

**Aspire – The Center for Positive Change**  
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**Consent to Treatment**

You have decided to embark on a powerful journey known as psychotherapy, a decision of strength and courage.. Know that we consider the psychotherapeutic relationship to be one of sacred trust. This letter serves to inform you about the therapeutic process, give you some information and answer questions about the professional relationship between therapist and clients.

Psychotherapy cannot insure the successful resolution of the issues you bring to it. Human beings are far too complex and life is too uncertain. However, it is our experience as therapists that most people can gain some value from the therapeutic process. Know that as we journey together, new, often unforeseen destinations may appear. The therapeutic process may not only affect you, but also relationships, work and other areas of life. There are alternatives and many adjuncts to psychotherapy. These include, but are not limited to, medications, support groups and complimentary modalities. I will be happy to discuss any alternatives you want to consider at any time.

We have a number of client expectations about the professional relationship we embark on with each client. We expect you to keep your appointments. Please remember that someone else may want this time. Please give our other clients, their obligations, relations and your therapist the courtesy of a 24 hour notice if you must cancel an appointment; otherwise, you may be charged for this time depending on your insurance plan. We always consider broken appointments individually and understand that emergencies do arise. Insurance will not pay for broken appointments.

Our current fee is \$100 per session with the exception of the first intake session which is \$150. We do have a sliding scale depending on your household income. Payment for your session is due at the time of service. We accept cash, personal checks, and credit cards. We work with a number of insurance companies via managed care contracts and we are responsible for filing claims for our services; you must pay your copay at the time services are rendered. There are no exceptions. Other insurance plans (out of network) are accepted but you may be required to pay the difference. Payment arrangements are discussed during your initial session.

We also charge for our time when you require written correspondence. This is billed according to the amount of time utilized with a minimum fee of \$20. This would include correspondence such as letters to other practitioners, disability applications, etc. Insurance will not pay for correspondence. We do not charge for customary insurance filing. Telephone consults are also billed at regular rates. The first 5 minutes we consider a professional courtesy to our relationship; thereafter, the time is billed at regular rates to the nearest quarter hour. Sessions are 45 to 50 minutes in length. Our therapists take a few minutes between clients to relax, let go of the last session and prepare for the next one.

Our appointment times are generally on the hour from 9 AM to 5 PM. We do make earlier and later appointments but these are reserved for long standing clients. Your next appointment will be scheduled at the end of each session. We are available Monday through Friday. You may reach us via telephone/voicemail during regular office hours. As our therapists are in session most of the day, they do often check voice mail and return messages several times a day. If your call is non-urgent, we will respond as soon as possible. If you experience an emergency situation, your therapist can be reached 24 hours a day. Please be sure that if you are requesting a call back after regular business hours, you are experiencing an emergency situation.

If you are in a life and death emergency situation dial 911 for assistance or go immediately to your local emergency department.

It is important for each client to understand that the client-therapist relationship is professional and not social. All contact will be limited to sessions you arrange with your therapist. Sessions are usually held in one of our offices. If you should encounter your therapist outside of the office, the therapist will speak with you only if you initiate the contact; this allows you to maintain the privacy of your psychotherapeutic relationship. Please do not invite your therapist to social gatherings (including, but not limited to, parties, weddings, business meetings, etc.), offer gifts, or

ask them to relate to you in any way other than the professional context of our therapy sessions. Although this may seem artificial and/or awkward, it is the best way to promote a good psychotherapeutic relationship.

Your sessions should focus on your concerns exclusively. You will learn a great deal about your therapist the longer you work together; our therapist may occasionally share experiences and struggles with some regularity as models for clients. Nonetheless, you will still be experiencing the therapist in a professional role solely. Our therapist will keep confidential anything you say with the following exceptions: a) you direct the therapist to speak about you with someone, b) The therapist determines that you are a danger to yourself or others, or c) there is evidence of child or elder abuse. In the event of the latter two exceptions, the therapist will contact family, friends, DCYF and/or law enforcement authorities to attempt to prevent harm from coming to anyone.

Our therapists attend peer consultation with colleagues on a regular basis. They may discuss the work occurring in your session in these sessions while maintaining your anonymity.

Our therapists use an eclectic approach to therapy, meaning that they utilize a variety of therapeutic models. Our therapists work diligently to use what is most helpful for each individual rather than take any one approach exclusively. We hope this information is helpful to you. If at any time during your relationship with your therapist, you have any questions please feel free to ask.

### **Mental Health Bill of Rights (Mhp 502.02)**

This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well being of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

- (1) To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards:
  - a. for psychologists, the American Psychological Association;
  - b. for independent clinical social workers; the National Association of Social Workers;
  - c. for pastoral psychotherapists; the American Association of Pastoral Counselors
  - d. for clinical mental health counselors; the American Mental Health Counselor Association; and
  - e. for marriage and family therapists; the American Association for Marriage and Family Therapists.
- (2) To receive full information about your treatment provider's knowledge, skills, experience and credentials.
- (3) To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:
  - a. abuse of a child;
  - b. abuse of an incapacitated adult;
  - c. Health Information Portability and Accountability Act (HIPAA) regulation compliance;
  - d. certain rights you may have waived when contracting for third party financial coverage;
  - e. orders of the court; and
  - f. significant threats to self, others or property.
- (4) To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).
- (5) To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses (RSA 330-A:2 VI).
- (6) To participate meaningfully in the planning, implementation and termination or referral of your treatment.
- (7) To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent

for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.

(8) To obtain information regarding the provision(s) for emergency coverage.

(9) To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.

(10) To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.

a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list names, addresses, phone numbers and websites of state and national professional associations listed in Mhp 502.02 (a)(1)(a-e).

b. You have the right to discuss questions or concerns about the mental health services you receive with your provider.

c. You have the right to file a complaint with the Board of Mental Health Practice.”

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I do hereby seek and consent to take part in the treatment provided by this agency. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I (or my child) may stop treatment with this therapist at any time. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I am aware that an agent of my insurance company or other third-party may be given information about the type (s), cost (s), and providers of any services I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment. My signature below shows that I understand and agree with all of these statements. I have been given the opportunity to ask questions regarding this information.

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**Signature of Client (or person acting for client)**

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**Date**

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**Relationship to Client**

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**Signature of Client (or person acting for client)**

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**Date**

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**Relationship to Client**

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

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**Signature of Therapist**

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**Date**

Client Name \_\_\_\_\_ License # \_\_\_\_\_