Description of Services

Couples Counseling Center, LLC 1003 S. Terrace Drive, Bountiful, Utah 84010, 801-633-1566, FAX 801-797-9075 144 Brookside Drive, Idaho Falls, Idaho 83404, 208-538-0676, FAX 801-797-9075 Couplescounselingcenter.net

We welcome you to the center, and hope that you will benefit from your experience here. The following information is important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of counseling. The therapist uses empirically proven therapy models.

Benefits and Risks

Most people improvement or have resolution to the concerns that brought them into counseling, but of course there are no guarantees; and there are some risks. For example, counseling could open up new levels of awareness that may cause discomfort.

Goals and Outcomes

Generally, counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, or behaviors. You determine the nature and amount of change you wish to make.

Length of Therapy

The center offers short term therapy which typically means twelve sessions or less. If it appears your situation may require more than twelve sessions, your therapist may discuss extending sessions or a referral to accommodate the need.

Confidentiality

Couples Counseling Center, LLC Notice of Privacy Practices (HIPAA) that you have received describes the ways in which we may use and disclose health information about you and your rights and our obligations regarding the use and disclosure of that information. All clients will be asked to sign a *Counseling Services General Authorization*. Agency personnel will not release confidential information without this written authorization, unless such release is otherwise authorized or required by law. For example, the law may require us to disclose confidential information if there is reason to believe that a child has been abused or neglected, or that you may be in danger of harming yourself or others.

Cancellation of Appointments

On occasion, a situation may arise which prevents you from keeping a scheduled appointment with your therapist. As a courtesy to your therapist and the agency, please notify us <u>24 hours</u> in advance of your appointment if you cannot keep it. Except in emergency situations, you will be expected to reimburse the agency the <u>full hourly fee</u>. We will not bill your insurance or other third party for this. **This is due prior to or at your next scheduled appointment**.

Patient Rights:

Patient's have a right to ask for a referral to another therapist and the right to decline seeing a particular therapist.

Payment of Services

Payment is ultimately the patient's responsibility. If insurance or a third party does not pay, the patient will need to pay. Each session is 50-60 minutes. Cash, Venmo, or check is preferred. Speak to the therapist to obtain the cost of therapy.

Grievance

If you have concerns about any aspect of the services you are receiving, you should address the matter with your therapist. At anytime, a referral can be made and another therapist obtained.

Please arrange for small children to remain at home unless specifically asked to bring them as part of family therapy.

I have read the above information, and understand that I am encouraged to ask questions, and give input regarding the counseling process at anytime. If there is anything in this form that I do not understand, it is my responsibility to seek clarification.

| I prefer to pa | y by: | | |
|---------------------|----------------------|---|--------|
| Cash: | Check: | Whatever portion Insurance does not cover. Payment is due at time of se | ervice |
| otherwise. | | | |
| | | | |
| Patient's Sigr | nature: | Date: | |
| Spouse's Signature: | | Date: | |
| I give consen | t to allow Couples C | ounseling Center, LLC to treat and/or evaluate the above named patient. | |
| | | | |

Signature of parent or legal guardian______Date:_____Date:_____