



LiveNLearn, LLC

PH: 847-226-6213 EMAIL:AMY@LIVENLEARNCONSULTING.COM . WWW.LIVENLEARNCONSULTING.COM

INFORMED CONSENT FOR COUNSELING

In an effort to promote a trusted and productive relationship, the following information is provided for your understanding and signed consent. If you do not understand something or have any questions...please ask. It is important that you give informed consent for this experience.

COUNSELING – Counseling exists to help stimulate change. Some people come to counseling because they are ready to make significant changes in their lives, and they want to work with a knowledgeable, trusted and objective professional that can help them explore alternatives and options for change. Other people enter counseling because change has been thrust upon them. They seek the comfort and guidance of a professional relationship as a safe place to grieve about the past and create a safe present to begin the rebuilding process. Regardless of your motivation for seeking counseling, I welcome you and offer you the best professional assistance I can provide.

There can never be any absolute guarantees in counseling. However, I have found that counseling is most productive when it is a working, collaborative effort between client and therapist, where everyone actively contributes to the process.

As your therapist, I am responsible to provide you with the highest level of professional skills commensurate with my training and experience. I will help you think through any issue or concern. I will facilitate communication between you and any significant person so that you can say what you need to say and accurately hear what the other person needs to say to you. I will suggest outside reading or activities and may even provide "homework" assignments. If necessary, I will recommend that you consult with a physician to receive medication therapy or other medical treatment. Throughout the entire process, I will encourage, guide, challenge, and support you to make the changes you deem to be right for you.

As the client, you are responsible to be as honest and open as possible. Change usually involves letting go of things that are familiar in order that new possibilities can emerge. Effort and risk will be required. There may be some emotional pain. You may have to battle embarrassment, anxiety, frustration, and sometimes fear.

LICENSING & ETHICAL INFORMATION - I am licensed by the state of Illinois to practice Mental Health Counseling (license number: 178.005789). I am also privately insured as a Licensed Professional Counselor. I promise to adhere to the ethical principles of the American Counseling Association and the Illinois Counseling Association. A copy of the ethical guidelines can be viewed at <http://www.counseling.org/resources/aca-code-of-ethics.pdf>.

FEES & PAYMENT – Counseling fees are \$XXX per hour for individual, couple, or family counseling. Counseling sessions exceeding 60 minutes will be pro-rated and billed accordingly with the only exception being the intake session which is a 90-minute session at the regular session price. Travel expenses incurred by me are included in the hourly rate unless otherwise specified. There is never a charge for short telephone "check-in" or scheduling coordination. Other than a genuine emergency or illness, you will be billed for missed appointments unless you notify me 24 hours in advance. In circumstances where problems arise when receiving payment for services rendered, you may be billed additional charges to cover the cost of time and

ADDRESS

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expenses incurred to obtain payment. Payment can be either in the form of a check made payable to "LiveNLearn, LLC" or Zelle sent to amy@livenlearnconsulting.com. Returned checks may require additional charges and/or payment in cash.

Late fees: Services are provided free of interest on any outstanding balances. However, late fees of \$25 per month, assessed on the first statement on the bi-monthly cycle, will be added if no payment is made each month. There is no minimum payment required. We are simply asking that a payment is made monthly. Please contact me if missed payments are due to pending reimbursements from FSA/HSA accounts in order to waive any penalties.

INSURANCE / MANAGED CARE - I do not accept insurance plans nor will most insurance companies reimburse you for my services. This decision is in part to protect you from long-term consequences of seeking out mental health services. Any diagnosis provided your insurance and/or managed care company will become a permanent part of your medical records and could have future implications for premiums of life and/or disability policies. This decision is also in keeping with the current regulatory laws limiting a person holding my specific credentials from billing insurance and/or managed care companies when working independently. However, you may be reimbursed for my services by your Health Savings Account (HSA). Please consult your tax professional to confirm this benefit.

CONFIDENTIALITY / PRIVILEGE / PRIVACY - Normally information disclosed by you (and/or your child) during coaching will be kept strictly confidential and will not be revealed to anyone without your written consent. Confidentiality is a right of minor children between the ages of 12 and 17. (See Mental Health and Developmental Disabilities Code, 405 ILCS 5/3-301, 405 ILCS 5/3-302, and Mental Health and Developmental Disabilities Confidentiality Act, 740 ILCS 110/5.) It is important for you to know that there are some exceptions to confidentiality. If an exception should arise, I will make every effort to inform you, before doing so, of the necessity to break confidentiality.

Exceptions to Confidentiality & Privilege:

- 1) If you threaten harm or death to yourself or another person, I am legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include: informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support system, or alerting law enforcement.
- 2) If abuse or neglect of a child, aged person, or disabled person is known or suspected, I am required by Illinois law to report my concerns to the Department of Children and Families.
- 3) If I were to receive a legally binding Court Order for your coaching records or for my deposition or court testimony, I would be required to comply.
- 4) If you or your child are in counseling or are being evaluated by Order of the Court or as condition of continued employment, I may be required to provide the Court or the Employer with reports, documents, or testimony.

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EMERGENCIES / CRISIS - I check my voice mail several times per day – every day. I will return your call at my earliest opportunity. If you are unable to reach me, or if you have a life-threatening emergency, immediately call 911 or go to a hospital emergency room. Your safety is my primary concern; I will be in touch as soon as possible.

CONSENT FOR COUNSELING – I/We, _____ have read and understand the information contained on this form. I/We voluntarily agree to participate in counseling and consent to the participation of my/our child/children.

Date _____ Signed _____
Adult / Client

Date _____ Signed _____
Adult / Client

Date _____ Signed _____
Minor Child / Client

Date _____ Signed _____
Minor Child

Date _____ Signed _____
Minor Child

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