

Jamie Smith Counseling, LLC
2103 East Washington Street Bldg 3
Bloomington, IL 61701
P.309-300-3072 F.309-365-6350

Informed Consent for Individual Therapy

Welcome: Before starting your therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting your journey.

My credentials: I am a Licensed Clinical Social Worker (LCSW) who is licensed in the state of Illinois by the Illinois Department of Professional Regulation. As an LCSW, my work is regulated by Illinois mental health laws, and the rules and regulations of my license. What to expect from therapy: Psychotherapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. My approach to therapy is eclectic and draws on various treatment modalities to help you with stuck emotions that contribute to current life distress. The therapy may involve temporary periods of discomfort as you begin to work through past trauma or confront psychological conflicts you have previously been avoiding. I will do my best to mitigate these effects by sharing effective coping strategies with you. We will work together to try different techniques to see which work the best to help you feel better. You will be responsible for practicing the techniques between sessions.

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Fees: Individual therapy is billed at the rate of \$150 for a 50 min session. I, the client, agree to pay the stated fee (or co-pay) by cash, check, or credit card at the beginning of each session. *If I, the client, am prevented from attending my scheduled session and do not cancel my appointment at least 24 hours in advance, I agree to pay the full session fee.* This practice of being charged for no-shows or late cancellations is standard practice in the field, and takes into account that you are not just paying for services rendered, but reserving a time slot which I cannot offer to someone else on short notice.

Insurance: I do accept payment directly through health insurance plans. Also, some insurance companies may reimburse part of your therapy expenses if you have out-of-network coverage for behavioral or mental health. Upon request, I am happy to provide you with a receipt that you can include when filing an insurance claim with your insurance company. Out-of-network reimbursement is often contingent on receiving a medical or mental health diagnosis and certain diagnoses may not qualify. I do not accept responsibility for collecting payment from your insurance company and cannot guarantee that you will be reimbursed or that you will qualify for a reimbursable diagnosis. Please contact your insurance provider to verify coverage and bring any necessary forms to your first appointment.

Confidentiality: The information you share with me during therapy sessions is considered confidential information and is protected by state law. As a social worker, I cannot reveal to third parties whether or not you are a past or current client of mine. With the exceptions of treatment

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and billing purposes, I cannot disclose any of the information you discuss during our sessions without first obtaining your written consent to do so.

In the instances of suicide, homicide, elder abuse and child abuse, however, I may be mandated or allowed to share information without your written consent:

- If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself, I am allowed to collaborate with the police or a hospital to take necessary measures to prevent harm from happening. If at all possible, I will discuss this with you first and inform you of your choices.
- If you talk about events that lead me to believe that a child under the age of 18 or an elderly or disabled person is at risk for emotional, physical or sexual abuse, neglect, or exploitation, I am required by state law to make a report to Illinois Family and Protective Services with or without your consent.
- If you submit a health insurance claim and the insurance provider needs information to authorize the therapy or the billing.

Email notifications: When appointments are scheduled, automatic email reminders of your appointment may be sent to the email you used when scheduling your first appointment. By signing this consent form, I agree to receive these notifications, and understand that email is not a confidential medium for transmitting health information. As such, email is used for office purposes only such as general questions regarding scheduling.

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The scope of my services: I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case I will discuss it with you and make sure that you receive a referral to another (or additional) professional who is better qualified to serve you. If you are looking for a very specialized treatment for an eating disorder, obsessive compulsive disorder, attention deficit/ hyperactivity disorder, panic disorder, or substance use disorder, or a very specific treatment method such as exposure and response prevention, and if you do not want to explore how your current thoughts, feelings, behaviors and environment may contribute to the above problems, I may not be the best therapist for you. Also, if you are having current hallucinations/ delusions, severe thoughts of suicide or self-harm, or extreme Bipolar mood swings you may need more support than I can offer you through weekly psychotherapy, and I reserve the right to refer you to a supplemental or alternative intensive treatment if I believe you exceed the level of care I can offer.

I, the client, consent to the above terms and agree to initiate treatment with Jamie Smith, MSW, LCSW. (LCSW, IL Licence #149017940)

_____ (Print Name) (Date of Birth)

_____ (Signature) (Date)