

Teresa Donato
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Consent to Treat and Limits of Confidentiality

Welcome to the counseling services of Teresa Donato, LCPC. I am pleased that you have selected me as your therapist. I am licensed by the State of Montana as a Licensed Clinical Professional Counselor (LCPC). My theoretical orientation is grounded in Cognitive Behavioral Therapy (CBT). This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA) and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Because the process of psychotherapy often requires discussing the unpleasant aspects of your life, risks may include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of session.

The function of therapy is to help you resolve problem areas in your life. It is your responsibility to help me understand your life situation, thoughts, feelings, and to work towards mastering your problem areas. It is my role to listen, to understand, and to guide and facilitate this process to the fullest of my professional training and experience. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. Some clients need only a few therapy sessions to achieve self-awareness, self-acceptance, happiness, and contentment; while others may require months of counseling. In most cases, our relationship will be one of relatively short duration and focused on the specific problem with which you are struggling. When we agree you have achieved some measure of understanding or control with the specific problem you have chosen to focus on, we will discuss whether you would like to continue to focus on this problem area, another area, or terminate therapy.

As my client, you are in control and may end our therapy relationship at any point. I will be supportive of that decision and only ask that you discuss this with me prior to ending the relationship. Although our sessions may be very intimate psychologically, it is important for you to realize that we will have a professional relationship rather than a social one, and I will remain strictly professional concentrating exclusively on your concerns.

I will keep confidential anything you say to me with the following exceptions:

1. You direct me to tell someone else.
2. I determine you are a danger to yourself or others.
3. I am ordered by a court to disclose information.
4. If you use your health insurance to pay your fee, insurance companies may require information about your therapy.
5. If I am out of town or unavailable, in which case another therapist will be available to you for assistance. If you choose, information about you will be given to him/her; this person is required by law to keep your information confidential.
6. When you have signed the appropriate release of information form, which allows the proper flow of pertinent information among your Treatment Team members.

In any case, I will attempt to obtain your permission before disclosing any information to others.

Unless prior arrangements are made, your insurance company will be billed for services. I will request that third party payers reimburse me directly. If you are paying for your services, we will arrange our intake process, and your payment will be due prior to each session. Should circumstances arise that temporarily prevent full payment, please discuss the issue with me so payment arrangements can be made. If you wish, I will provide you with a monthly receipt of all fees paid.

In the event that you will not be able to keep an appointment, please notify me 24 hours in advance. This will allow for another client to be reassigned the therapy hour and we can reschedule your appointment.

Health insurance companies require that I diagnose your mental health condition and indicate that you have an "illness" before they will agree to reimburse you and/or me. In the event that diagnosis is required, I will inform you of the diagnosis I plan to render before I submit it to the payer. Any diagnosis made will become a part of your permanent record.

You will have my cell phone number. At times, I will not be able to answer your call. You may leave a message on my confidential voicemail and I will return your call as soon as I can. However, if it is a non-emergency, I may not contact you until the next day. If you have an emergency and you cannot keep yourself safe, please call 911 or proceed to the nearest emergency room. I will make every attempt to inform you of my absences, and provide you with the name and phone number of the mental health professional covering my practice.

If you have any questions, please feel free to ask me. Your signature will indicate your understanding of the above and willingness to release any medical or other information necessary to process third party payment claims. You will also be authorizing your insurance company to pay benefits directly to me.

Client's Name (Printed)

Client's Signature

Parent/Guardian Name (If client is a minor child)

Teresa Donato, LCPC
Therapist's Name (Printed)

Therapist's Name (Signed)