



Transitions Counseling Services, LLC  
215 Walnut Street, Suite 2  
Gadsden, AL 35901  
(256) 467-7053

**APPOINTMENTS:** Appointments are scheduled for 50 minutes. Clients typically are seen weekly or bi-weekly, or as decided upon with you and your therapist.

**MISSED APPOINTMENTS:** If an appointment needs to be cancelled, the client must cancel within 24 hours of the scheduled appointment. For a Monday appointment, please cancel by 5:00 pm on Friday prior to the appointment. Late cancellations and missed appointments will be billed at the full session fee and payment will be expected before the next scheduled appointment. This fee will not be billed to your insurance on file. If three sessions are missed without cancellation within 24 hours, the therapist has the right to terminate therapy.

**PHONE CALLS:** When calling, you may receive a voicemail message. Your therapist will always try to return your call within 24 hours, except for calls made on Friday, Saturday, or Sunday when the call will be returned during the business hours resuming on Monday. **IN THE EVENT OF A SAFETY OR LIFE-THREATENING EMERGENCY, DO NOT CALL THE OFFICE. CALL 911 AND/OR GO TO YOUR LOCAL EMERGENCY ROOM.**

**REFERRALS:** Your therapist does not hospitalize anyone. If your treatment needs to include inpatient services, your therapist will refer you to a private psychiatrist, emergency room, or mental health facility for evaluation.

**CONFIDENTIALITY:** Issues in therapy are private and are considered legally protected as privileged information. However, there are exceptions to this confidentiality. These exceptions include but are not limited to:

- A) **If you threaten to harm yourself or someone else and your therapist believes your threats to be serious, your therapist is obligated to take whatever actions necessary to protect you or others from harm. This may include divulging confidential information to others including law enforcement personnel.**
- B) **If your therapist has reason to believe that a child, elderly, or handicapped individual is being abused, neglected, exploited, or endangered, your therapist is mandated by Alabama law to report this to the appropriate agency.**
- C) **If you are involved or may in the future be involved in litigation of any kind and your mental health becomes an issue before the court, your treatment records may be mandated for disclosure to the court, but only by duly authorized court order.**

**FEES AND PAYMENT:** Each 50- minute session is billed at \$125. Acceptable insurances will be billed and you will be responsible for any deductibles, copays, or co-insurances required by your insurance. Transitions counseling accepts cash and credit/debit cards.



**PSYCHOLOGICAL EVALUATIONS:** Transitions Counseling Services refers to a psychologist for all psychological evaluations that may be required or requested by the therapist and/or client. The psychologist will bill these services separately.

**TERMINATION:** Once you have achieved your treatment goals, you and your therapist will collaborate in making the decision to terminate treatment. Regular participation in therapy is required in order for therapy to be effective. Irregular attendance may be a sign of conflicted feelings about therapy, which can be discussed with your therapist. If a client does not make regular appointments or appointments are regularly missed, the therapy may not be productive.

Regular assessments of your progress will be discussed with you. Your therapist may terminate with you if she cannot provide therapy that fits your specialized treatment needs, if you do not comply with the mutually developed treatment goals and procedures, if you are not benefiting from therapy, if you do not pay your bill, if you become violent, abusive, or litigious, or if the therapy relationship is compromised in any way due to unforeseen circumstances.

**INITIAL ASSESSMENT:** At the initial assessment, the therapist and client will assess your needs. If the therapist or the client feel that another therapist may be a more efficient fit, the therapist will refer the client to another therapist. Assessment does not stop after the first session, and as information is gathered, the therapist may decide that a referral is in the best interest of the client.

**BENEFITS AND RISKS:** There are no guarantees of what feelings you will experience or how or when healing will take place. There are no guarantees that any or all of your problems will be remedied by pursuing treatment with Transitions Counseling Services.

Clients may experience strong feelings towards the therapist. It is your therapist's task to help contain these feelings in such a way that you feel safe in the therapeutic relationship. Feelings and behaviors are two different phenomena, and it is *expected that both therapist and client will not act on inappropriate feelings*. Sexually acting out is not ever a possibility in your relationship with your therapist and is unethical.

**MINORS:** Confidentiality with regard to therapy is a special topic when the client is a minor. A minor in the state of Alabama is defined as a child 13 years or younger.

**TEXTING, EMAIL, AND PHONE COMMUNICATIONS:** *Therapy is not conducted over the phone, or texting, or email.* However, texting and email may be used to cancel or schedule an appointment.

**FIREARMS:** The office is a firearm-free zone. NO WEAPONS OF ANY KIND ARE ALLOWED.

**CONSENT FOR TREATMENT:** By signing the Informed Consent Form, I am stating that I have read and understand these policies and that I agree with all parts of this INFORMED CONSENT FOR Transitions Counseling Services, LLC document.



**FINANCIAL RESPONSIBILITY AGREEMENT:** I understand that I am responsible for all professional services rendered and agree to remit for services at the end of each session. The therapist rendering services reserves the right to raise fees without notice. I have read and understand, agree, and will comply with the above-mentioned fee and payment policies.

**INFORMED CONSENT AGREEMENT:** I hereby voluntarily apply for and consent to professional services provided by Transitions Counseling Services, LLC.

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Client Signature

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Date

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Therapist

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Date