you to feel sadness, sorrow, anxiety, pain, etc. Your counselor/coach will be there for support and you learn to embrace these challenges.
- Your goal will be to distinguish between those things you do and do not have control over in your life and to assess what responsibilities you have. Often times these responsibilities include identifying the choices for change that are required to achieve your goals.
- There is also the possibility that your counselor/coach alone may not be sufficient in providing assistance in the areas of your struggle. If this is the case, the counselor/coach will assist you in exploring alternative plans with you.

**ACKNOWLEDGMENT/CONSENT FOR TREATMENT:** I, the undersigned, authorize New Hope to release and receive written and/or verbal information regarding my condition and treatment with my primary care physician for coordination of care:

**Client’s primary care physician (please print):** \_\_\_\_\_

Primary care physician’s address: \_\_\_\_\_

Primary care physician’s phone number: (\_\_\_\_\_) \_\_\_\_\_

*I acknowledge that I have read and understand the information described above and on the **Notice of Privacy Practices**, and I authorize New Hope Counseling, Coaching and Consulting, P.C. to provide counseling and/or coaching services for my (or my dependant’s \_\_\_\_\_) care. I understand that I may withdraw this consent in writing and terminate treatment at any time.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD INFORMATION**    Master Card/Visa/Discover (circle one)

Account # \_\_\_\_\_ Exp. Date. \_\_\_\_\_ Verification # (back of card) \_\_\_\_\_

Name On Card \_\_\_\_\_ Authorized Signature \_\_\_\_\_