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Informed Consent

Welcome to Bloom Counseling + Wellness Studio. The following information is designed to help you feel as comfortable as possible and answer some questions you may have regarding psychotherapy. Please review this information and sign at the bottom. Please feel free to discuss any questions you may have with your therapist.

Psychological Services

As with any treatment, there are some risks as well as many benefits to participating in therapy. Therapy has been shown to have many benefits including significant reduction of distress, improved relationships, a greater feeling of self-awareness, an increase in coping skills and a greater sense of wellbeing. Risks include sometimes experiencing uncomfortable or painful feelings including sadness, frustration, anger or anxiety. These feelings are normal and are often a natural part of the healing process. Your therapist will work with you to find ways of using these emotions in ways that help you move toward your therapeutic goals.

Appointments and Billing Policy

Appointments are typically 50 minutes in length and occur once per week, although sessions may be more frequent or longer based on your individual needs. The fee for the initial intake session is \$125 and \$100 for each subsequent 50-minute individual or couple's session. The fee for a 75-minute session is \$150. Full payment is due at the time services are rendered. Cash, check, HSA cards or debit/credit cards are accepted. For HAS/debit/credit card payments there is a 2.75% transaction fee.

It is your responsibility to confirm that your therapist is in-network with your insurance plan. Please be advised that depending on your plan, you may be responsible for session fees until your deductible has been met in addition to your plan's predetermined copayment. **It is your responsibility to confirm that sessions are covered by your insurance provider.** You should also be aware that insurance companies require you to authorize your therapist to provide them with a clinical diagnosis. Sometimes they will request additional clinical information such as treatment plans or review of session notes. If this is of concern to you please discuss private pay options with your therapist.

Cancellation Policy

Sometimes unforeseen circumstances may cause you to reschedule or cancel an appointment. In the event that you need to cancel an appointment, please let your therapist

know as far in advance as possible, but at least 24 hours in advance your scheduled appointment. It is highly unlikely that your therapist will be able to fill the time allotted for your session with another client if they have less than 24 hour notice. **Cancellations must be made via phone call, please do not text or email if you need to cancel or reschedule your session.** Insurance companies do not accept claims submitted for canceled or “no show” appointments. **You will be charged a \$75 cancellation fee for appointments not cancelled 24 hours in advance.** In the event that JCPS is closed due to severe weather conditions your therapist will waive the \$75 fee if you are unable to keep your appointment.

In an attempt to prevent sending overdue accounts to collections, Bloom Counseling + Wellness Studio requests permission to keep credit card information on record, and the authorization to use this information to charge your card within 24-48 hours of your missed appointment. In addition, your credit card will be charged if you have a balance past 30 days. If your credit card is declined your account will be submitted to a collection agency.

_____ (please initial) I grant permission and authorize _____ to store my credit card information, and for this information to be used in accordance with this policy.

Printed name on Card: _____

Number: _____ Exp. Date _____

Billing Zip Code: _____ Security Code on back of card: _____

Privacy and Confidentiality

Your therapist is bound by the Code of Ethics of their profession to hold in confidence all that is disclosed during your sessions with them, including the fact that you met with them. By law, they are required to break confidentially in the following situations:

1. When there is reason to believe there is a clear and imminent threat of you harming yourself or another person. To protect you and others from harm, your therapist is required by law to disclose information or take other actions to protect you or another person from physical harm. Protective actions may include contacting the police or arranging for your hospitalization.
2. When you disclose you are being abused by your spouse your therapist is required by law to report it to the appropriate state agencies. There is no law in Kentucky requiring reporting of intimate partner abuse absent the partners being married. However, your therapist will use their professional judgement in regards to reporting these cases.
3. When there is reason to believe child abuse, elder abuse or abuse of a disabled person has occurred, the State of Kentucky requires that it be reported to the appropriate state agencies.
4. When a court issues a legitimate subpoena and the court determines that confidentiality is not privileged.
5. When you are seeking third party reimbursement for mental health services, the third party payer has the right to request information for the determination of your eligibility for payment. **Your signature on this form gives me the consent to disclose to your insurance provider your dates of treatment, type of treatment**

and the nature of the issues being treated, including a diagnosis.

If any of the above situations occur, your therapist will make every effort to fully discuss it with you before taking any action. You are an active participant in your treatment.

Consultation

Consultation is a standard and ethical part of high quality mental health practice. Because your therapist intends to provide you with the highest quality of care, they may periodically consult with other experienced licensed mental health professionals regarding your treatment. During a consultation they will share limited information and do not reveal client identity. The consultant is also bound to keep the information confidential.

Freedom to Withdraw

You are not obligated to see your therapist for any specific number of sessions and you have the right to end treatment at any time. You will reach a point in your therapy when you feel “finished.” You and your therapist will discuss this in your sessions in order to summarize your work together and discuss how you can continue to integrate the growth you achieved in therapy into your everyday life. You are always welcome to return if you find the need in the future.

I have read the policies stated above, and have discussed my questions and concerns with the clinician. I fully understand and agree to comply with these conditions.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____