

Inner Reflections Counseling Center, LLC
Informed Consent for Psychotherapy and Acknowledgment of Privacy Practices

Client Name _____ Date of Birth _____

Guardian _____ Relationship: _____

Understanding Psychotherapy: Benefits, Risks, and Evaluation Process

Psychotherapy in the routine outpatient setting can be a powerful and meaningful process, but it involves both benefits and risks. During therapy, you may experience uncomfortable emotions such as but not restricted to, sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness. This is a normal part of exploring and addressing difficult or painful experiences. Despite these challenges, psychotherapy has been shown to offer many benefits, including but not limited to:

- Reduction in emotional distress and symptom relief
- Greater satisfaction and effectiveness in relationships
- Increased personal awareness and insight
- Improved coping and stress-management skills
- Resolution of specific problems and improved daily functioning

While many individuals experience positive outcomes, there are no guarantees about the specific results of therapy. Your progress depends on your active participation both during and between sessions. The first one to two sessions typically focus on a comprehensive evaluation of your needs and history. At the conclusion of this period, your therapist will provide feedback and initial impressions about potential focus areas for treatment. Together, you will identify your treatment goals and develop an initial treatment plan by the third or fourth session. Insurance plans may have additional requirements. You are encouraged to ask questions about any part of the therapy process at any time. It is important that you feel comfortable with your therapist and the approach to treatment. If concerns or uncertainties persist, your therapist can assist you in arranging a consultation or referral for a second opinion with another qualified mental health professional.

By signing this I acknowledge I had the opportunity to review Rights and Responsibilities and Informed Consent for Treatment and I consent to treatment and agree to comply:

Signature of Patient or Personal Representative

Date

Notice of Privacy Practices

The Inner Reflections Counseling Center (IRCC) Notice of Privacy Practices explains how your protected health information (PHI) may be used or disclosed for treatment, payment, and healthcare operations, as permitted by law. You have the right to request restrictions on how your PHI is used or disclosed. Therapy is a collaborative process built on mutual trust and clearly defined rights and responsibilities. Your therapist has both ethical and legal obligations to safeguard your privacy and confidentiality in accordance with state and federal law. IRCC will discuss with clients in active treatment any time their records are requested.

By signing below, I acknowledge that:

- I have been given an opportunity to review the IRCC Notice of Privacy Practices.
- I understand that I may revoke this consent in writing at any time, except to the extent that action has already been taken based on prior consent.
- I understand that once information is released, IRCC cannot control or guarantee how the receiving party may use or further disclose that information.
- If I chose to use insurance or other 3rd party payer for services, I understand that the plan or payer may have requirements and expectations out of IRCCs control involving my PHI, such as but not restricted to contracting with other Vendors to conduct parts of their business and compliance, and each entity will have their own privacy notices. I understand that once information is shared, IRCC cannot control guarantee how the receiving party may use or further disclose that information. I understand that I need to contact my payer/plan administrator for any plan specific questions.

By signing this I acknowledge I had the opportunity to review the Notice of Privacy Practices, HIPAA and have any questions within the scope of my treatment at Inner Reflections Counseling Center has been answered. I further acknowledge if I have any questions specific to insurance or other 3rd party payer, I will contact the payer/plan directly.

Signature of Patient or Personal Representative

Date

*Note – refusal to sign the Consent for Treatment will affect our ability to offer services to you. As, we cannot schedule a session, 'treat you', without you first providing consent.

If I have any questions regarding the Notice or my privacy rights, I can contact the IRCC Privacy in writing at:

101 S. Chestnut, Suite 2, North Platte, NE 69101

ADMINISTRATIVE PAPERWORK, DOCUMENTATION, AND EMOTIONAL SUPPORT PETS (ESP)

Please be advised that fees may apply for the completion of paperwork or written correspondence prepared on your behalf that are not a part of your standard episode of care documentation requirements. These services are not typically covered by insurance and require provider time beyond scheduled sessions. Examples may include letters, forms, reports, or documentation requested by the client/guardian or other third parties. Fees are based on the complexity, length, time required, use of additional resources, and any necessary coordination with outside entities. Requests for work restrictions or return-to-work determinations and emotional support pet (ESP) letters may be completed on a case-by-case basis for current clients and if the request is related to the active treatment episode.

RESTRICTIONS

Therapists are unable to complete:

- Affidavits
- Provide work restrictions or return-to-work determinations in cases where they were not directly involved in establishing the original work restriction or determining inability to work.
- ESP recommendations or related documentation for individuals who are not current clients or when such requests fall outside the scope of the individual's active treatment episode.
- Any other documentation for individuals that are not in an active treatment episode that is not related to their treatment, or outside of the therapist's scope of practice.
- Custody recommendations

For accounts with a past due balance, records may not be released unless payment is made or payment arrangements have occurred. This includes completing additional documentation or paperwork beyond standard documentation for standard episode of care and billing. Exceptions: Applicable Insurance or Nebraska State or Federal requirements.

By signing below, I acknowledge that it is my responsibility to inquire about specific fees before requesting any documentation, letters, or written materials that require provider time beyond scheduled sessions and are not covered by insurance. I also understand that my therapist retains full discretion regarding the completion of any additional documentation and will discuss this with me as needed.

Signature of Patient or Guardian Date

COURT, LEGAL, AND THIRD-PARTY INVOLVEMENT POLICY

Mental health and substance use records are governed by stricter confidentiality standards than general medical records. For this reason, IRCC does not provide evaluations, opinions, or documentation for court, custody, divorce, disability, or similar legal proceedings. The individual receiving services is our primary responsibility, and our role is therapeutic—not forensic or evaluative. All care is on a case-by-case basis and individualized.

Therapists may decline to release records if disclosure could cause harm to the client or the therapeutic relationship. Accordingly, IRCC therapists do not complete affidavits, declarations, or provide testimony for family, civil, or criminal legal matters. A treatment summary may be provided upon written request, when clinically appropriate and in accordance with confidentiality laws on a case-by-case basis.

By signing below, I acknowledge that I am financially responsible for all direct and indirect expenses related to court or legal involvement, including subpoenas. A flat fee is required in advance if a therapist is subpoenaed to testify. This fee is nonrefundable and applies regardless of whether the therapist is ultimately called to testify or if the subpoena is canceled. Applicable fees may be deducted from any outstanding balance. It is my responsibility to notify any involved attorney of these policies and fees. In cases of shared custody, only one parent or guardian signature is required.

Signature of Patient or Guardian Date