

# Jack Collins, MA, LCMHC

Licensed Clinical Mental Health Counselor

603-393-8876

211 South Main St. Laconia, NH 03246

## **Mental Health Services: Agreement and Understandings Consent for Services**

Please read these policies carefully and bring up any questions you might have at the beginning of our work together. These policies apply to building and maintaining a collaborative therapeutic relationship. You will be asked to sign a statement at the end of the agreement indicating that you have read and agreed to these policies as part of our work together. Your signature also indicates your consent to counseling services.

### **Therapy:**

Therapy or mental health counseling is a process where individuals work toward personal growth and strategies for change by discussing personal and interpersonal issues, reflecting on their thoughts, feelings and behaviors. The therapist may offer emotional support, recommend strategies for moving toward personal growth or provide information about mental health concepts as they relate to the client's goals. Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness in the process. On the other hand, therapy has also been shown to have benefits for those who engage in these services.

### **Background and Training:**

I received my Bachelors Degree in Psychology at Defiance College in 1974 and my Masters Degree in Art Therapy at Lindenwood College in 1983. I later attended two year-long (1987 and 1989) post-graduate externships in family therapy and family therapy supervision at IJR Family Systems Program in Chicago, IL. I am a Licensed Clinical Mental Health Counselor in NH. My 30 years of clinical and supervisory experience includes both mental health and substance abuse services in a variety of settings, including; psychiatric hospital, outpatient mental health clinic, home-based crisis mental health program, home-based family counseling agency, residential and outpatient substance abuse programs and private practice.

### **Range of Services:**

I provide individual, marital and family therapy for adults and adolescents. Insurance companies may require assigning a diagnosis from a variety of mental health disorders as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR). Areas of specialization include struggles with depression, anxiety, fears, patterns of conflict and family discord, life transitions, grief and loss.

### **Family Therapy:**

If I am working with your child, I will also, if necessary, meet with you or others in the family as part of that process. You and the others will also be considered clients. By signing below, you are acknowledging that you are a client in the counseling process. Counseling for adolescent or family issues does not include a formal professional opinion regarding the

fitness of an individual parent or opinion regarding the custody of a child with one parent over the other. Offering such an opinion would constitute a dual role and I avoid this duality.

**Professional Consultation:**

I often seek assistance from my colleagues, especially those who may have an expertise in areas that arise in my work with clients. It is possible that I may share information about you with a colleague for the purposes of better serving you. I avoid using any identifying information whenever possible.

**Limits of Availability for Emergency Coverage:**

I am available by calling my office number or by leaving a message on my voicemail at any time. I will return the call as soon as possible. If I am not available and there is an emergency, please contact your local emergency room or physician. I do not provide 24 hour emergency coverage.

**Board of Mental Health Practice:**

I am a Licensed Clinical Mental Health Counselor in New Hampshire (#583). I am held accountable to the Board of Mental Health Practice, and follow the ethical guidelines of the American Mental Health Counseling Association, National Board for Certified Counselors. A copy of the NH Mental Health Bill of Rights is included with this document. If you believe you have been mistreated or that your client rights have been violated during the course of our work together, you may discuss it with me immediately and you may file a complaint with the NH Board of Mental Health Practice at 49 Donovan Street, Concord, NH 03301.

**Medical Exam:**

In signing on for counseling, you are agreeing to have a physical exam by a medical practitioner within six months of starting our work together. You will be asked to grant permission for me to consult with your medical practitioner to be sure that physical causes for emotional or interpersonal difficulties are ruled out.

**Confidentiality:**

Confidentiality in my work with people is central in building trust in the therapeutic relationship. I will share information with specific people at the request of my clients, and after obtaining their informed consent, usually in writing. I generally like to consult with others providing support for my client but it is the client's choice whether or not I do so. In addition, all client records are kept in a private, locked file to maintain full confidentiality.

**Confidentiality Policies are altered under the following circumstances:**

- a) If there is an immediate and compelling concern for the safety of my client, I am required to notify other people (such as immediate family members, relatives, school administrators and/or the police) who would be in a position to encourage my client's safety.
- b) If my client states that there is someone whom they wish to harm, or whose property they wish to destroy, and in my professional opinion I believe there is a danger that the threat may be carried out, I am required to warn the potential victim and/or the police of the stated intentions. This duty extends to warning potential victims of unsafe sexual practices by someone who is HIV positive.
- c) If I am aware of or suspect abuse or neglect of a minor, elder or incapacitated adult, I am mandated by the State of New Hampshire to report these issues to the Division of

Children Youth and Families, Department of Elderly and Adult Services or the appropriate agency for the individual in question.

d) Because I am a licensed clinician, the information you disclose is privileged much like attorney/client privilege. However, if my written records are subpoenaed or I am subpoenaed to testify in Court, I will be compelled to do so.

e) If a third party such as an insurance company or Medicaid is paying for these services they will require that I submit a formal diagnosis for each client. I will make every attempt to discuss diagnoses with my clients prior to submitting them to insurance companies for payment.

f) If my client's insurance carrier wishes a copy of the written clinical record in order to determine eligibility for a claim, I am required to send them the complete record. When you sign an insurance policy, you sign over the right for the insurance carrier to review claims and notes.

**Fees and Payments:**

a) The fees for my services with families and individuals are charged at the rate of \$115 per hour of time spent working face to face. Counseling sessions are typically 50 – 60 minutes long.

b) Time spent working for you outside of face to face contact will also be charged at a rate of \$60 per hour. Examples of this are reviewing files and court documents, writing reports, phone contact with clients or collaterals and court appearances. Insurance companies may not cover any of these services. Therefore, the client will be expected to pay separately for this service.

**Cancellations and missed appointments:**

I require 24 hours notice prior to canceling a scheduled appointment. Clients will be charged the hourly fee if they cancel with less than 24 hours notice. Please note that insurance companies will not pay for services that have not been rendered. Therefore, it is the client's responsibility for paying fees in such situations. Exceptions to this include medical emergencies or weather conditions which create safety issues with transportation.

**Unpaid balances:**

Unpaid balances will be sent to a collection agency after termination of treatment if a payment plan is not in place or payment is not being made.

**Inappropriate Contact:**

To maintain a high level of ethical practice as a licensed therapist, I do not pursue friendships, social relationships, nor do I have sexual relationships with clients.

**Benefits and Risks of Treatment:**

Clients may experience a high level of emotion during therapy sessions. The processing that begins during a therapy session may continue to be processed by the client following the session. Clients may experience dreams or other recollections related to the material discussed at the time. It is possible that unresolved memories may arise as a result of our work together. After successful therapy, clients find that they develop an improved ability to manage problems and cope with emotional situations in their lives. Improvement in the quality of interpersonal relationships is likely.

I have read and understand this document entitled “Mental Health Services: Agreement and Understandings” and I consent to treatment and agree to meet the obligations stated in the document.

Client(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_