Morgan Barber, LCSW

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[www.counselingportlandme.com](http://www.counselingportlandme.com)

**Informed Consent for Counseling**

Psychotherapy and counseling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to be aware of. In addition, there are certain limitations of those rights.

**Your rights and responsibilities as a client**: You have the right to ask questions about anything that happens while we are meeting. While I may offer the tools for change, it is your responsibility to utilize those tools in the change process. I am always willing to discuss the direction of our collaboration. Please feel free to ask me to try something you think will be helpful or has been helpful in the past. You can ask me about my training or experience. You are free to end our therapeutic relationship at any time. If you would like referrals for other psychotherapists please ask and I will offer the names of whom I know. You are not required to do anything as part of our collaboration. You always have choice.

**Therapist qualifications:** I am Licensed Clinical Social Worker. I am licensed in the state of Maine. I abide by the code of ethics and code of conduct put forth by the Maine Board of Social Workers.

**Risks and benefits:** Counseling is the catalyst of the transformation process and may include changes in behavior, emotions and thoughts. You may experience interruptions in your normal patterns, and changes in your social relationships. The process of therapy has the potential to be challenging. Examining areas of your life, views, perception, and beliefs that you find distressing may be distressing for you. With regards to couple’s counseling I do not make decisions for individuals or couples about whether to continue or end their relationship. Some individuals unilaterally decide to end their relationship during the course of counseling as a result of experiences in counseling.

**Other forms of treatment:** I may provide you with therapeutic recommendations other than, or in addition to, psychotherapy. These recommendations could include medical or psychiatric evaluation and testing, referral to another therapist from a different theoretical orientation, participation in group work or nutritional/exercise therapy.

**Couples Counseling:** The decision to participate in marriage/couples counseling can both be hopeful and uncomfortable. I will do my utmost to provide a safe environment for mutual exploration of your relationship. Marriage/couples counseling sessions are scheduled on a weekly or every other week basis. This requires a commitment, and perhaps some hardship, on your part. I encourage you to consider the importance of such a commitment in order to best support quality change. If you or your partner is ambivalent about wanting to repair or improve your relationship than individual or discernment counseling may be a better fit.

I do not keep secrets from you or your spouse/partner in couples counseling. If you communicate with me individually, I retain the liberty to share all information with your partner. Please let me know if you require a referral to an individual therapist to resolve concerns you are not ready to discuss in our sessions.

*Please initial if you are engaging in marriage/couples counseling*. \_\_\_\_\_\_

**Confidentiality:** I recognize that confidentiality is an essential key for effective counseling. In order for therapy to work best, you must feel safe about sharing your personal information with me. Under most circumstances, all information about you, in written or verbal form, obtained in the counseling process (including your identity as a client) is protected ethically and legally and will remain confidential. Any information shared will only be released to other parties with your written consent. There are some exceptions to confidentiality. These exceptions are listed below and I will inform you when I am bound by ethics or law to utilize one of them.

* Reporting suspected child abuse (including witnessing domestic violence), animals, elderly persons, or the developmentally disabled;
* Reporting imminent danger to client or others;
* Reporting information required in court proceedings or by client’s insurance company, or other relevant agencies;
* Providing information concerning licensee case consultation or supervision;
* Defending claims brought by client against licensee;
* Information provided for professional consultation.

As the client of a Licensed Clinical Social Worker you have the following rights:

* To expect that a Licensee has met the minimal qualifications of training and experience required by state law;
* To examine public records maintained by the Maine Board of Licensed Clinical Social Workersand to have the Board confirm credentials of a Licensee;
* To obtain a copy of the Code of Ethics for Licensed Clinical Social Workers;
* To report complaints to the Maine Board of Licensed Clinical Social Workers;
* To be informed of the cost of professional services before receiving the services;
* To be assured of privacy and confidentiality while receiving services as defined by rule and law, excluding the following exceptions:
* Freedom from discrimination on the basis of race, religion, gender, or other unlawful category while receiving services.

**Fees:** Individual Sessions are $100 for 60 minutes

Couples Sessions are $160 for 90 minutes.

Individual sessions are approximately 60 minutes. Couples’ sessions are approximately 90 minutes.

Therapy is a significant personal and financial commitment. You will be asked to pay for the cost to you of each session of individual counseling at the time of the session. Couples counseling is private pay only. I require couples to pay for eight sessions up front. The cost for eight sessions to be used in a 16-week period, from the date of the first session, is $1280. This payment is non-refundable if you do not schedule and attend the 8 appointments with in the 16-week time period.

Preferred forms of payment are cash, check, Venmo, and certain cryptocurrencies. I also accept credit cards as a form of payment. There is a 3% mark up for any service paid with a credit card.

**Cancellation and no-show policy:**

There is no fee for an appointment cancelled two **business** days (48 hours) in advance of the scheduled appointment. **Appointments cancelled less than 48 hours before the scheduled appointment time will be charged a $53 fee for an hour appointment cancelled and $77 for a 90 minute appointment cancelled. A "no show" will be charged a $53 fee for an hour appointment and a $77 fee for a 90 minute appointment. I require people to submit a valid credit card to be kept on file. The credit card will be charged in the event of a late cancellation or no show.**

**Phone calls:** You are welcome to leave a voicemail and I will strive to return your call as promptly as possible, however there may be delays of up to 48 hours. Please use the following crisis numbers if you need immediate attention or call 911.

Cumberland County Crisis Response (207)-774-4357 or Toll-Free: 1(888) 568-1112

**Telephone confidentiality:** At times I may telephone you for purposes such as appointments, cancellations or to give/receive information. In the effort to maintain confidentiality please list the telephone numbers I may contact you and/or leave a message while still maintaining your privacy

(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_ May I leave a message? □ Yes □ No

(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_ May I leave a message? □ Yes □ No

**Email and texting confidentiality:** Although email has become a major means of communication between individuals, internet communication has significant limitations. Please note the following guidelines for use of email as a form of communication with me.

* I do not provide personal counseling through e-mail
* I cannot guarantee your email will remain confidential. I will keep your e-mail messages private, but I cannot ensure that administrators of the system and experienced computer users will not have access to email, Therefore, confidentiality is not protected through e-mail.
* Absence from the office, a busy schedule, unexpected illness, or difficulty getting online may mean that several days go by before a message is received. Please call me to ensure communication.
* Texting has become a convenient way to communicate. Please be aware that the same confidentiality and therapy restrictions apply to texting as to e-mail. Texting will only be used for the purposes of scheduling.

**Ethics and grievances**: If you are dissatisfied with your therapy services, please inform Morgan so we can come to some resolution. If you would like to file a formal complaint against your therapist, please contact the State Board of Social Work Licensure at 207-624-8674 or http://www.maine.gov/pfr/professionallicensing/professions/social\_workers/index.html.

**Billing Policy**

By signing below you authorize Morgan Barber to provide a diagnosis, treatment plan, and other identifying data, by fax, email, U.S. mail, or phone, to your insurance provider(s) for billing purposes and to Billing Process Services. **You understand that you are financially responsible for services not collected from your insurance.**

**Consent for treatment**

By signing below you agree to consent for treatment. You understand the limits to confidentiality required by law. You understand the fee per session, cancellation policy and your rights and responsibilities as a client. You are free to end treatment at any time you choose.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

Client Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

Client Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_