

Informed Consent **Checklist**

This document must be completed and submitted to the Pastoral Counseling Services of the South Shore (PCSSS) Billing and Intake Office using the contact information listed above before the first scheduled appointment. To complete this form, please initial where indicated after reading each section, and sign and date at the end of the document confirming full understanding of these policies. Your therapist will also review these areas with you during your evaluation sessions.

Initial Here

Informed Consent for Billing Health Insurance

- I authorize PCSSS to release medical or other information necessary to process my claims - e.g., diagnosis code, treatment summary, etc.
- I authorize payment of medical benefits to PCSSS for counseling.

Informed Consent for Payment

- Clients are responsible for knowing their individual health insurance plan, such as determining: (1) an in-network provider, (2) the max. counseling sessions/year, (3) any copayment amount, (4) deductible status, and (5) if there is a wait period before benefits are active.
- Clients are responsible for paying for claims not honored by insurance.
- Clients paying-out-of-pocket are responsible for paying the fee negotiated with their therapist

Informed Consent for Cancellation Policy

- PCSSS requires a minimum 24-hour cancellation notice with the exception of inclement weather and emergencies.
- Cancellations can be communicated any time by voicemail or email.
- Clients are responsible for paying **in full** for Late Cancellation/No Show sessions.

Informed Consent for Outpatient Psychotherapy Services

- PCSSS is not staffed for clinical emergencies outside of session.
- Clients experiencing clinical emergencies outside of session should call 911 or go directly to their local hospital Emergency Room.
- PCSSS is not staffed for supporting clients actively abusing alcohol and/or substance(s).
- Clients suffering with active substance abuse disorder(s) are referred to appropriate inpatient and outpatient clinics.

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Informed Consent for Limits Regarding Confidentiality

- Counselors are legally bound to not disclose information shared by a client without written permission by the client or legal guardian.
- Exceptions to this limit include information regarding the abuse and/or neglect of persons under the age of 18 years, of persons over the age of 65 years, and of persons with an intellectual disability of any age.
- Further exceptions include suicidal intent and related behavior, as well as homicidal intent, including violent threats posing serious danger to others.
- Psychotherapists may also be required to disclose clinical information if a legitimate order has been issued by a court of law.
- Massachusetts state law also requires disclosure of dates of service in cases of unpaid fees for services rendered.

Informed Consent for Telepsychology (when appropriate)

- Telepsychology services requires the same Intake Paperwork as in-person sessions and must be completed as part of the Evaluation.
- The above policies extend to Telepsychology with the additional acknowledgement that **NO recordings will be made** without the client's written permission.
- The benefits/risks differ between virtual and in-person sessions, such as:
 - o limits to maintaining confidentiality via a video conferencing platform compared to a counselor's office,
 - o creating a private space at home and limiting distractions
 - o using a secure Internet connection instead of public/free Wi-Fi,
 - o affording and learning new technology, etc.
- Therapists will discuss equipment and procedures with you before your first session, offering instruction when needed.
- Therapists will create a Back-Up Plan to address technological errors.
- When deemed appropriate, Telepsychology sessions may transition to in-person sessions per counselor discretion.

Informed Consent Signatures

I consent to receiving services for myself/my child in full understanding of these policies. I am aware these policies will be reviewed at the outset of counseling at which time the therapist will also sign and date where indicated.

Signature of Client or Legal Guardian

Date

Therapist Signature

Date