INSIGHTS COLLABORATIVE THERAPY GROUP

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INFORMED CONSENT TO TREAT
(Adult)

THERAPIST: MARY D. SANGER, M.A., LPC-S, LMFT-S, LCDC

EDUCATION:

Master of Arts in Counseling, Argosy University, Dallas, Texas
Bachelor of Arts in Psychology, Argosy University, Dallas, Texas

LICENSES:

Texas Licensed Professional Counselor (Supervisor) (#63701)
Texas Licensed Marriage and Family Therapist (Supervisor) (#201295)
Texas Licensed Chemical Dependency Counselor (#10981)

TECHNIQUES, GOALS, AND PURPOSES OF THERAPY: Although I use various therapy methods, my primary therapeutic modality is Bowen Family Systems. I also may utilize relational mediation. Whether I am working with an individual, couple, or family, I help with the process of individuation and help you learn to manage "self" while being in relationship with "other". Together we will identify patterns in relationships which are causing you difficulty. I believe in the idea of self-determination and that you are the expert in your own life. If given the right environment and support, you can make changes and decisions that will lead you to happiness in work, love, and play. We will discuss which therapy methods we use. Additional types of therapy, such as support groups or therapy groups, may also be appropriate in your situation. There may be alternative ways to effectively treat the problems you are experiencing. It is important for you to discuss any questions you have about the recommended treatment and to have input into setting the goals of your therapy. We will discuss the initial goals, purposes, and techniques of therapy in our first two or three sessions.

Through therapy or mediation, it is hoped that you will be better able to understand your situation and feelings and move toward resolving your difficulties. Using my education and knowledge of human development and behavior, I will make observations about situations as well as suggestions for new ways to approach them. It is important for you to explore your own feelings and thoughts and to try new approaches in order for change to occur.

You and/or your family may be coming to see me for a "family consultation." In these consultations, we may meet for several hours at a time, there may be psychological assessments administered for an additional cost, and I may make therapeutic recommendations but not continue working in an ongoing way with you.

I also perform mediations to foster cooperative problem solving, stabilization of relationships, and amicable agreements for issues such as divorce settlements, parenting plan modifications, parent-child conflicts, pre-marital agreements, etc.

RISKS OF THERAPY: There is always a risk of psychological side effects from psychotherapy. Sometimes symptoms worsen before they improve. Often therapy brings up painful emotions. In therapy, you may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that induce you to feel sadness, sorrow, anxiety, or pain. The success of our work together depends on the quality of the efforts on both our parts and the realization that you are responsible for lifestyle choices/changes that may result from therapy. For instance, one risk of marital therapy is the possibility of divorce. Our goal is to confront issues and emotions together, and with time, to work through them.

COLLABORATIVE PRACTICE: Insights is a collaborative practice which offers a team approach to every client's case, including yours. This means our Insights team of mental health professionals may discuss and collaborate on cases, including yours. You consent to this collaborative process.

LENGTH OF TREATMENT: Length of treatment is difficult to predict. Each person has unique strengths and weaknesses, and each problem is different from the next. Together we will decide how often you should come to therapy. It is my goal that each client will finish therapy in a timely manner, without unnecessary expenditure of time or money. Faster progress will likely be achieved if between sessions you thoughtfully reflect on the topics and techniques we discuss during our sessions. Coming to your session with your thoughts, feelings and questions is helpful.

SESSIONS; CANCELLATIONS: Our therapy sessions will normally be 50 minutes or 80 minutes, although sometimes longer sessions are appropriate. Sessions are by appointment only and are scheduled at the end of each session, by calling the Insights office or me (Monday through Friday between 9:00 A.M. and 5:00 P.M.), or by using the online client portal. **You agree to pay for missed or canceled sessions unless you call at least 24 hours in advance to cancel or reschedule the session.** (Exceptions may be made in emergency situations.) Most insurance companies do not reimburse for missed or canceled sessions.

Mediation sessions will normally be a half-day (4 hours) or a full day (8 hours). **You agree to pay for missed or cancelled mediation sessions unless you cancel or reschedule the session at least seven (7) days in advance.** There is often various paperwork required before the mediation session so I can familiarize myself with your case. If the required paperwork isn't provided in a timely manner, the mediation time will be used to familiarize myself with your case and no refund is extended. (Exceptions may be made in emergency situations.) Insurance companies do not reimburse for missed or canceled sessions.

THERAPY FEES: Each 50-minute therapy session costs $190; each 80-minute therapy session costs $290. In many cases, insurance will reimburse you for all or part of the therapy session fee. I do not file insurance claims for you; you must do this on your own. However, I will provide you appropriate documentation for you to give your insurance company.

You agree to pay me for all non-session time related to your case, which costs $380 per hour (prorated in 15-minute increments), plus reasonable expenses and legal fees. "Non-session time" includes, but is not limited to, offsite visits, consultation with third parties, report writing and reading, travel time, and preparation for depositions, hearings and trials. I may require advance payment for these fees and expenses, which will not be reimbursed by your insurance.

If I am asked or subpoenaed to attend or testify at depositions, hearings or trials (even if you are not the person who asked or subpoenaed me to attend or testify) concerning your case, you agree to pay me $3,040 per day (or any part of a day), plus reasonable expenses and legal fees, none of which will be reimbursed by your insurance. I may require payment for these fees and expenses 48 hours before the scheduled court appearance or deposition. You expressly authorize me to obey subpoenas and to disclose requested information.

When I go to court or give a deposition, I have to clear my schedule and not schedule other clients, so there is a minimum 48-hour cancellation policy for court proceedings and depositions. If my court appearance or deposition is cancelled less than 48-hours before the court appearance or deposition is scheduled, you agree to pay all fees for the court appearance or deposition even though they did not take place and are **non-refundable**. Clearing my schedule to attend or testify at depositions, hearings and trials disrupts my daily schedule for other clients.

MEDIATION FEES: Each mediation session costs $400 per party for 4-hour sessions and $800 per party for 8-hour sessions. Each additional hour costs $100 per party. Mediation is not covered by insurance.

If I spend time outside of mediation sessions concerning your mediation (including, but not limited to document review, document drafting, and phone, text or email communications), you agree to pay me $200 per hour (prorated in 15-minute increments) for that time. I do not charge for emails, texts or phone calls concerning scheduling.

PAYMENT: Therapy fees are due at the end of each session. Mediation fees are due before or at the start of each mediation session. For therapy or mediation fees and expenses which you do not pay by check or in cash, you authorize Insights to charge those fees and expenses (plus an administrative charge) using the credit/debit card information you provide to Insights.

OUR RELATIONSHIP: The relationship between us is professional and therapeutic, rather than personal. It is vital to maintain the professional nature of this relationship, so personal, social and business activities of any kind between us are inappropriate because they undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate. Sexual intimacy between a therapist and a client is always inappropriate and illegal. If this has happened to you in the past, I am required to report it to the Office of the District Attorney in the county where you live and report it to the licensing board of your previous provider. Also, you should file a complaint with the appropriate licensing agency. I am the sole therapist responsible for your therapy. You release Insights and its other therapists from all aspects of the therapeutic relationship between you and me.

CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY: In general, all communications between you and your therapist are confidential and protected by law, and I can only release information about our work to others outside our relationship with your written permission. However, the privacy and confidentiality of our communications are not absolute. A few exceptions are outlined below:

1. If you are involved in a court proceeding and a request is made for information concerning your diagnosis and treatment, such information is protected by the therapist-client privilege law. I cannot provide any information without your written authorization. However, if your records are subpoenaed or if a judge issues a court order for your records, I am legally obligated to comply. In the case of a subpoena, I will contact you so you (and/or your attorneys) can take steps to contest the subpoena. If you do nothing to contest the subpoena within three (3) days after being notified by me, I will obey the subpoena.

2. If I believe that you are a danger to yourself or to other persons, I will contact medical or law enforcement personnel.

3. If you disclose information that leads me to suspect that a minor, elderly, or disabled person is being abused or neglected, I am required by law to notify authorities within 48 hours and I will comply with this requirement.

4. If you file a lawsuit or a complaint against me for any reason related to your therapy, I am allowed to use confidential information to defend myself.

5. If a court order or other legal proceeding or statute requires disclosure of your information, I will obey the court order or the law.

6. If you waive the rights to privilege or give written authorization to disclose information, I will comply with your authorization.

7. Information contained in communications via computers with limited security/control, such as e-mail and telephone conversations via cell phone is not secure and can compromise your privacy.

8. If I learn of previous sexual exploitation by a mental health provider, I am required to report it to the district attorney in the county of the alleged exploitation and the appropriate licensing board of the provider. You may have the right to remain anonymous when the report is filed.

Most insurance companies require a clinical diagnosis to reimburse for treatment. Some may require additional clinical information to support payment. Information collected by an insurance company will become part of the company's files. Though all insurance companies claim to keep such information confidential, I have no control over what they do with it once it is in their possession. Medical data has been also reported to be legally accessed by enforcement and other agencies, which may place you in a vulnerable position. The safest way to protect confidentiality is to pay cash for treatment.

By your signature below, you acknowledge that you have been advised of these limits to confidentiality and potential risks. If you elect to use your insurance coverage to pay for treatment, I will assume that you have evaluated the stated risks and elected to proceed.

CONSULTATION WITH OTHER PROFESSIONALS: At Insights, I often collaborate with other Insights therapists about cases, which may include personally identifying information about you if we discuss your case. It is sometimes appropriate for me to consult with outside professionals about certain cases. Therefore, it is possible that I will discuss your case with outside therapists to gain information or insight about your situation. If this occurs, your name and identity will not be revealed during these discussions. Your insurance company may contact me about the progress of your therapy.

TELEHEALTH: We may have telephone sessions or video conference therapy sessions ("telehealth sessions") only if we both agree it would be appropriate to do so. You consent to the following: (1) you assume sole responsibility for securing a telehealth location that is private, quiet and confidential; (2) you understand that a telehealth session may be disrupted due to technical difficulties or intercepted by an unauthorized party; (3) you understand that the privacy and confidentiality (and exceptions to confidentiality) of telehealth sessions are identical to those of the privacy and confidentiality (and exceptions to confidentiality) of face-to-face sessions stated in this Informed Consent to Treat; and (4) you understand that telehealth sessions and related technology may not be HIPAA-compliant. You agree not to audio or video record any telehealth session. We each have the right to terminate a telehealth session or cease telehealth sessions at any time for any reason.

RECORDING DEVICES: You agree not to audio or video record any session without my prior written consent in each instance. For this reason, you agree to turn your smart phone and any other devices with microphones (such as tablets and laptops) off when you are in the Insights offices. These devices generally have voice control turned off; however, you acknowledge that snippets of our

conversations may be unintentionally recorded on your device and sent to a third party. If you prefer not to take this risk with your devices, it is your responsibility to turn off or disable voice controls on these devices while you are at Insights.

SOCIAL MEDIA AND APPS: I do not engage in communications or relationships with clients via social media. This is for your protection and to protect the therapeutic relationship. You agree not to contact me on social media or apps. I will not accept "friend" requests or similar connections with clients, their family members or friends. Social media and apps are not private or confidential; and their use may disclose or interfere with our therapeutic relationship. I will not provide therapy by social media or apps, and I will not acknowledge or respond to private messages or client emergencies on social media or apps. Some social media and apps may seek to connect you with me or other visitors to Insights through a "people you may know" or similar feature. If you want to minimize the risk of others becoming aware of your connection to me, it is your responsibility to make use of the privacy controls available on your social media and apps. If you would like to minimize the risk of others becoming aware of your physical location at Insights, it is your responsibility to make use of the location monitoring controls available on your smart devices.

MARRIAGE AND FAMILY CLIENTS: When I treat a couple or a family (a "treatment unit"), the treatment unit is the client as are the individual members of that treatment unit. If there is a request from a third party for the records of the treatment unit, I will not release any confidential information unless I am required by law to do so or unless I have written authorization from the entire treatment unit.

During my work with a couple or a family, I may at times see fewer than all members of the treatment unit (e.g., an individual or two siblings) for one or more sessions (a "limited session"). Limited sessions are part of couples or family therapy, not individual therapy. I may determine it is in the treatment unit's best therapeutic interest for me to share information learned in a limited session ("limited session information") with other members of the treatment unit. I will use my best judgment as to whether, when, and to what extent I will disclose limited session information to other members of the treatment unit; and, if appropriate, I will give the discloser(s) of the limited session information the opportunity to disclose it to the other members of the treatment unit. If you have matters that you absolutely do not want to be shared with other members of the treatment unit, you should consult and discuss these matters with an outside individual therapist, not me.

This "no secrets" policy allows me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the treatment unit. For instance, limited session information may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this limited session information to the couple or the family during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

1. Records Requests for Couples Counseling Records. Because the treatment unit is also a client, I will not release my records of couples counseling to one member and not the other. By your signatures below, both members of the couple agree that I will not release my records of couples counseling unless both members of the couple sign a written authorization allowing for the release of the records, or present me with a Court Order or subpoena requiring that the records be released and pay the records fee. Upon receipt of the signed written authorization or Court Order and payment of the records fee, I will provide a complete copy of the couples counseling records to both members of the treatment unit.

2. Records Requests for Family Counseling Records. I will not release my records of family counseling unless ALL the adult members of the family sign a written authorization allowing the release of the records or present me with a Court Order or subpoena requiring that the records be released and pay the records fee. Upon receipt of the signed written authorization or Court Order and the payment of the records fee, I will provide a complete copy of the family counseling records to all adult members of the family treatment unit.

3 Records Requests from Third Parties. If there is a request from a third party for the records of the treatment unit, I will not release any confidential information unless I have signed written authorization from all adult members of the treatment unit or a Court Order or subpoena requiring that the records be produced, and payment of the records fee is made to my office.

YOU ACKNOWLEDGE YOU HAVE BEEN PROVIDED A COPY OF INSIGHTS' NOTICE OF PRIVACY PRACTICES. If you have any questions about confidentiality, let me know and we can discuss this further.

COMMUNICATION: During office hours, you can reach me at 214.706.0508. I am normally not available after hours. From time to time we may communicate by telephone, text or email. I may charge my regular session rate for phone calls, text exchanges or email exchanges which exceed ten minutes. I may not receive or respond to telephone calls, texts or emails. The privacy and confidentiality (and exceptions to confidentiality) of telephone calls, texts and emails are identical to those of the privacy and confidentiality (and exceptions to confidentiality) of face-to-face sessions as stated in this Informed Consent to Treat. You understand that a telephone call, text or email may be disrupted due to technical difficulties or intercepted by an unauthorized party and may not be HIPAA-compliant.

EMERGENCIES: In case of emergency (an urgent issue requiring immediate action), you should immediately contact 911, your physician, your local emergency room, the local police department or a crisis hotline. It is your responsibility to seek appropriate resources in emergency situations. Insights is not a crisis center; neither I nor Insights will be held responsible for any damages occurring as a result of an unmet crisis or acute care. In case of emergency, Insights is authorized (but not required) to discuss your emergency situation with the Emergency Contact listed in your New Client Information form.

PLAN FOR PRACTICE IN CASE OF DEATH OR INCAPACITY: In the event of my death, incapacity or disability, I have made arrangements for another therapist to take over my practice, assume control of my records, meet with clients, make appropriate referrals to other providers, if necessary, and take all reasonable steps to manage the practice for the benefit of my clients. By your signature below, you authorize my designee to contact you directly and use/disclose your confidential mental health information and records for the stated purposes.

TERMINATION: Normally we will terminate therapy by mutual agreement but there are a few instances in which I may terminate our therapeutic relationship without your agreement. If I believe that my approach and training are no longer appropriate for your specific concerns or that you are not benefitting from treatment, I will notify you of my decision to terminate our therapeutic relationship and give you referrals to other professionals who may be better suited to meet your needs. I understand that any termination may be difficult, but my decision on this matter will be final.

You have the right to terminate therapy at any time. If you do not schedule an appointment within six (6) months of your last therapy session, you will be considered to have terminated therapy. As our therapy proceeds, I will assess the continued benefit of your therapy with me. I do not continue to treat clients who are not benefiting from therapy or those who believe I am unable to help. I will discuss this with you and, if appropriate, terminate treatment. In case of termination, I will provide you referrals to other therapists who may be of help to you. If you request it and authorize it in writing, I will consult with the therapist you select to assist in your transition. Upon termination of therapy for any reason, the termination and referrals will be confirmed in writing.

COMPLAINTS: If you have a complaint or concern about your therapy, please speak first to me. If we are not able to resolve the complaint or concern, you may contact my licensing boards as follows: Texas State Board of Examiners of Professional Counselors; Texas State Board of Examiners of Marriage and Family Therapists; Licensed Chemical Dependency Counselor Program; Complaints Management and Investigative Section; P.O. Box 141369, Austin, Texas 78714-1369; 1.800.942.5540 (phone).

CONTACT INFORMATION: You consent for me and Insights to communicate with you by mail, text, email, and phone at the addresses and phone numbers you provided on the New Client Information form, and you will IMMEDIATELY advise me if there is any change.

CONSENT TO TREAT: You have voluntarily agreed to receive mental health assessment, care, or treatment, and you consent to and authorize me to provide such assessment, care, or treatment in the manner I consider necessary and advisable. You agree to participate in the planning of your care and treatment. By your signature to this Informed Consent to Treat, you confirm that you understand the nature of the proposed therapeutic treatment and you give your informed consent to receive therapeutic services from me. By your signature below, you agree that this Informed Consent to Treat will stay in effect until you revoke it in writing and you acknowledge that this Informed Consent to Treat may be enforced as a written contract. You agree that a copy of this Informed Consent to Treat has the same force and effect as the original, and that any written revocation must be dated AFTER the date of this Informed Consent to Treat and must be provided to me before it will take effect.

BY SIGNING THIS INFORMED CONSENT TO TREAT, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD ALL THE TERMS AND INFORMATION CONTAINED IN IT AND THAT AMPLE OPPORTUNITY HAS BEEN OFFERED TO YOU TO ASK QUESTIONS AND SEEK CLARIFICATION OF ANYTHING UNCLEAR TO YOU.

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Client signature Date