



Lumina Counseling Associates PLLC

INFORMED CONSENT SERVICE AGREEMENT

Scope of Services The staff of Lumina Counseling Assoc. is comprised of Michelle Chiaramonte MA, LCSW providing outpatient psychotherapy services in an office setting.

Treatment Approach I work with individuals, couples and families. Interventions are drawn from the following evidence based treatment modalities: CBT, DBT, Relational Life Therapy, Family Systems/Family Resiliency, and Mindfulness-Based Stress Reduction among others. Areas of competency include but are not limited to: Academic Concerns, ADD/ADHD, Anxiety/Depression, Behavioral Issues, Couples Therapy, Emotional Regulation, Family Relationships, Infidelity, Life Transitions, Postpartum Mood Issues, and Sexuality. All are welcome.

Goals of Therapy There can be many goals for the therapy relationship. Some possibilities are improving the quality of your life, learning to live with mindfulness and intention and navigating the stress of life transitions. For others it can be decreasing anxiety and depression symptoms, developing healthy relationships, improving communication skills or changing problem behaviors. Whatever the goals for therapy, they will be set by the clients according to what they want to work on in therapy. I may make suggestions on how to reach that goal but you decide where you want to go.

Risks/Benefits of Therapy There are many benefits to therapy. Therapy can help you develop coping skills, make behavioral changes, reduce symptoms of mental health disorders, improve the quality of your relationships, learn to manage emotions, and learn to live in the present. Therapy is an intensely personal process, which can bring unpleasant memories or emotions to the surface. There are no guarantees that therapy will work for you. Clients do not always make the improvements they are hoping for. Progress may happen quickly or more slowly than desired. When positive change happens, some clients find that others in their life react both positively and negatively.

Confidentiality Your experience in therapy is private and confidential. Should I see you in any capacity outside of the office, I will not acknowledge knowing you in any way. If you would like to acknowledge my presence, you are welcome to do so. I will make every effort to keep your personal information private. If you wish to have information released, you will be required to sign a consent form before such information will be released. If you have a concern that arises during treatment that information you may share may result in action required of the therapist to disclose that information outside of the treatment relationship, please preface such disclosure by referencing confidentiality as part of the therapeutic process.

Limits to Confidentiality:

- Case Consultation: I may consult with a supervisor or other professional therapist in order to give you the best service. In the event that I consult with another therapist, no identifying information such as your name would be released.



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- Risk of harm to self or others: I am mandated to report abuse and neglect of any minor or elder. I will work with any necessary partners to ensure you or those around you are safe when posed with a credible threat.
- Court Order/Subpoena: If I receive a court order or subpoena, I may be required to release information. In such a case, I would release only what is necessary by law.

Confidentiality and Technology Some clients may choose to use technology to communicate with their therapist including but not limited to telephone/voicemail, email, text, telehealth video sessions and appointment reminders. **Due to the nature of technology, there is always the possibility that unauthorized persons may access your personal information.** I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised as a client it is your responsibility as well to take precautions with regard to authorized and unauthorized access to any technology used. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other technology used to communicate with me which may result in their ability to access your private health information.

Please utilize the Lumina Counseling Assoc. website www.luminacounseling.com for information and electronic communications. You may access the Online Scheduling Tool to make or change appointments, you can create a Client Portal allowing you to exchange clinical/financial/insurance/account information with your therapist, and you can access resources and referral information. This is offered to you as a courtesy and convenience, however, please understand the risks associated with this technology. Should you choose to participate in the Portal, you are acknowledging the risks and associated responsibility.

Court If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you share confidential information with me. I will do all that is in my power to protect confidential information however if subpoenaed, I will have to cooperate with the proceedings. In the interest of providing the most effective treatment and treatment environment, I may ask you to sign a declaration that you will not use the content of sessions in any adversarial contest. If your case requires my participation, you will be expected to pay for the professional time required at the appropriate client rate billed at \$150/hour.

Appointments Appointments will be 60 minutes in duration, weekly or bi-weekly at a time we agree upon. Sessions may be more or less frequent as needed. In some circumstances additional session time may be beneficial and will be charged in increments of \$75/30 mins. If you will be late to a scheduled appointment, I will hold the appointment time for 15 mins. If you will be more than 15 mins late, please consider the session cancelled and subject to re-schedule.



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Weather cancellations/delays, vacation days and clinician illness cancellations will be posted on the Office Closure Notifications tab on the website at www.luminacounseling.com no later than 6:00am daily.

Messages and Crisis Policy I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voice mail and your call will be returned as soon as possible, but it may take up to 48 hours for non-urgent matters. If you feel you cannot wait for a return call or it is an emergency situation, go to your local hospital, call 911, or call Holly Hill Hospital 919-250-7000.

Only in emergency situations is clinical contact outside of session available. If you have a scheduling concern, weather question or financial request, please explore the website and/or client portal which can be found at www.luminacounseling.com as your question or request may be answered more quickly.

Termination If you no longer wish to continue therapy, I recommend that you discuss this with me in session prior to terminating. An orderly end of therapy has positive effects for clients. Inactive status denotes that more than 30 days have elapsed since your last appointment and formal termination by the therapist will occur if more than 60 days have elapsed since your last appointment. Resumption of therapy may occur by contacting the therapist.

Financial & Cancellation Policies When you schedule an appointment you are reserving time only for you, preventing others from securing that time. If you miss, cancel or re-schedule a session with less than 24 hour notice, you will incur a \$75 missed appointment/late cancellation fee. It is important to note that HSA/FSA cards are not eligible for use on this fee. If you fail to provide an alternate form of payment, you are responsible for charges incurred on your HSA/FSA card.

Payment is expected at the time of service unless alternate arrangements have been made prior. Payments accepted are Cash, Check, Credit Card, or HSA/FSA Cards. Payment is processed utilizing Square wherein you will receive your receipt via text or email.

Out of Network Insurance Benefits Out of Network Reimbursement requires payment at the time of service at which time you will receive a reimbursement form/receipt to file with your insurance company. You will receive the reimbursement check. You can check your **out of network** coverage by asking your insurance company the following questions:

- Do I have mental health insurance benefits?
- What is my **out of network** benefit? If so, what is the deductible?
- What form or receipt do I need for reimbursement?
- Where do I send my form for reimbursement?



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Clients' Rights As a psychotherapy client you have a right to:

- a confidential relationship with your therapist;
- discuss your therapy with anyone;
- receive respectful treatment;
- proceed with the therapeutic process at a pace that feels safe and comfortable;
- end therapy at any time and for any reason;
- a clear understanding of session times, fees, policies and goals;
- know whether your therapist will discuss your case with others (e.g. supervisors, consultants, insurance companies, or students);
- be informed of your therapist's experience and training beyond formal education;
- know whether your therapist is a member of any professional associations which set ethical standards;
- a therapist who strives to understand how oppressive forces in society might affect her or his clients;
- a therapist who monitors boundaries and addresses boundary issues if they occur.

Your signature below indicates that you have read this Agreement, agree to its terms, have had an opportunity to ask questions and have been provided access to office HIPAA policies.

Signature of Client/Guardian _____ Date _____