



CONSENT AND AGREEMENT TO TREAT

Professional Disclosure Statement

Contact.

864.881.2011

jenniemurphytherapy@protonmail.com

www.jenniemurphytherapy.com

Location.

Five Forks Counseling Group

205 Bryce Circle, Suite B

Simpsonville, SC 29681

Services.

Psychotherapy offers families, couples, and individuals an opportunity to experience growth and change within the context of a warm and nurturing environment. In order to help you reach your goals, I hope to develop a relationship with you in which you feel secure, respected, and valued. Then I will employ treatment strategies that are catered to you and your unique situation. My therapeutic approach is grounded in systems theory and incorporates evidence-based practices. I integrate the following approaches into my practice: cognitive-behavioral therapy, emotionally-focused therapy, structural family therapy, the transgenerational family therapies, and the social-constructionist approaches. I am dedicated to my work of helping you accomplish your goals, develop healthier relationships, and improve your emotional health and well-being. *Note: I do not have the ability to prescribe medications. If you are in need of a medication evaluation, I will refer you to your general practitioner or a psychiatrist.*

Personal Qualifications.

- Licensed Marriage and Family Therapist, South Carolina, License Number 4676
- Clinical Fellow, American Association for Marriage and Family Therapists

Education.

- M.S. in Human Development and Family Studies, with a specialization in Marriage and Family Therapy, 2013, *Purdue University Calumet, Hammond, IN*
- B.S. in Family and Consumer Sciences, 2010, *University of Georgia, Athens, GA*

Areas of Interest and Specialization.

- | | | |
|-------------------|--------------------------|--------------------------------|
| • Family therapy | • Family Caregiving | • Loss and grief |
| • Couples therapy | • Adolescent issues | • Life transitions |
| • Anxiety | • Parenting of teenagers | • Spirituality and religiosity |

Relationship Between Therapist and Client. The therapist-client relationship is unique, and expectations of that relationship should be addressed to ensure that client goals and treatment remain the focus of therapy. Once we have met together many times, it is easy to feel like friends; however, we must maintain a professional relationship, rather than a social one. I will not be able to attend any church events, parties, school events, concerts, or the like with clients and their families. I will not enter into business ventures with my clients. I will not develop a romantic relationship with my clients, and sexual relationships are prohibited.



Informed Consent to Treat

Your Rights as a Client.

- You have the right to confidentiality as discussed below.
- You have the right to receive ethical treatment based on the Codes of Ethics for specific organizations listed below.
- You have the right to give input and make decisions about your goals and your treatment options.
- You have the right to ask questions at any time.
- You have the right to review your case file and request records.
- You have the right to have your protected health information (PHI) secured, as defined in my Notice of Privacy Practices.
- You have the right to terminate treatment at any time.

Risks of Treatment. There are some risks to treatment that you should be aware.

- You may experience some emotional discomfort that could be necessary to bring about healing, change, and growth. It can be challenging to discuss unpleasant events, thoughts, and feelings. You may experience anger, fear, sadness, worry, etc.
- Your assumptions and perceptions may be challenged if they are negatively contributing to your problem.
- You may decide to make changes in your life that your friends and family members do not support.
- You may see changes in your life that were not originally intended. For example, therapy might help an individual client to gain self-confidence; that self-confidence could change the way that client interacts with his/her spouse, causing an increase in marital conflict.
- Change can be fast, but it can also be frustratingly slow. Unfortunately, there is no guarantee that therapy will produce positive and desired results.

Confidentiality. The information you share in therapy is protected health information (PHI) under HIPAA and is normally confidential, except under certain circumstances. There are some exceptions to confidentiality set by state and federal law, my professional code of ethics, and specific court orders. A detailed list is provided below.

Limits of Confidentiality:

- I must disclose if I have reason to suspect child abuse/neglect or elder abuse/ neglect.
- I must disclose if there is clear and present danger to you or someone else, such as threat of suicide or homicide.
- I must disclose if I believe your mental or emotional condition makes you unable to take care of yourself, or for those whom you are responsible.
- I must disclose if you are in need of hospitalization.
- I must disclose if a judge orders the information.
- I may disclose information in order to defend myself against legal action or LLR actions arising from therapy.
- I may share specific information if I have a signed release.
- I may receive professional consultation about your case from other therapists.
- I may share specific information for the purposes of billing.



Ethics. I provide ethically sound treatment by following the *Code of Ethics* of the following organizations:

- The American Association for Marriage and Family Therapy
- The American Psychological Association
- The South Carolina Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists

Emergencies. I am not equipped to provide emergency services, as I am often unavailable. If you have an emergency, you should go to your nearest emergency room or call 911. Additionally, you may utilize the emergency services and resources listed below:

Emergency Services	911
The Mental Health Crisis Line	864.271.8888
The Safe Harbor Crisis Line	1.800.291.2139
National Suicide Prevention Lifeline	1.800.273.8255
The Carolina Center for Behavioral Health	864.235.2335
Marshall I. Pickens Hospital (GHS)	864.455.8988



Policies and Procedures

Fees.

Fees and service codes for psychotherapy services offered:

\$150	90791	Psychiatric diagnostic evaluation, 90 minutes
\$50	90832	Psychotherapy, 30 minutes
\$75	90834	Psychotherapy, 45 minutes
\$100	90837	Psychotherapy, 60 minutes
\$100	90846	Family Psychotherapy (without the patient present), 50 minutes
\$100	90847	Family Psychotherapy (with patient present), 50 minutes
\$35	90853	Group Psychotherapy
\$50	99354	Prolonged services, additional 30 minutes

No Show/ Late Cancellation:

- Clients who miss a scheduled appointment without giving notice of at least 24 hours are subject to a \$75 fee that will be billed directly, as it is not covered by insurance.

File Requests:

- \$1 per minute for file copying and/or summary writing.

Subpoena and Court Appearances:

- \$200 per hour of time spent on anything necessary for subpoena and/or court appearance. This includes documentation and travel time. The client is responsible for payment of time spent, no matter who issued the subpoena. *I generally cannot give my opinion in court unless I am sworn in as an expert, including for custody/guardianship cases. I may give factual information only; for example, session dates and times, diagnoses, and direct quotes from my progress notes.*

Returned/ Bounced Check:

- \$35 per incident

Expectations for Payment.

- Payment is expected when services are rendered, as is customary.
 - If necessary, you may carry a balance for up to two sessions, but the balance must be paid in full before scheduling the third session. If you are unable to continue paying for services, you will be given referrals where you may receive low-cost services.
- Cash, check, most major credit cards, and health savings accounts are accepted forms of payment.
- If you consent to your child's treatment, you are financially responsible for all associated fees, including the No Show/Late Cancellation fee, file requests, and subpoenas and/or court appearances. If your child drives him/herself to a therapy appointment, you are expected to send the payment with your child or allow your credit card to be charged at the time of the appointment.

Insurance.

If you do not want a mental disorder diagnosis on your health record, you may choose to privately pay for psychotherapy services without using your health insurance.

In-network benefits: If you would like to use your in-network health insurance benefits, please understand the following:



- Each insurance policy is different, and it is your responsibility to determine coverage, benefits, deductible, co-insurance and/or co-pays.
- If claims are denied for any reason, the amount due must be reimbursed by the client or other responsible party.
- I am contractually bound to whatever rate your insurance indicates; thus, I cannot legally and ethically provide a sliding-scale rate.
- Certain protected health information (PHI) may be shared with your insurance company, according to the information you have provided and per your request to file through your insurance company. You must hereby authorize the release of all information necessary to secure payment and assign benefits to which you are entitled.

Out-of-network benefits: If you would like to use out-of-network benefits, you must pay full rate at the time of service. I will provide you with documentation that you may file with your insurance company. According to your specific health plan, you may or may not receive partial reimbursement.

Appointments and Office Hours.

- Clients are seen by appointment only.
- Appointments are usually scheduled either weekly or biweekly, depending on the client's needs. Appointments may be scheduled during the hours of 10 AM- 7PM on Tuesdays and Thursdays.
- If a client is more than 30 minutes late, the session will not take place, and the client will owe the \$75 fee for the missed appointment.
- If a new client does not show for their first scheduled session, they will not be offered another appointment time; rather, they will be given referrals upon request.
- I reserve the right to close the file of any client who has not made contact in 45 days.

Contacting the Therapist.

In-office appointments should be made to discuss any treatment concerns, new issues, or sensitive information. No other form of communication is appropriate for treatment. Contacting me should be reserved for scheduling, rescheduling, or cancelling appointments.

- Email and Phone Calls: The best way to contact me securely is by email or phone. If I miss your call, please do not hesitate to leave a voicemail. Emails and voicemails will be returned within the next business day, unless otherwise noted.
- Texting: Texting is not necessarily secure and should be used for scheduling appointments only. As your therapist, I will take reasonable measures to maintain your confidentiality, but you must be aware that if you choose to text with me, I cannot guarantee that your information will be protected. If you prefer to communicate via text messaging for issues regarding scheduling or cancellations, I will do so, as long as you are aware of the risk to the protection of your privacy. While I try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. I will not engage in therapeutic topics via text.
 - If you choose to opt-in to this service, you may receive texts from a secure, automated system to remind you of upcoming appointments. Note that you will be unable to reply to these automated texts.
- Social Media: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc.). Doing so could compromise your confidentiality and blur the boundaries of our therapeutic relationship.



AGREEMENT

My signature below indicates that I have read, understood, and accepted all 5 pages of Jennie Murphy, MS, LMFT's Professional Disclosure Statement, Informed Consent for Treatment, and Policies and Procedures.

Additionally, I have received, read, understood, and accepted Jennie Murphy Family Therapy, LLC's Notice of Privacy Practices.

I acknowledge that I consent for treatment with Jennie Murphy, MS, LMFT at Jennie Murphy Family Therapy, LLC.

I hereby authorize the release of all information necessary to secure payment and assign benefits to which I am entitled.

_____ Client Signature	_____ Printed Name	_____ Date
_____ Client Signature	_____ Printed Name	_____ Date
_____ Client Signature	_____ Printed Name	_____ Date
_____ Therapist Signature	_____ Printed Name	_____ Date