

ALPHA OMEGA CLINIC AND CONSULTATION SERVICES

P: 301-767-1733 / F: 301-767-1743

7007 Bradley Blvd
Bethesda, MD 20817

3607-A Chain Bridge Rd
Fairfax, VA 22030

108 N. Payne St
Alexandria, VA 22314

1835-D Forest Drive
Annapolis, MD 21401

Client #: _____

INFORMED CONSENT AGREEMENT

- 1. About Alpha Omega Clinic and Consultation Services (AOCCS): AOCCS is dedicated to providing psychological therapy and treatment consistent with the moral teaching and vision of the human person in the Roman Catholic Church.
- 2. Therapy: When you seek psychological services from a mental health clinician, you enter into a therapeutic contract. This form is designed to make the contract explicit, so that we might begin working together as productively as possible. Our goal is to know you and your circumstances well enough to be able to assist you with your concerns.
- 3. Clinicians: Professional services at AOCCS are provided by a variety of clinical staff, both licensed and unlicensed. Unlicensed clinicians are supervised closely by a licensed clinician.

Therapist: _____ Degree: _____
License: _____

Supervisor (*if applicable*): _____ Degree: _____
License: _____

Supervisor (*if applicable*): _____ Degree: _____
License: _____

- 4. Rights. In receiving all services at AOCCS, each individual has the right to:
 - a. Impartial access to treatment of regardless of race, religion, gender, ethnicity, age, or handicap.
 - b. Use his or her preferred or legal name.
 - c. Have his or her personal dignity recognized and respected in the provision of treatment, including communication in a manner the individual can understand.
 - d. Be protected from harm (abuse, neglect, and exploitations) and supported in communicating with other agencies that might assist with their concerns.
 - e. Receive individualized treatment including the following:
 - i. The provision of humane services, regardless of the levels of financial support.
 - ii. The provision of services within the least restrictive environment.
 - iii. The provision and periodic review of an individualized plan of treatment focused on their particular circumstances.
- 5. Confidentiality: Therapy sessions are confidential. Information disclosed in sessions is considered confidential and will not be revealed to anyone outside AOCCS without your written permission, except where disclosure is required by law and deemed to be in the best interests of the client. The following are the exceptions and limits to confidentiality:
 - a. Individuals:
 - i. When the client presents a serious danger to harm him/herself.

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- ii. When the client presents a serious danger of violence to others or the property of others. In these cases your therapist is obliged to take action in order to help ensure safety.
- iii. When there is reasonable suspicion of child, elder or dependent adult abuse, or neglect.
- iv. When you have given written consent specifying a third party with whom your file will be shared.
 - v. Pursuant to a lawfully issued subpoena.
 - vi. When a therapist is defending himself or herself against a claim, or subject to investigation, review, or audit.
- vii. If you utilize third-party reimbursement, your therapist will be required to provide your insurer with a clinical diagnosis, and at times a treatment plan or summary.
- viii. Minors: When minors (under 18 years of age) are seen in therapy, the parent or legal guardian holds the legal privilege regarding a signed release of information.
- ix. Groups: Group therapy participants are expected to honor and respect the privacy and confidentiality of other group members.

b. Couples/Family:

- i. Case records or case summaries cannot be released without the consent of both spouses or partners unless a lawful subpoena is issued.
- ii. When either client presents a serious danger to harm him/herself.
- iii. When either client presents a serious danger of violence to others or the property of others. In these cases your therapist is obligated to take action in order to help ensure safety.
- iv. When there is reasonable suspicion of child, elder, or dependent adult abuse, or neglect.
- v. When both clients have given written consent specifying a third party with whom your file will be shared.
 - vi. Pursuant to a lawfully issued subpoena.
 - vii. When a therapist is defending himself or herself against a claim, or subject to investigation, review, or audit.
- viii. If either client utilizes third-party reimbursement, your therapist will be required to provide your insurer with a clinical diagnosis, and at times a treatment plan or summary.

c. Consultation: Your clinician may also consult with other clinicians and professionals at AOCCS. In such cases, those involved in the consultation have the same ethical obligation and will preserve confidentiality of your case.

6. Faith-Based Therapy: Clinicians at AOCCS are dedicated to providing psychological therapy and treatment consistent with the moral teaching and vision of the human person in the Roman Catholic Church. Your clinician will:

- a. Integrate sound psychological principles with Catholic moral and spiritual principles.
- b. Promote your dignity and value as a whole person.
- c. Assist you to reconcile Catholic religious beliefs with your emotions, thoughts, experiences and behaviors.
- d. Not assist or encourage you to engage in immoral practices as defined by the Magisterium of the Catholic Church.
- e. AOCCS welcomes clients of different faith backgrounds to receive treatment at our clinics. Clients who opt not to integrate Catholic spirituality with their treatment will still be offered therapy based on sound psychological principles and Catholic moral principles. Clients who do

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not want their treatment to be informed by Catholic moral principles will be referred to a clinician outside of AOCCS.

7. Emergencies:

- a. If a life-threatening emergency arises, please contact emergency personnel via 911, or go directly to the nearest emergency room.
- b. For non-life-threatening emergencies, please try to contact your therapist directly through their Clinic extension and leave a message. The therapist will return your call as soon as possible.

8. Records: Your records are confidentially maintained at the AOCCS during treatment and for 7 years (10 for minors) following termination. The purpose of the case documentation is to support the therapeutic treatment of the individual(s) named in the chart, and will not be released for other purposes, other than the exception and limits to confidentiality previously outlined. Typically, only your therapist (and supervisor, if applicable) will access your file. While administrative staff may access your file in the course of business, they are forbidden from reading any clinical information. If you request a copy of these records for any reason, a charge per page of each document may be assessed.

9. Clinical Policies and Fees:

- a. Payment for Services: Your session fee will be _____ (based on the AOCCS sliding fee scale). Regular client sessions are typically 45 minutes. Fees are due to AOCCS at the time of the appointment.
- b. Cancellations: AOCCS requires at least 24 hours advanced notice of cancellations for scheduled appointments. Your full session fee will be charged for missed sessions not cancelled 24 hours in advance. For routine calls to make, change or cancel appointments, please contact your therapist at their Clinic extension or contact the administrative office at 301-767-1733 ext 0.
- c. Additional Services: Charges may be assessed and pro-rated based on your hourly fee at the discretion of the clinician for additional services (e.g., court appearances, court reports or third party reports, phone therapy sessions and/or long distance phone call expenses, etc.).
- d. Unpaid Balance: Clients accounts are not to accrue an unpaid balance. After two sessions of unpaid balances, services may be withheld until the account is paid in full.
- e. Declined Checks: If your check is returned by the bank, you will be charged \$20 for each returned check in addition to the session fee. Please discuss any financial concerns with your therapist.
- f. Insurance or Other Contractual Reimbursement: Services are provided and charged directly to the client, not to the insurance or contracted organization. AOCCS does not accept insurance of any kind. All clients are expected to pay their fees to AOCCS as indicated above and are fully responsible for obtaining reimbursement for their insurance or contracted organization. We will try to be as helpful as we can, but AOCCS is not obligated to cooperate in filling out forms or other requests for information that the insurance company may require.
- g. Receipts: At each session, AOCCS will provide the client with a receipt. It is the client's responsibility to keep these receipts for his/her own records or insurance purpose.

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10. Alpha Omega Clinic and Consultation Services (AOCCS) is committed to honoring and respecting each client and providing the best service possible. If you feel that you have been treated unfairly in any way or have questions related to any aspect of AOCCS please call the Clinic Director, Kathleen Gallagher, at (301)767-1733 ext 101.

Statement of Understanding: By signing below, I indicate that I have reviewed and understand the above information and that I have had questions answered by my therapist, and that I agree voluntarily to its terms. I understand that I may withdraw from treatment at any time but if I decide to do this, I will discuss my plan with my therapist before acting on it.

If you would like a copy of this form, please request one from your clinician and one will be provided.

Client's Name (Please Print)

Client's Signature

Date

Parent/Guardian's Signature (if a Minor client, under age 18)

Date

Additional Client (for marital/couples or family counseling):

Client's Name (Please Print)

Client's Signature

Date

Therapist's Signature

Date

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