

**Whole Health KC**

3216 Gillham Plaza, Suite 210

Kansas City, MO 64109

773.331.0517

**Informed Consent for Whitney Logan, LPC**

Welcome to Whole Health KC. This document contains important information about my professional services and business policies. Please review this document carefully. When you sign this document, it will represent a legal agreement between us. We can discuss any questions you have before you sign this document, or at any time in the future.

**PSYCHOLOGICAL SERVICES**

Psychotherapy is a relationship between two people which works well, in part, because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has significant benefits for those who choose to undertake it. The process of therapy often leads to a significant and lasting reduction in many of the feelings listed above, as well as increased satisfaction in interpersonal relationships, greater personal awareness and insight, more sophisticated skills for managing stress and emotional distress, and resolutions to specific problems. Psychotherapy requires an active effort on your part. In order for our work together to be most successful, you will need to work on the things we discuss outside of your individual sessions.

The first 2-4 sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what I think our work together might include. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have any questions or concerns about my therapeutic methods and/or interventions, I hope you will feel empowered to discuss them with me whenever they arise. If your concerns persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

## APPOINTMENTS

Appointments are 50 minutes in duration, and typically held once per week at a mutually agreed upon time. Occasionally, additional sessions during the week may be scheduled as needed. However, our psychotherapy services are offered in an outpatient setting, and frequent requests for multiple sessions a week may indicate the need for a higher level of care. It is within my rights and responsibilities to refer a patient to another treatment provider or system if I assess that the current level of care offered by my practice does not meet the client's needs.

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hour notice, my policy is to bill you for the full session fee [unless we both agree that you were unable to attend due to circumstances beyond your control]. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## PROFESSIONAL FEES

The standard fee for each session is \$160.00. I offer a need-based sliding scale fee option to those who request it. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment must be made by credit, debit, or HSA card via a secure and HIPPA compliant billing App. I reserve the right to use an attorney or collection agency to secure payment.

In addition to weekly appointments, it is my practice to charge the agreed upon session fee on a prorated basis (I will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

## INSURANCE

I do not accept insurance, but I am able to process payments from an HSA (Health Savings Account). I can also provide a receipt for services that you may submit to your insurance provider for reimbursement.

## CONFIDENTIALITY

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled HIPPA Privacy Policy. You have

been provided with a copy of that document. Please remember that you may ask questions about the scope of our confidentiality agreement at any time during our work together.

## PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a person under age 18 unless s/he/they agree that I can share whatever information I consider necessary with their parent(s).

## CONTACTING ME

I am often not immediately available by phone or email. 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 voice mail and your call will be returned within one to two business days for non-urgent matters. If, for any number of reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, 1) go to your Local Hospital Emergency Room, or 2) call 911 and ask to speak to the mental health worker on call. 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.

## EMAIL

You may email me about scheduling or other practical questions and concerns, but I do not use my email to discuss the therapeutic process or immediate mental health crises. If your email correspondence to me contains sensitive personal or therapeutic information, we will discuss the content of this email in your upcoming session. My email address [whitney@wholehealthkc.com](mailto:whitney@wholehealthkc.com) is a secure email address.

## TEXT MESSAGES

Cell phone text messages and iMessages are not a secure form of communication. You may choose to text message me, but I cannot guarantee the security of that conversation. The same guidelines for email correspondence apply to text messages. Like email, I believe this medium of communication to be an inappropriate way to discuss therapeutic processes and/or immediate mental health concerns.

## OTHER RIGHTS

If you are unhappy or unsatisfied with what is happening in therapy, I hope that you will talk with me about your concerns directly so that I can respond accordingly. Any feedback you offer me at any time will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without

discrimination as to race, ethnicity, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspect of therapy, or about my specific training and experience.

## DUAL RELATIONSHIPS

Per ACA (American Counseling Association) ethical guidelines, I do not enter into dual relationships of any kind with current or former clients. This means that I will not engage in a professional, collegiate, social, or sexual relationship with any of my clients at any time both now and in the future. The ACA specifies that therapists may engage in professional or collegiate relationships with former clients two years after terminating the therapeutic relationship. However, I choose to avoid this if at all possible. I believe that the therapeutic relationship is best served by an understanding that the relationship will never morph into something other than what is held and contained by the therapy itself. If you have any questions about this, we can discuss it at any time.

## CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

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Printed Name of Therapist

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Agreed Upon Fee Per Session

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Signature of Patient or Personal Representative

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Printed Name of Patient or Personal Representative

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Date

Description of Personal Representative's Authority (if applicable): \_\_\_\_\_