Compassionate Growth Counseling Services

Rebecca S. Molitor
Licensed Clinical Professional Counselor
Illinois License No: 180-003830

Informed Consent for Counseling Services

Name _____ **Birth Date** _____
Address _____
Parent/Legal Guardian _____
Home Phone # _____ **Alternate Phone #** _____
Emergency Contacts:

Name	Relationship	Phone Number

Confidentiality

Information you share with me will be regarded with respect and handled in a professional manner. In most situations I will request a release of information form to be signed before communicating with others. Counselors have a legal responsibility to disclose client information without prior consent when a client is likely to harm himself/herself or others unless protective measures are taken; when there is reasonable suspicion of abuse of children, dependent adults or the elderly; when the client lacks the capacity to care for him or herself and when there is a valid court order for the disclosure of client files. As of June 1, 2008, in the State of Illinois the FOID law was enacted indicating clients who present themselves based upon their diagnosis, comments and/or actions as potentially causing harm to others have to be reported to the Department of Human Services to prevent them from obtaining a FOID (Firearm Owner Identification) card. Fortunately these situations are infrequent. **Please note no weapons of any kind, including for those individuals authorized with a concealed carry license, are allowed in the office or on the premise.**

Risk and Benefits

Counseling and psychotherapy can have both risks and benefits. The counseling process may include discussions of your personal challenges and difficulties, which can elicit remembering unpleasant events and uncomfortable feelings such as sadness, guilt, anger and frustration. Counseling can impact relationships with significant others. However, counseling has also been shown to have many benefits. It can often lead to better interpersonal relationships; a clearer understanding of self, values, goals; improved academic performance; solutions to specific problems and reductions in your feelings of distress. While there is no assurance of these benefits, taking personal responsibility for working with these issues may lead to greater growth.

I feel it is important for you to know about my background and experience and will be happy to discuss any questions you may have at any time, as well as make appropriate referrals when needed or requested. I hold a Master's degree in Community-School Psychology with an emphasis in clinically assessing and treating children. I have worked over 10 years in the community mental health arena with children, families and individuals. While I will work with you to use approaches that are most effective and conducive for you, I have a strong background in utilizing solution focused, cognitive behavioral, attachment, and psychodynamic therapeutic approaches.

Length of Sessions

Sessions are 45-50 minutes in duration. We will schedule our sessions by mutual agreement. If you are unable to keep an appointment, please call to cancel or reschedule. Services will be rendered in a professional manner consistent with ethical standards. It is impossible to guarantee any specific results regarding your counseling goals because the outcome is dependent on your work as well as mine. Together, however, we will work to achieve the best possible results. Referral to another counselor or service will be mutually discussed if progress is not achieved at a satisfactory level or if additional services may be in your best interest.

Fees and Payment

I agree to provide counseling services in return for a fee of $120 per session. Payment or co-payment for each session is received at the conclusion of the session. Cash or personal checks are acceptable methods of payment and I will provide a receipt for all fees paid. A sliding fee scale is available upon request.

Billing and Insurance

I work as an out-of-network provider with most insurance companies. Health insurance companies often require a statement of diagnosis of a mental health condition be indicated before they will agree to reimburse for counseling services. If a diagnosis is required, I will inform you of the diagnosis prior to submitting it to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

In Case of Emergency

If you have an urgent situation that you feel needs immediate support and I am not available in my office or by phone, please contact one of the following: your primary care physician, go to the nearest hospital emergency room or call 911. I will return all messages as quickly as possible.

Electronic mail

Please be aware that e-mail may not be private or confidential and may not be read in a timely fashion. E-mail is not the appropriate way to communicate confidential, urgent or emergency information.

Complaint Procedures

If you are dissatisfied with any aspect of the counseling process, please inform me so we can determine if our work together can be more efficient and effective or whether a referral would be appropriate. If you think I have treated you unfairly or unethically, and we cannot resolve the problem, contact:

Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street
Springfield, Illinois 62786
217.785.0800
www.idfpr.com

You are encouraged to discuss any questions or concerns you have about entering a counseling relationship with me, or the counseling process I have described. Please sign your name below if you have read and understand the above information and voluntarily agree to participate in such services.

Print Name	Signature	Date
Parent/Legal Guardian (if applicable)	Signature	Date
Counselor Signature		Date