

INFORMED CONSENT

This document contains important information, which you should be aware of prior to your first appointment. Please discuss any questions or concerns you may have with Hasina Bankston.

Agreement for Mental Health Counseling Services

SERVICES

Bridge to Restoration Therapy Services provides individual, family, couple, and group counseling. Hasina Bankston, LMSW can only counsel within the scope of his practice. If it is determined that a client would be better served by a different provider, then appropriate referrals will be made.

COUNSELING PROCESS

Mental health counseling is a complicated process that offers benefits and can also pose risks. There are no guarantees about what you will experience. Counseling may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories. Counseling involves a significant commitment and you should feel comfortable with the therapeutic relationship. If you feel that Bridgeto Restoration Therapy Services is not a good fit for you, a recommendation to another mental health professional can be made. It is encouraged that you address these concerns openly in session, as the exploration is often beneficial to treatment.

CONFIDENTIALITY

Counseling involves the disclosure of sensitive, personal information. Communication between a client and mental health counselor is protected by law. Release of information to others about our work together is only done with your written permission. The following are exceptions (for more details pleaseread Notice of Privacy Practices):

- Harm to Self. If there is reason to believe you are in danger of physically harming yourself and/or you are unwilling or unable to follow treatment recommendations, the counselor may seek your admission to a hospital and/or contact a family member or another person who may be able to help protect you.
- Harm to Others. If there is reason to believe you are threatening physical violence against another person and/or is reason to believe you are a threat to the safety of another person, the counselor may berequired to take some action (such as contacting the police, notifying the potential victim, securing hospitalization, or some combination of these actions) to insure the other person is protected.

- Abuse of Child or Vulnerable Adult. If there is reason to believe a child or vulnerable adult is being abused, the counselor is legally obligated to report the situation to the appropriate state agency.
- Consultations with Other Professionals. It is often helpful to consult about clinical work with other professionals who are also legally bound to maintain confidentiality.
- Courts. A counselor may be ordered to testify in legal proceedings and/or turn over records if lawfully issued by subpoenas and court orders.
- Insurance. If we participate with your insurance company, we will bill for services received in our office as a courtesy to you.
- Under Eighteen. If you are under eighteen years old, please be aware that while the specific content of our communication will remain confidential, your legal guardian(s) have the right to receive general information on how your treatment is proceeding.

CONSENT FOR RELEASE OF INFORMATION

If any person or organization, other than you, contacts Bridge to Restoration Therapy Services inquiring about attendance, diagnosis, and/or treatment progress, they will be given no information. If you would like information released to anyone, you must sign a release form specifically indicating what you do and do not wish to be released and to whom. Once this information is released, Bridge to Restoration Therapy Services cannot assume responsibility for how the information is handled and therefore cannot guarantee confidentiality.

PROFESSIONAL RECORDS

All counseling records are kept on a HIPAA-compliant server and/or under lock and key. Bridge to Restoration Therapy Services is the owner of all records. Records will not be released without your written permission except as mandated by law. You are entitled to receive a copy of your records at yourwritten request unless the counselor professionally believes seeing them could be emotionally harmful to you. If you request your records, it is recommended that you and your counselor review them together discuss their content. If you are denied access to your records, you may appeal that decision to the Michigan Department of Health.

COMMUNICATION

Bridge to Restoration Therapy Services has sole access to records. All records of communication, written or verbal, between client and counselor remain the property of Bridge to Restoration Therapy Services. Verbatim material from counseling sessions remains in the client record and should never be revealed publicly by the client or counselor unless both client and counselor agree. Voicemails, emails, faxes, instant messages, and video chats with Hasina Bankston, LMSW are kept in the highest confidentiality within the limits of the technology, but confidentiality cannot be guaranteed. Please know that unless bothparties are on land line phones the conversation is not confidential. Any computer files kept regarding counseling communications are maintained using secure measures.

INITIAL CONSULTATION

There will be an initial consultation session to determine the best approach toward counseling. During this session we will discuss the reason you are seeking counseling, background information, and if Bridge to Restoration Therapy Services is the right fit for your needs.

SESSION FEES

The initial evaluation fee is \$200 and follow up counseling fees are \$150-\$180 per session.

PAYMENT

All fees are due at the time of each session. Acceptable forms of payment are cash and major credit cards.

INSURANCE

If you are using insurance benefits, Bridge to Restoration Therapy Services will file insurance claims for you as a courtesy, and we will honor any contractual agreements with managed health care companies that have specific reimbursement restrictions and claim requirements. If you are not using a Managed Care/PPO/ HMO insurance plan and wish to file your own claim, we expect full payment at the time of service, and we will provide you with a statement for services rendered. It is ultimately the patients' responsibility to know their insurance benefits, and nothing quoted by an insurance company is a guarantee of payment.

LATE CANCELLATION/NO SHOW POLICY

All sessions are by appointment only. Cancellations must be made at least 24 hours in advance of the scheduled session. You are responsible for a \$75 fee in the event you cancel within 24 hours or fail to keep your appointment after the second occurrence.

EMERGENCY SERVICES

Bridge to Restoration Therapy Services does not provide emergency services. All phone messages and emails will be checked daily unless otherwise stated but are not for use in an emergency. In an emergency, please call 911 or report to your local emergency room.

CREDENTIALS

Hasina Bankston is licensed in the State of Michigan, certified by the Michigan Board of Social Work. You may verify these credentials at the following location: https://www.michigan.gov/lara/.