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INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES

Welcome to Authentically Me Psychotherapy, LLC. This document contains important information about my psychotherapy services, business policies, therapist expectations and client rights and expectations. Please read this carefully and jot down any questions you might have so that we can discuss them when we meet. When you sign this document, it will represent an agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is a unique experience. Your treatment will be tailored to meet your needs. Treatment will be built based upon your strengths and needs and will incorporate your circumstance. It will also operate from my client-centered, eclectic and holistic clinical framework and lean upon my unique clinical skillset. Since every person is different, so is every treatment; I do not provide cookie-cutter therapy sessions. The clinical relationship is most effective when the client and therapist are able to authentically be who they are during sessions. I will work for you and with you; for progress to occur, it is necessary that you commit to working for you and with me as well. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and in between them.

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.

Expectations

The beginning stages of therapy provide a time for you to interview me as your potential therapist, as well as for me to assess if I can meet your needs. We will create realistic treatment goals. I will give you referrals to other practitioners whom I believe are better suited to help you, if I do not believe I am the best therapeutic fit for you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we will discuss them whenever they arise.

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.

MEETINGS: PROFESSIONAL FEES, BILLING AND PAYMENTS

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, a 90 minute (\$370 session), or a 2 hour session (\$400) 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 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

Rates are as follows: 50-minute (\$200) session, a 90 minute (\$370 session), or a 2 hour session (\$400). If we meet more than the usual time, an additional fee will be charged 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, 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 slot need will be assessed every 6-12 months, to ensure those who most need it are utilizing it, and those who no longer need it are moving off of it.

INSURANCE REIMBURSEMENT

Out of Network

Currently, Authentically Me Psychotherapy, LLC, does not accept insurance. Should this change in the future, it will be only to act in the best interest of clients, and clients will be alerted of this change. Presently, only private pay sessions are available, with the exception of pure medical access through access cards only. If you have a health insurance policy, it may provide some reimbursement for mental health treatment. I will fill out forms and provide you with whatever assistance I can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy reimburses for.

Carefully read about mental health services for your insurance coverage. If you have questions about coverage, call the behavioral health number on the back of your card. I will provide you with any information I can, but your insurance dictates coverage. In some situations, I can call the insurance company on your behalf to obtain clarification. I would need a signed release in order to do so. Neither Authentically Me Psychotherapy, LLC, nor Dr. Toni are responsible for your insurance company's action or inaction.

CONTACTING ME

Crisis

Authentically Me Psychotherapy, LLC, does not operate as a crisis center. If you or someone you know is in an urgent crisis, call 9-1-1 or safely get to the nearest crisis unit, hospital, or call the mobile crisis line. Resources will be provided to clients based on presenting issues. There are also resources listed on my website. Use resources that have been provided to and discussed with you, if needed during a crisis. If you have a non-urgent question, that does not require clinical support, you may e-mail me or call me and leave me a message. You can schedule an appointment through the online portal, by calling or by e-mailing. If you contact me during a crisis and you refuse to contact 9-1-1, and I become aware of an urgent safety concern, I may be required to contact 9-1-1, or ask a support person of yours to assist you in getting to crisis supports immediately, in order to act in the best interest of your safety. There are always crisis resources listed on my website for your convenience. Although 9-1-1 is recommended in an imminent crisis, you may use the crisis resources

I provide on my website, if you find yourself in a crisis, do not want to call 9-1-1, and are unsure what steps to take next. Once, you are safe and stable, please reach out and inform me of the crisis.

Accessing You

If it is regularly difficult to reach you, please provide some times when you will be available, and what method of communication works best for you, should the need for communication between sessions present itself.

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 be 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.

CONFIDENTIALITY

Communications between a patient and a psychotherapist is protected by law, and can only be released to others with your written permission. There are a few exceptions:

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some legal proceedings, a judge may order testimony if it is determined that the issues demand it, and Authentically Me Psychotherapy, LLC must comply with that court order.

All licensed psychotherapists are mandated reporters. This means I am legally required to report abuse in order to preserve the safety and well-being of others who you indicate an intent or on-going abuse of. For example, if you provide information that indicates on-going abuse of a child, elderly or disabled person, this must be reported to the authorities/appropriate state agency.

If I believe that a patient is threatening serious bodily harm to another, I may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient. If the patient threatens to harm themselves/himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If a similar situation occurs in the course of our work together, I will attempt to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. Ordinarily, I will not tell you about these consultations unless I believe that it is important to our work together.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. I will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice I am unable to provide, formal legal advice may be needed, as the laws governing confidentiality are quite complex and I am not an attorney.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

PATIENT SIGNATURE _____

DATE _____

This document must be reviewed, understood and signed prior to any treatment occurring.

I recommend signing the below telehealth consent now, if you are open to using telehealth in the event of illness, inclement weather, temporary travel, etc. Signing this consent does not mean you are receiving on-going telehealth sessions unless this has been discussed and decided upon, in conversation with Dr. Toni.

Telehealth Consent

TELEHEALTH

I offer telehealth services to those who express interest, and in situations when accessing the office space physically is not the safest option (i.e. illness, inclement weather conditions, temporary travel).

Ineligible Clients

Clients that are not or have not recently been safe with themselves (on-going or recent suicidal ideation, attempt or other related activity), are not able to receive telehealth services, for purposes of their own safety. By signing a telehealth consent, you are confirming that you do not have and have not recently had, any active suicidal intentions, attempts or on-going desire to act upon ideation of killing yourself.

1. I have requested and have chosen to engage in telehealth psychotherapy sessions or consultations with Dr. Toni.
2. I am aware that video conferencing technology will be used, and psychotherapy sessions/consultations will not be exactly the same as a direct, in-office, in-person psychotherapy session/consultation with Dr. Toni.
3. I understand there are potential risks to using technology for psychotherapy sessions, including interruptions, unauthorized access and technical difficulties. I agree to be in a private location, away from interruptions and out of hearing range from others, while I am participating in telehealth psychotherapy sessions/consultations.
4. I understand that I or Dr. Toni can choose to discontinue telehealth psychotherapy sessions/consultations if it is felt that the videoconferencing connections and/or conditions are not adequate for the situation.
5. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. My personal health information will be confidentially maintained.
6. I have had the alternatives to a telehealth psychotherapy sessions/consultation explained to me.
7. I understand that the full fee of each session is charged at each session, and all of the rights and responsibilities presented within my informed consent and HIPPA documentation remain valid and intact with regard to payments, as well as every other rights and responsibilities section.
8. I have had the opportunity to ask questions about telehealth and am aware that I may continue to ask questions at any time, as they arise.

My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify that: I have read or had this form read and/or had this form explained to me; I fully understand its contents including the risks and benefits of the procedure(s); I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

PATIENT SIGNATURE _____ DATE _____

Dr. Toni Warner-McIntyre, LCSW

License #: CW019251

EIN #: 83-2035978