**Informed Consent for Jenny Currie Counseling Services, LLC**

*MA, LPCC Licensed Professional Clinical Counselor (Ohio)*

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Welcome to the counseling process with myself, Jenny Currie, MA, LPCC! My hope is to support you in your personal growth and emotional and spiritual well-being.

**Mission and Nature of Counseling Services**

Counseling is, in part, the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation. Counseling has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such and sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of counseling, it is difficult to predict what exactly will happen, but I will do my best to make sure you will be able to handle the risks and experience some of the benefits.

When and if I am working with a child or adolescent client, I will also incorporate the parents into the process. I believe that parents/guardians have an even larger sphere of influence with children and adolescents than the therapist and that there could be family patterns that come to light during the work with the client. As such, I seek to support the entire family so that what is learned in therapy can also be carried into the home and the entire family can move forward together.

Play therapy is often incorporated with young children up to approximately age 11. This may include sand therapy, the use of art, dolls, therapeutic games, etc. Children these ages use play as their language and do not communicate as effectively with words; their play is very symbolic. Though this process may take more time, the benefits are well worth it. I ask that you trust this process.

For couples or families seeking therapy, I focus on the couple or family primarily, as opposed to doing many individual sessions as I do not one person to feel an alliance is formed with the therapist. I believe the relationship is the client.

I incorporate faith to the process with those who are open.  I do this from a Christian worldview with biblical principles.  I believe that at times our lives are unmanageable and in need of a higher power.  While my personal faith influences my perspective, I respect that not everyone shares this same set of beliefs and would not incorporate them if someone did not desire to.  My experiences have shown me that anyone can be helped by the basic principles of love and honesty.

**Fee-Related Issues**

Evaluation and future regular appointments cost the same and will be 55-minute therapy sessions. The first session/intake/evaluation fee is $150. Individual sessions after that are $135; couples and families are $160 for intake and proceeding sessions. You may pay by check, cash, Venmo, or HAS card. If paying by check, please make it payable to Jenny Currie.

Regarding insurance in Ohio, I am now in network with Aenta and Medical Mutual and take these if your primary insurance. We will discuss copays and deductibles specific to your plan.

In Connecticut, I take Anthem plans and Husky if it is your primary insurance. We will discuss your copays and deductibles specific to your plan.

If you do not provide 48-hour notice for a cancelation, you will be charged the full fee you would have for the appointment, not just the copay if you have one. I find that rebooking appointments in less time than that is very difficult, if not impossible. If you are paying out of pocket, you would still be charged the full fee. In the case of insurance, for example, if you have Anthem you would be charged $114 or $89 for the appointment, depending on the insurance code. Regarding Husky, because I cannot charge for no-shows and late cancellations, I will need to terminate treatment if this happens twice. If there is a bounced check, I ask that you cover the fee for the bounced check and of course still pay for the session. I will waive the fee if there is an unexpected illness or accident as I understand these things happen at times in life. Thank you for your help in this matter.

**Confidentiality**

In general, the law protects the confidentiality of all communications between a client and a therapist, and I can release information to others about your therapy only with your written permission. However, there are a number of exceptions:

* A client is a danger to self / others
* A client requests release of information
* A court orders a release of information
* A client initiates a malpractice lawsuit
* A client is below 18 years of age as parents have rights to therapeutic information
* A child is abused or neglected
* An elderly person is abused or neglected
* An insurance company or managed care company requests a diagnosis and / or relevant clinical information

In addition, at times, I will need to consult other colleagues about your case to give you the best care possible. I will not reveal your name and only provide as much information as necessary to consult, keeping your privacy in mind.

**Counselor Responsibilities**

I am responsible to provide you with the best possible counseling services within my scope of competency and to give you my undivided attention. If I do not have an answer for you, I will do my best to seek one. I will be prompt for your appointments and give you sufficient notice if I am unable to meet you for an appointment.

**Client Rights and Responsibilities**

As a client, you have the right to fair treatment, regardless of race, ethnicity, or beliefs. You also have the right to request your records in writing if need be. Your responsibility, however, is to be prompt, put forth your best effort, and do what is asked of you. In addition, please notify me within sufficient time if you cannot make an appointment.

**Contacting Me**

If I am in a session or otherwise unavailable, please leave me a confidential voicemail and I will return your call within 24-48 hours. I do take off weekends and holidays but will return messages when I return. If you have an emergency and feel your life or someone else’s may be in danger, please call 911.

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Client sign above.)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/guardian signature. For parents of a minor, there is an additional informed consent I ask you to sign as well with more detail.)

**If utilizing insurance, please sign below.**

I understand that I am responsible for any amount that my insurance does not reimburse.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of responsible party)

A separate HIPAA Privacy Authorization Form will be provided.