

**PIMA COUNSELING, LLC**  
**520-461-0922**  
**WWW.PIMACOUNSELING.COM**

**INFORMED CONSENT FOR TREATMENT**

**PURPOSE, LIMITATIONS, & RISKS OF TREATMENT**

Counseling, like most helping professions, is not an exact science. The ultimate purpose of counseling is to reduce your distress through a process of personal change. This process usually involves working through tough personal issues, which may result in some emotional or psychological pain. As you attempt to resolve the issues that brought you to therapy, you may make decisions about changing behaviors, employment, schooling, housing, relationships, or other aspects of your life. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Sometimes, a decision that is positive for one family member is viewed quite negatively by another family member. The changes you make may be different than your initial expectations, but they will always be derived from your personal process.

**TREATMENT PROCESS & RIGHTS**

Whether your decision to seek counseling services was yours alone or at someone else's request, we assume that you have voluntarily elected to come to Pima Counseling, LLC for your counseling services. We believe that successful counseling is a collaborative effort between client and counselor; it is the quality of the client/counselor relationship and the sense of mutual responsibility that are pivotal to your success.

One or more sessions will be devoted to assessment and treatment planning. You have the right to participate in treatment decisions. You have the right to refuse any recommended treatment, to request additional services, or to discontinue treatment services with us. We may also reserve the right to refer you to another therapist or appropriate resource if your therapeutic needs are not matched well with our skills or experience

**CLIENT/COUNSELOR RELATIONSHIP**

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and your counselor are clear about treatment roles and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please discuss this with us. We want to quickly address any issues that inhibit your therapy.

**FINANCIAL**

Pima Counseling, LLC is a private counseling agency supported by client fees. Our standard fees are given below. If we change our fees, you will be provided with a 30-day notice.

- Intake (50 minutes) .....\$25.00 – \$90.00
- Individual (50 minutes) ..... \$60.00 – \$90.00
- Group (1.5 hour) ..... \$20.00 – \$50.00
- No Show (Individual <24 hour notice) .....\$25.00
- No Show (Group) .....\$20.00

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We prefer to receive payment for the service at the beginning of the session. By the end of a session there are many thoughts and feelings to process, and both client and counselor may forget about payment at that time. Thus, payment before a session allows us both to concentrate more fully on the session.

We accept cash, money orders, and personal checks. Post-dated checks will not be accepted. We ask that you pay in cash or money order for your final session. You will be issued a receipt upon each payment of your fees.

If your check is returned to the agency for insufficient funds, you will be assessed a \$20.00 fee for each returned check, and you will need to make future payments in cash or money order.

All balances must be paid in full before you will receive a certificate of completion or letter for the court.

We do not issue any refunds for services you have already received. You may receive a refund for fees that you have paid in advance of services rendered. If you have been discharged or have completed services, and you have a remaining credit, that money will be refunded to you, by check, within one (1) week of your request. If you have a parent, guardian, or custodian, your refund will be made to that person.

#### **INSURANCE**

If we are a provider for a health plan that you are using to pay for your treatment, the terms that govern the plan will apply (i.e. co-payments, deductibles, insurance filing, etc.). In all cases, payment for services is ultimately the responsibility of the client, not the insurance company.

Your insurance company may limit the number of sessions for which they will pay. Their determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions, or you exhaust the sessions that your insurance will provide, you understand that you are responsible for the additional services rendered.

Using a third party to pay for counseling implies that some information will be released in order to obtain payment for the services. Please see the *HIPAA NOTICE OF PRIVACY PRACTICES* for more information.

#### **AVAILABILITY OF SERVICES**

Times of sessions are negotiated on an individual basis with each client. Our goal is to attain mutual satisfaction with date and time, frequency, and location.

We will attempt to schedule appointments at times most convenient for you as long as you are responsible for keeping those appointments. If you have a scheduling conflict and need to cancel or reschedule your appointment, we request that you notify us as soon as you discover the conflict. High-demand appointment times may be difficult to obtain and may often be unavailable.

We have a twenty-four (24) hour voice mail, 520-461-0922, that allows you to leave detailed confidential messages. We will return your call as soon as possible. If you have a specific need that occurs outside of your scheduled appointment, we may be able to speak with you briefly over the telephone at no fee, but at lengths of more than 10 minutes, we may request to bill you by the quarter hour in order to continue speaking with you.

You may use [lova@pimacounseling.com](mailto:lova@pimacounseling.com) or [lnjuguna@cox.net](mailto:lnjuguna@cox.net) if you prefer written messages to verbal messages. If you want to use email to schedule or cancel appointments, please note that you cannot be certain that the message has been received unless you get a return confirmation from us.

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### **EMERGENCIES**

We do not have the capability to respond immediately to counseling emergencies. In such emergencies, call 911 or Southern Arizona Mental Health Center at 520-622-6000. If you believe that you might harm yourself or someone else, you should go to the nearest hospital Emergency Room or Urgent Care.

### **CANCELLING APPOINTMENTS & NO-SHOW**

You may cancel an individual session with a 24-hour notice (one full business day) without incurring a No Show fee. If you cancel with less than one full business day of your scheduled appointment, you will be required to pay the No Show fee at your next appointment.

If you are funded by insurance, the company will not cover No Show fees. These fees are thus your personal financial obligations, not the obligations of your insurance company.

### **LATE**

It is important that you arrive promptly for your session, within 10 minutes of the scheduled start time. Habitual late arrivals for appointments will become a treatment issue, and we will attempt to resolve the issue during your counseling session.

### **CONFIDENTIALITY**

The information you share in counseling sessions is confidential, meaning that we may not disclose it to anyone else without your permission. You will be asked to sign a separate Consent to Release & Receive Information before we share your information with another person or agency.

There are certain situations in which we are required by professional code and state law to talk with someone else, even if we cannot obtain your permission:

- If you threaten to harm yourself or someone else, we must inform your family, your intended victim, and the police.
- We are required to call Child Protective Services to report any incident of child abuse. We are required to call Adult Protective Services to report any incident of vulnerable adult abuse.

Other instances in which we might share your information with others include:

- Clinical staffing with other counselors or with supervisors. All counselors are bound by the same confidentiality rules and will not share the details of your case outside of those meetings.
- If you have been referred by a case manager or a probation/parole officer, we will ask you to include their name on the Consent to Release & Receive Information.
- In very rare occasions, we may need to disclose your information in order to comply with a request by legal or licensing entity. If we must respond to subpoenas, we will attempt to speak with you before releasing your information.

If you are a member of a treatment group, we ask you to keep the confidentiality of the group. In other words, do not repeat what someone says without his/her permission, even to other group members outside of the group meetings. However, despite the agreement of confidentiality signed

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by all group members, there remains a risk that other group members will disclose your confidential information to a third party.

**ARIZONA DEPARTMENT OF HEALTH SERVICES: IMPORTANT OFFICE NUMBERS**

Office of Behavioral Health Licensing  
150 N. 18<sup>th</sup> Avenue, Suite 410  
Phoenix, Arizona 85007  
602-364-2536

Community Partnership of Southern Arizona  
4575 E. Broadway Blvd.  
Tucson, AZ 85711  
520-325-4268

Division of Behavioral Health Services  
150 N. 18<sup>th</sup> Avenue, Suite 200  
Phoenix, Arizona 85007  
602-364-4558

Department of Economic Security  
Child Protective Services  
400 W. Congress, Suite 420  
Tucson, Arizona 85701  
888-767-2445 or 800-352-8168

Office of Human Rights  
150 N. 18<sup>th</sup> Avenue, 2<sup>nd</sup> Floor, #210  
Phoenix, Arizona 85007  
602-364-4585

Department of Economic Security  
Adult Protective Services  
4601 E. Ft. Lowell Suite 300  
Tucson, AZ 85712  
520-881-4066 or 877-767-2385