

## Policies and Consent for Treatment

### Professional Services

Bloom Counseling LLC and Jilissa Copeland, LCSW provides professional services to individuals, families, couples and groups. Please review the enclosed *Notification of Fees/Financial Services Agreement* for billing rates, payment policies, and methods for collecting fees for services. Fees of services are expected by the conclusion of each session to avoid late fees/servicing fees being assessed to your account and/or suspension of services. Anyone carrying a balance of \$100.00 on their account is subject to these penalties until their balance is paid. Any outstanding *no-show fee/late cancellation fee* will result in termination of services until the balance on the account is paid. These policies are put in place to protect therapeutic relationship. **I do not provide expert witness, expert testimony, or custody evaluation services.** Do not ask of have your attorney subpoena my presence in court as I do not provide these services. If I am subpoenaed on your behalf, any and all preparation time, travel expenses/time, and court time will be billed to you at the rate of \$150.00 plus actual incurred expenses to include but not limited to car rentals, airline tickets, hotels, meals, office supplies, consultation fees, legal expenses, missed work time, etc. You agree to this by signing this document.

\_\_\_\_\_ Please initial

### Confidentiality Policy

Within the limits described below, the information provided to me throughout the course of our professional relationship will be kept confidential and will not be disclosed without your consent. However, certain legal and ethical exceptions do require that confidentiality be broken and that information be disclosed under the following conditions:

- If you present a danger to yourself
- If you present a danger to someone else
- If there is suspicion of child or elder abuse (or a vulnerable adult)
- If a legitimate subpoena/court order is issued
- If an insurance company requires information for reimbursement

\_\_\_\_\_ Please initial

### Payment for Services

Different copayments are required by various group coverage plans. Your copayment is determined by the mental health coverage policy selected by you and/or your employer. In addition, the copay may be different for the first visit than for subsequent visits. You are responsible for and shall pay your copay/coinsurance at the time that services are provided. It is recommended that you determine what your portion of the charged fee is *prior* to your first visit by calling your benefits office or insurance company. In the event that disclosure of your records or testimony is required by law, you will be responsible for the costs in producing both records and testimony at your therapist's current hourly rate at the time of the subpoena. Such payments are to be made prior to services being rendered by the therapist. A minimum retainer will be collected as a percentage of expected cost to be no less than \$100.00 for court appearances and/or deposition testimony.

\_\_\_\_\_ Please initial

## Appointments

Appointments can be scheduled or canceled via phone call, text or email. The schedule line is 219-246-8873 and the office email is [bloomcounseling.in@gmail.com](mailto:bloomcounseling.in@gmail.com). Sessions are scheduled for approximately fifty minutes in length, including any administrative tasks that need to be accomplished (therapeutic hour). If you require additional time beyond what can be billed by your insurance or EAP (employee assistance program), *you will be charged for the additional time at the full hourly rate (prorate)*. If you experience an emergency after hours, you can call 911, go to your local emergency room, or call **crisis mental health services for all of the US at 988**. I am available by text but cannot guarantee that I will always be immediately accessible and should not be relied upon for crisis situations. **A twenty-four-hour notice (noon the day prior to your appointment) is required for changes to your reserved/scheduled appointment time** to avoid a *late cancellation/no-show fee*. This fee is not reimbursed by your insurance company or EAP. Your credit card on file will be automatically charged for the *no-show*. If your card is declined and you do not attend to your balance within thirty days, your chart will be closed due to violation of this agreement and services will be terminated. **These fees/policies apply as soon as you have reserved your first session**. If your appointment is on a Monday, you must cancel your session by noon on Friday to avoid a no show/late-cancel fee.

\_\_\_\_\_ Please initial

## Number and Length of Appointments

The number of therapy sessions needed to help you achieve your therapy goals depends on many factors and should be discussed with your provider. Most sessions are forty-five to fifty minutes in length but will be longer for the initial assessment in most cases. There are times that your therapist may suggest shorter sessions for clinical reasons. Appointments are made or canceled by calling/texting the appointment line at 219-246-8873. If you prefer email, you can do this at [bloomcounseling.in@gmail.com](mailto:bloomcounseling.in@gmail.com). Text and email requests are responded to between 9am and 5pm, Monday through Friday. Requests outside of these hours may not be honored and may be subject to fees. By utilizing any electronic form of communication, you take on any risk associated with that form of communication as it pertains to confidentiality. Bloom Counseling LLC and Jilissa Copeland, LCSW, does make every effort to protect privacy and contracts with providers who advertise that they do the same through high levels of encryption. Bloom Counseling LLC and Jilissa Copeland, LCSW, does password protect all devices used to store any PHI (protected health information) including phones and computers. Most databases and websites are accessed through a two-step authentication process as well. If this is a concern, please speak to your provider so that alternatives can be planned.

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## Email/Electronic Communication

Please be advised that any communication delivered or stored electronically (via computer, email, phone, fax, and/or text) may not be completely secure or HIPPA compliant. This could result in unforeseen limits on privacy. In addition, electronic forms of communication, including email, may

be added to your medical record. Bloom Counseling LLC and Jilissa Copeland LCSW, makes every attempt to contract with providers who are HIPPA compliant.

\_\_\_\_\_ Please initial

#### Illness Policy

At times, you and/or your provider (or her family) may become ill, resulting in a need for a change in your scheduled appointment time. Your therapist asks that you provide as much notice as possible under these circumstances, and she will do the same. If you notify that you are ill or need to miss a session due to illness of a family member, you will not be charged for the missed session so long as you contact Bloom Counseling LLC and/or Jilissa Copeland, LCSW, the morning of your scheduled appointment. If you miss your session due to illness but do not notify your therapist the morning of, you will receive a *no show/late-cancel charge*. If missing sessions due to illness becomes habitual, your therapist reserves the right to charge your account a *sick-cancel fee* of \$25-\$50. This is quite rare and only occurs when excessive absences disrupt both the client's care and your therapist's ability to assign your reserved time slot to other clients on a regular basis.

\_\_\_\_\_ Please initial

#### Client-Therapist Relationship

The client-therapist relationship is limited to being professional and therapeutic. Bloom Counseling LLC and Jilissa Copeland, LCSW, does not accept requests to become "friends" on any social media platforms with current or former clients. Any requests will be ignored. Please do not message your therapist through social media. This boundary is established so that roles are clearly defined to ensure professionalism and confidentiality is maintained.

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#### Terminating Therapy

Treatment is typically terminated when it becomes reasonably clear that the client no longer needs care. In general, therapy sessions are tapered down gradually (i.e. weekly to biweekly to monthly, etc.) with the knowledge and cooperation of the client. Bloom Counseling LLC and Jilissa Copeland, LCSW, reserves the right to discontinue the therapeutic relationship if she believes that she is unable to provide effective/ethical treatment given the unique needs of the client. Treatment may also be terminated if the client consistently refuses to follow recommendations of Bloom Counseling LLC and Jilissa Copeland LCSW, and/or the treatment team that are critical to maintain safety and/or standards of care (for instance a recommendation to a higher level of care or a medical/psychiatric evaluation or care). If the client routinely misses scheduled appointments (no shows/late cancelations three or more times within a six-month period or goes more than thirty days without contacting the therapist regarding absence/no contact), treatment may be terminated. Bloom Counseling LLC and Jilissa Copeland, LCSW, may terminate treatment if she is threatened or otherwise endangered or abused by the client or anyone related to or accompanying the client to treatment. There is a *no-tolerance policy* regarding behaviors that are disrespectful, devaluing, threatening, or otherwise inappropriate toward the provider, other providers, or other client or persons in the building at any time. Misrepresentation or omission of pertinent clinical

information is also grounds for termination. Whenever possible, pretermination counseling and referrals for alternative services/providers will be offered.

\_\_\_\_\_ Please initial

### Risks of Therapy

*Therapy* is the Greek word for “change”. One risk of therapy is you may learn things about yourself (or family member/partner) that you do not like. You may feel emotionally uncomfortable at times since growth often occurs when one experiences and confronts issues that induce sadness, sorrow, anxiety, or pain. After making changes in your thinking and/or behaviors, your friends and family may respond differently to you, and it is impossible to predict their response. One risk of marital therapy, for example, is the risk of separation or divorce after reaching greater insight.

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### Limitations to Couples/Family Therapy

Couples/family counseling will be most impactful in cases where all parties put in good faith effort to improve their relationships. All members of couple/family must be present and on time for the session to take place unless previously determined otherwise by the therapist and family/couple. If members are late/absent, the session will not take place and the session will be billed and documented as a no-show/late cancel. Deliberate dishonesty or deceit, unwillingness to look at oneself and take responsibility for one’s actions, or lack of interest and motivation to engage in treatment by one or more parties will undermine therapeutic process. The couple of family is the client. The medical records belong to the couple or family. This means, except for the circumstances described under the confidentiality policy, all adults will have to consent to any release of records or information to a third party. At times, the entire group/couple will be seen together. Other times, your therapist may determine that one individual or another may benefit from being seen alone by either Jilissa Copeland, LCSW or another provider. This will be discussed by all parties. In general, there is a *no-secrets* policy in family/couples counseling. Your therapist will not promise to keep secrets from other members of the group. This is especially true if the secret is harmful or destructive to the therapeutic process or undermines mutually agreed upon treatment goals. *When/if a family member is seen individually as part of a family/couples counseling, these records remain in the family/couples chart unless the individual has established themselves as an individual client.*

\_\_\_\_\_ Please initial

### Treatment of Minors

Adolescents are entitled to privacy and their sessions will remain private. Parents are asked to waive their right to access records to facilitate trust between their minor child and the therapist. Without trust that what they are saying will remain confidential, many minors will not be honest during therapy sessions. There are some exceptions to confidentiality that apply to what is shared in sessions of minors that mirror those of adults, such as reporting harm to self or others or a court order/insurance company request for records. Also reporting that harm is coming to them

confidentiality will be broken as mandated reporters are required to do so. This is outlined further in the adolescent/child consent form.

\_\_\_\_\_ Please initial

*By signing below, you acknowledge that you have reviewed the policies above and consent to the above terms. You are agreeing to initiate treatment (or give consent for your minor child to participate in care) with Bloom Counseling LLC and Jilissa Copeland, LCSW, via in-person\_\_\_\_\_, telehealth\_\_\_\_\_, or combination\_\_\_\_ of the two forms of counseling services. (Please check the modes you consent to currently.)*

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Client Signature and Date