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Adolescent Informed Consent Form

This document explains your rights and Authentically Me Psychotherapy's policies for the client/therapist relationship.

Therapy is a unique and individualized experience. My approach as a psychotherapist is tailored to meet your needs, build upon your strengths, and operate from my clinical skillset and framework. If ever there is a time when you are unhappy with the services you are receiving, it is of the utmost importance that you share this with me during session. We will need to discuss this challenge and assess whether it is part of the therapeutic process or if it indicates that our therapist-client fit is not optimal.

What can I expect?

The purpose of meeting with a psychotherapist is to get help with navigating life stressors that are making it difficult to lead a socially, emotionally, mentally and behaviorally well-functioning and fulfilling life on a regular basis. We will also learn how to manage barriers that are preventing you from achieving success in important areas of your life. As a teen, you may be here because of others who have expressed concern, such as a parent/care-giver or teacher, or you may be here because you realized yourself, that it would be helpful to speak with a psychotherapist. These are all valid reasons for meeting.

During our sessions we will talk about your strengths and the areas that are challenging for you. We will identify realistic treatment goals and we will work towards them together. I will bring my authentic self as a therapist and it is important that you bring your authentic self to therapy sessions as well. It is okay to feel uncomfortable; just be honest about how you feel so that we can work through everything together. Your thoughts and your feelings matter. Sometimes you will want to talk about things that you don't want your parents/guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

Risks & Benefits

Psychotherapy can have benefits and risks. Part of therapy includes getting in touch with your body sensations, your internal feelings, and your troubling thoughts. This means that there will be times that you may experience discomfort, sadness, guilt, or a variety of other feelings. Learning to move through these challenging feelings without being overcome by them, is often an integral part of therapeutic work. Psychotherapy has also been shown to have benefits for people who work through it. Depending on your social system, there may be people who express support for you participating in therapy, and there may be those who disapprove. The decision to engage in therapy is an incredibly personal one. Therapy can lead to more functional relational interactions, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees as to what you will experience.

Crisis Protocol

Authentically Me Psychotherapy, LLC is not a crisis center. If there is an emergency, please call 9-1-1 or ask a responsible and trusted support person to take you to the nearest emergency room or call 9-1-1 on your behalf. If crises are a part of what has happened in your system both recently, and on an on-going basis, then we will create an individualized crisis response plan together as part of your treatment.

Therapist availability during a crisis can't be guaranteed. Any client is able to sign a release for their therapist to speak with another professional, in the event of a crisis, should the client want the therapist to collaborate with crisis staff at the hospital. If you contact me during a crisis and you refuse to contact 9-1-1 or notify a trusted adult who is able to help you immediately, I will be required to contact 9-1-1 and, if possible, a safe adult, in order to ensure to your safety.

Session Expectations

Payments, Late Cancellations & No Shows

If we mutually agree to work together, I will explain if and why I recommended either a 50-minute (\$200) session or a 90 minute (\$370 session), and how often. It is most commonly necessary to begin treatment at least once per week, and sessions can be tapered from there based on clinical assessment.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide more than 24 hours advance notice of cancellation. Appointments cancelled with 24 or less (including no shows) hour notice will be charged the full session fee. Extenuating circumstances will be discussed, as needed. Notice of cancellation prior to 24 hours before your scheduled session, may be sent via text or call to (215) 437-3414, or via e-mail to mail@authenticallymepsychotherapy.com

Inactivity

If you have not scheduled a session for 45 consecutive days, you will be considered an inactive client; new intake paperwork will have to be completed at your next session, should you choose to schedule again at a later date. A credit card is required to be on file for all clients. This card will be charged after each session, and will be used to cover you for any no shows or less than 24-hour, late cancellations.

Fees

Hourly fee is \$200 (per 50-minute session) and \$370 per 90 minute session. If we meet more than the usual time, I will charge accordingly. If you are late to session, I can't guarantee availability for moving the session time back. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need, though I will prorate the hourly cost if I work for periods of less than one hour. Other professional services include report writing, telephone conversations lasting longer than 15-20 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me.

Legal Matters

If you become involved in legal proceedings that require my participation, you will be expected to pay for any professional time I spend on your legal matter, even if the request comes from another party. There is a copying fee of \$1.00 per page for records requests.

Payment Expectations

All session fees are due at the time of service and a credit card is required to be held on file, regardless of how you choose to regularly pay for sessions. Credit cards will only be charged at your request or upon a no show or late cancellation. Payment schedules for other professional services will be agreed to when such services are requested. In circumstances of unusual financial hardship, there are times when I am able to negotiate a fee adjustment or payment installment plan.

If your account has not been paid for more than 50 days and arrangements for payment have not been agreed upon, legal means may be used to secure the payment. I make every attempt to avoid legal matters unless and until they have been deemed necessary. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information released regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

Unpaid Sessions & Financial Issues

If two unpaid sessions are accumulated, another session will not be scheduled until the two unpaid sessions are either paid in full, or for extenuating circumstances, have been placed on a payment plan discussed with the therapist, and the first payment has been made. When finances prohibit treatment participation, I can provide you with the information of other qualified therapists who I believe may be a good fit for you, who are able to offer lower fee sessions. The payment plan account must be in good standing in order to continue with session scheduling. A credit card is required to be on file for all clients.

Sliding Scale, Payment Plans & Open Path

I offer a limited number of sliding scale spots in my practice, and generally only using the Open Path Collaborative. If you are struggling with a financial hardship, please speak with me so that we can discuss if a payment plan is able to be set up, or if a sliding scale is available. If a practical financial resolution is not able to be reached, I will provide you with a therapist in the area who I believe to be a good fit for your presenting issues who is able to provide services at a lower fee. I may also recommend you to Open Path, if you are interested. I can't guarantee that my sliding scale slots will be available at any given time, as they may already be filled by other clients in need. Sliding scale need will be assessed for every 6-12 months, to ensure need.

Confidentiality

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are a few times when I can't keep our conversations private, and it is important that this is made very clear. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality can't be maintained when:

> You tell me you plan to cause serious harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself. I will work with you so we can do this together, if this is at all possible.

> You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your parent or guardian, and if at all possible, I must inform the person who you intend to harm. If the situation permits, I will work with you first, so we can communicate with your caregivers and any other required entity, together.

> You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed. I will always strive to work out a joint method of communication with others, if it is in your best interest and is at all possible.

> You tell me you are being abused-physically, sexually or emotionally-or that you have had undocumented abuse in the past. In this situation, I am required by law to report the abuse to Pennsylvania ChildLine.

>You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if I am required to disclose information to the court, I will inform you that this is happening.

Online Communication

Clinical consultation will not be provided electronically. No clinical treatment will be provided via email or any other internet-based application, unless a telehealth session has been scheduled and informed consent for telehealth has been discussed and signed. No correspondence with any former, current or potential clients will occur via any personal social media page of the therapist. Should a client choose to follow an organization-based social media page, the client agrees to maintain therapeutic boundaries that would otherwise expected to be maintained in any out of office interaction with the therapist.

Interactions in Public Spaces

In public, I will not acknowledge that I know you, unless you first acknowledge me. If you do acknowledge me in public, I will respond with a brief greeting and will not hold any detailed conversation nor discuss any personal information with you.

Should you choose to hold any outdoor therapy sessions, you agree to shift personal conversations to general discussion or to pause discussion entirely, if there is any awareness of anyone else in the public arena that could hear our conversation. I will do the same. We will review this protocol prior to going outdoors, as a reminder for both client and therapist.

Communicating with parent(s)/guardian(s) for adolescents:

I will not tell your parent/guardian specific things you share with me, as long as it is not listed in the above exception section. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent/guardian. You can ask in the form of “hypothetical situations,” in other words: “If someone told you that they were doing _____, would you tell their parents?”

There may be times when I encourage and support you in sharing important information with your parent/guardian yourself. The ultimate decision will be yours, but we will talk through these important conversations together, when needed. When I do meet with your parents/guardians, I may describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

If your parent/guardian is paying the session fee, I will communicate with them, as needed, about fees. A credit card is required to be kept on file for all clients.

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent/guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. It may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, we will discuss it first.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance

to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Open Communication: Allergies, Sensitives, Medical Issues, Etc.

A variety of interventions may be used throughout treatment. Some interventions require materials, like essential oils, vibration headphones, bilateral music/sounds, coloring, writing, fidgets, weighted object (like weighted blankets), etc. This is not an exhaustive list. It is your responsibility to inform me of any allergies, sensitivities, medical conditions, or other condition/situation that may cause these types of interventions to cause you an adverse reaction. You may choose not to use any intervention that I present to you.

SIGNATURE OF TEEN REQUIRED IN ORDER FOR TREATMENT TO TAKE PLACE

Adolescent Informed Consent Form Signature Page and
Parent Agreement to Respect Privacy

Adolescent therapy client:

Signing below indicates that you have reviewed the policies described above and that you both agree to and understand the limits to confidentiality. If you have any questions as we progress with therapy, you can ask your therapist at any time.

Signature of Teen _____ Date _____

Parent/Legal Guardian:

In the state of PA, teens 14 years of age and older must consent to treatment and can also refuse to share treatment information, as well as refuse participating in treatment. However, an important part of therapy for minors often is to include their support systems, as appropriate. Therefore, by checking below, you are supporting your teens growth and healing journey, giving them space and confidence to open up and build necessary trust and rapport within the therapeutic relationship.

_____ I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

_____ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent/legal guardian Signature: _____ Date _____

Parent/legal guardian Signature: _____ Date _____