

Warm Whiskers Counseling LLC

(717) 734-5414

JessicaMichaels@WarmWhiskersCounseling.com

WarmWhiskersCounseling.com



Informed Consent

My Background

- My name is Jessica Michaels, but I prefer that you call me Jessie. I am a Licensed Professional Counselor (LPC) in the Commonwealth of Pennsylvania.
- My license number is PC016349
- Additional information on my training and background can be found at: <https://www.psychologytoday.com/profile/1441235> or my website WarmWhiskersCounseling.com

Services Offered

- I offer telehealth individual psychotherapy to adults (18+) and children (8+)
- I also offer telehealth couples counseling, family therapy, and parent coaching
- I utilize a Person-Centered approach and employee evidence-based practice such as Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) & Mindfulness

Benefits and Risks of Therapy

- Therapy involves a significant commitment of time, money, and energy but can be an effective way to address emotional and behavioral difficulties
- Potential benefits of therapy include improved mood, reduced stress, better coping skills and healthier relationships
- Risks include significant discomfort and emotional distress from processing challenging areas

Confidentiality

- All information discussed in therapy sessions will be kept confidential unless you give me specific written permission to share some information with the exceptions noted below:
 - I am required by state law to report suspected abuse of neglect regarding children, elders, or disabled adults
 - I am required to disclose information compelled by a court order
 - If I believe you may harm yourself or other, I may need to take steps to ensure your safety and the safety of others
 - I may consult with other professionals about your case, but if I do I will make every effort to avoid revealing information that could identify you
 - If you use insurance benefits, I am required to provide clinical information to seek reimbursement
 - I may use and share non-clinical identifying information should nonpayment result in collections

Electronic Communication

- I utilize HIPAA compliant video conference software to provide telehealth services
- Email communication is not secure and should only be used for administrative and scheduling purposes. I will not provide therapeutic services over email or text

Contacting Me

- I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail and I will return your call once I've reviewed your chart, but it may take a day or two for non-urgent matters. I will make every attempt to inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice. If I need to cancel an appointment at the last-minute, I will reach out as soon as possible and reschedule.
- **Messaging Terms & Conditions:** *You agree to receive informational messages (appointment reminders, account notifications, etc.) from Warm Whiskers Counseling. Message frequency varies. Message and data rates may apply. For help, reply HELP or email us at jessicamichaels@warmwhiskerscounseling.com. You can optout at any time by replying STOP.*

Fees

- My standard non-insurance rate for individual psychotherapy is **\$150** per 50-minute session
- My standard non-insurance rate for couples and family counseling is **\$200** per 50-minute session or **\$250** for a 90-minute session
- Your appointment time has been reserved exclusively for you. **I require 24 hours' notice of your cancellation or a \$50 fee will be applied. This is typically not covered by insurance.**
- My rate for additional services will be billed at **\$180** per hour (prorated) and are not covered by insurance:
 - Report writing for external parties
 - Telephone conversations outside scheduling at your request
 - Attendance at meetings with other professionals at your request (including travel time)
 - Preparation of records or treatment summaries at your request
 - Other tasks at your request
 - Legal Matters
 - You are responsible for my professional time if legal matters require my participation, even if I am subpoenaed
 - This includes preparation time, travel time, and time at the hearing
 - Depending on the complexity, a retainer may be required

Payment & Insurance

- I am in-network with Cigna, Aetna, Quest Behavioral Health, Blue Cross Blue Shield (Anthem, Capital Blue Cross, Independence, Highmark, Horizon, etc.) I am credentialing with additional insurers including Optum, Geisinger and United Healthcare Medicare.
- If you are out-of-network, I can provide a Superbill that you can submit to your insurance for reimbursement.
- I accept payment via Stripe (non-clinical services) & my practice billing portal, Headway, for psychotherapy services.

- Payment is expected at time of service unless otherwise agreed
- If you choose insurance, please be aware of your responsibility to pay any copays, co-insurance, and deductibles
- Nonpayment may result in the use of legal means, including a collection agency, after 60 days

Client Rights and Responsibilities

- Therapy is voluntary. You have the right to end our relationship at any time. Should you wish to terminate early, I encourage you to discuss it with me.
- You have the right to a second opinion
- You have the right to ask questions to make an informed decision about your care
- You have the right to access your treatment records.
- You have the right to choose to use insurance for some or all of your care
- You have the obligation to actively & honestly participate in your treatment
- You have the obligation to attend scheduled sessions and tender payment for services

Therapist Responsibilities

- I will provide you with competent and ethical counseling services
- I will respect your privacy and confidentiality
- I will discuss my limits of expertise and refer you to another provider if necessary

Discharge Process

- There are several reasons why we may eventually end our professional relationship. You may decide you would prefer to work with a different provider. I may reach the conclusion you would be better served working with someone else. Regardless of the case, I will first discuss with you the reasons for discharging, and if you request, provide you with a list of other qualified providers. I will also extend the discharge process length if necessary based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship.
- Please note that ongoing failure to pay for treatment, attend sessions, or communicate with me in a respectful and timely manner can also result in discharge from my practice. In these instances, to ensure you have continued access to care, I will still make every reasonable effort to get in touch with you and provide referrals to a new provider before I consider our relationship ended.

Emergency Care

- I am not available 24 hours a day. If you are in crisis, having suicidal or homicidal thoughts, or require immediate care, please:
 - Call 911 or 988 (Suicide and Crisis Lifeline)
 - Go to the nearest emergency room

Agreement

By signing below, you acknowledge that you have read and understand this Informed Consent document, that you have had all your questions answered to your satisfaction, and you consent to the releases of information described above. You agree to participate in therapy voluntarily.

_____ Date:
Client Signature

_____ Date:
Parent or Guardian Signature (if client is a minor)