

Steve Riser
Licensed Professional Counselor
and Mental Health Service Provider
Master of Divinity

Consent to Treatment and Terms of Payment

I have prepared the following description of myself and how I work to allow you to make an informed decision about participating in the counseling process. Your participation is completely voluntary.

Qualifications

I am a Licensed Professional Counselor. I received my Masters in Counseling and Master of Divinity from Reformed Theological Seminary, in Orlando Florida. RTS by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). This specialization means that I work with individuals, couples, and families to address a wide range of mental health and relationship issues and that I assess mental health issues not only at the individual level but also consider the broader relational and social levels that impact a person's emotional health and wellbeing.

The **therapeutic process is a learning process** in which you come to better understand yourself and your relationships so that you may more successfully handle the situations that brought you here. As a therapist, I believe my role is to help you develop the ability to skillfully address life issues rather than simply give you advice and answers that have worked for me. In other words I help you come to your own decisions and help you develop insight instead of telling you what to do. If at anytime you feel uncomfortable with the process or are unclear about the process, please feel free to discuss your concerns with me— that's what I am here for.

The **length of therapy varies** depending on each person's situation. Many clients experience at least moderate gains in the first three sessions, but the exact length and frequency of therapy will vary.

A small minority does not experience benefits or the situation may worsen, which is therefore a potential risk. Often, if painful situations have been avoided, things may become worse before they get better while these neglected issues are brought to light for the first time. Additionally, some research suggests that when therapy is provided to an individual in an unhappy relationship, this may make the situation worse. Similarly, certain child and adolescent problems seem to be best handled in family sessions.

Christian Counseling/Theological Integration

I have been trained through an accredited program that trains in sound and proven psychology and therapeutic techniques. I have also been trained as a Christian, and practice from a Biblical perspective. What this means is that my faith is integrated in the way I think and the ways I practice. This does not mean that I will attempt to convert anyone to my way of thinking on spiritual matters. Each person's relationship with God is distinct and personal and my faith and the standard of ethics in which I practice require me to respect each person's faith. If this is a concern to you, please discuss this with me. (for more on this see my web site)

Confidentiality

All of our sessions will be confidential to persons outside of therapy. My professional code of ethics prevents me from discussing what was said during sessions with anyone outside the session without your written permission. If I run into a client in a public setting I am discrete and do not initiate contact.

Exceptions to Confidentiality

Situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the "Notice of Privacy Practices" (copies available in the waiting room).

Record Keeping

I maintain records of our meeting that contain your diagnosis, treatment plan, and weekly summary of treatment progress; these are either kept in a locked filing cabinet or on a secure electronic folder. These records are for my use in providing treatment, and may not be released without your signature unless there is a valid subpoena or equivalent.

"No Secrets" Policy with Couples

When working with couples, I employ a "no secrets" policy, which means I do not keep secret information gathered in individual conversations (whether on the phone or in an individual session) if the information revealed in some way violates that integrity of the couples therapy, such as revealing an affair, substance problem, or intent to leave the relationship. Such information will need to be revealed to the other partner for therapy to effectively continue. I work with individuals in a manner which helps them reveal pertinent information in a safe manner.

Crisis Contact Information

As an outpatient, independent practitioner, I am unable to personally provide continuous 24-hour crisis services. For all life threatening emergencies, you should always call 911 immediately. For other crisis situations, you may call me and I will return your call as soon as possible, usually within 24 hours if I am in the country. If you need more immediate services or after hour services, you should call 911 or go to your nearest hospital emergency room.

Termination and Referral

You have the right to terminate services at any time. I am happy to discuss any concerns you have and will help you locate alternative services if desired. If for any reason, I feel that I am not able to help you make significant progress or that I do not have the expertise to best assist you, I will refer you to a person or program that can.

Collaboration with Other Professionals

In order to provide quality services, I often need to collaborate with other professionals, such as your physician, psychiatrist, past therapists, and/or other mental health professionals. You will be asked to complete a release of information authorizing these exchanges; in some cases, I may not be able to provide services without this.

Please Ask Questions

You may have questions about me, my qualification, therapy, or anything not addressed here. It is your right to have a complete explanation for any questions you may have at this time. Also, please feel free to ask me any questions or share any concerns that might arise during the process of therapy. Although I know this may be uncomfortable at times, your openness and honesty will allow me to better serve you.

Fees and Length of Sessions

My fee for a 50-minute session is \$125. Sometimes sessions run longer, and I will do my best to be our manager of time. However, should a client choose to extend their 50 minute session, to a 2 hour session, my rate will be \$200.

Missed Sessions

If you will not be able to attend a session, **please notify me at least 48 hours** in advance. If you do not notify me, you will be **charged a \$75 no-show** or late cancellation fee. Also, please call if you are going to be late. **I will wait 15 minutes for late clients**, after that 15 minutes I cannot guarantee services will be provided.

Additional Fees Additional services are billed as follows:

I will charge additional fees for services rendered, which can include phone consultations. Between session phone consultations: \$50 for each 30 minutes. Letters to third parties: start at \$50 (based on time required to prepare). Should I become involved in any legal matter, such as court reports and testimony etc. I will require an initial fee of \$250 to be paid before any services are rendered. I then charge by the hour at \$150 an hour.

Outstanding Balances

Payment is due at time services are rendered. In cases of unexpected financial hardship, the therapist can arrange payment plans. However, if a client fails to arrange for payment of an outstanding balance, accounts may be sent to a professional billing company. There is a \$10 fee for the billing service and a 25% late fee. If clients are unresponsive, the billing company may forward to collections.

Insurance

I do not accept insurance. However, if you choose to file insurance I will help you do so. If you go to your insurance company and ask them about filing out of network and that you need information from them to file yourself, they will assist you. I will provide you with the information you need from me to assist. Please keep in mind this requires me to make a diagnosis for you. I will discuss what this means should you desire to file insurance. Information is included in an additional hand out.

PLEASE PRINT AND SIGN THE ATTACHED SIGNATURE PAGES, YOU MAY BRING ONLY THOSE PAGES WITH YOU TO YOUR FIRST SESSION.

I/We have read and understand the above conditions of treatment and terms of payment and hereby agree to the terms.

Signature Date Client

Signature Date Client

Signature Date Therapist

Privacy Policy Acknowledgement

Must be signed by all adult participants in therapy

I have read and understand the Notice of Privacy Practices (**available for download**). I understand that I may request a copy of this policy for my records. I understand that I may ask my therapist about the policy if I have any questions now or in the future.

Client (or Parent) Date

Signature Date