

Jessica L Smith LLC

Informed Consent Statement

Welcome to my practice. This document contains important information about my professional services and business policies. Please review it carefully. I will be happy to answer any questions or provide clarification during or following your review of this document.

Therapeutic Process

Therapy can be a process of healing, growth, and discovery. You may experience many benefits to therapy which include greater personal awareness and insight, significant reduction of distressing emotions, and increased satisfaction within interpersonal relationships. It is also important for you to understand the risks that therapy poses. The risks of therapy may include experiencing uncomfortable emotions as the process often requires exploration of unpleasant aspects of your life. This process is yours. If at any time you decide to terminate treatment, a closing session will be scheduled, and appropriate referrals may be provided.

Therapeutic Relationship

The therapeutic relationship describes the relationship between therapist and client. This relationship may feel intimate, as the therapeutic process often involves you sharing personal details about yourself and your life. While this is important for successful treatment, it is essential that the therapeutic relationship remain professional. To ensure this, the following restrictions must be abided:

- Sessions must take place in an office setting
- Communication outside of session must be for scheduling or other relevant purposes related to your treatment
- Gifts or social invitations of any kind cannot be accepted
- 'Friend' or 'follow' requests will not be accepted and/or communication or contact with clients will not occur through social media platforms (Facebook, Instagram, Twitter, etc.)

- If we happen to notice one another in a public setting, I will not acknowledge or approach you, unless otherwise initiated by you, out of respect for your privacy and the professionalism of our relationship

Confidentiality & Limitations

Confidentiality is vital to the therapeutic process. As your therapist, I will not disclose any confidential information shared in your therapy sessions unless otherwise requested in writing. The following are considered *limits to confidentiality*:

- *Harm to Self*: If there is reason to suspect you are in danger of physically hurting yourself and/or you are unwilling or unable to follow treatment recommendations, I may seek your admission to a hospital and/or contact a family member or emergency contact who may be able to help protect you
- *Harm to Others*: If there is reason to suspect you are threatening physical harm against another person and/or there is reason to believe you are a threat to the safety of another person, I may be required to take action by contacting the police, notifying the potential victim, securing hospitalization, or some combination of these actions to insure this person is protected
- *Abuse or Neglect of Minor Child*: If there is reason to suspect the abuse or neglect of a minor child (under 18 years of age) and/or if you disclose any suspicion of or verified abuse or neglect of a minor child, I am required as a mandated reporter to report these suspicions to the proper authorities
- *Court Order*: If information or records are subpoenaed or ordered by a court of law, I may be required to use and/or disclose your confidential information

Additional Considerations:

- *Professional Consultation*: I may participate in consultation with other professionals in their areas of expertise in order to provide the best treatment for you. Identifying information will not be shared to honor your confidentiality.
- *Health Insurance*: If you choose to use your health insurance, your insurer may require confidential information for billing purposes. Please note, in

order to use your health insurance, I will need to provide a mental health diagnosis as required for reimbursement. If you choose to forgo the use of your health insurance, you may pay “out of pocket” for your sessions.

Contact Information

Phone: (484)-466-8842

Email: jlsmithllc701@gmail.com

Website: jlsmithllc.com

I will return all messages within a 48-hour period from the hours of 9:00am to 6:00pm on business days (this does not include weekends, holidays, or during vacations). Please keep in mind that email and text messaging are considered non-secure forms of communication and should only be used for scheduling purposes or to exchange treatment related documents or resources. Also, any information you send through email or text message will become part of your legal record. For parents of minor children, consultation regarding minor clients may not take place through phone, text message, or email. All consultation must be done in session.

Emergency mental health services are *not* provided. In case of an emergency, call 911, call your county’s crisis intervention phone number, or go to your nearest emergency room. Local crisis information is listed below:

- *Lehigh County:* 610-782-3127
- *Northampton County:* 610-829-4801

Attendance & Cancellations

Therapy is a commitment. It is important to remain consistent with your appointments in order to meet your treatment goals. Please remember to cancel your appointment at least 24 hours in advance. You will be responsible for paying an \$80 fee if cancellation is less than 24 hours or if you do not show up for your appointment. If frequent cancellations or missed appointments continue to occur, we will discuss your attendance barriers and make adjustments. If necessary, I will discharge you from therapy and provide referrals for alternative therapists.

Billing & Payments

All fees are collected at the time of each session. Acceptable forms of payment include cash, check, health savings account, or debit/credit card. If you choose to use your health insurance, please be sure to verify coverage of service through your insurance provider prior to your initial session. It is your responsibility to know your insurance coverage as well as to provide payment for any deductibles, copays, or coinsurance owed. Please be sure to notify me of any changes to your insurance plan, as any sessions that occur during a lapse or lack of coverage will be your responsibility to pay in full. *I do not accept medical assistance/Medicaid as primary or secondary insurances.

Building Rules & Regulations

Please be respectful of the building premises and abide by the following restrictions:

- No smoking permitted inside the building
- No animals or pets permitted inside the building
- No bicycles or other relevant vehicles permitted inside the building
- No weapons permitted inside the building