



ZenBees Psychiatry and Wellness Services, LLC.

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Informed Consent for Therapy

Please read through the following informed consent agreement. This document contains important information about professional services and business policies. Please feel free to contact us if you have any questions you may have regarding this document. Office policy is available on this company website for to download or save:

<https://www.zenbeespsychiatry.com/client-info/>.

Psychotherapy benefits- purpose is to provide therapeutic experience for you to establish, maintain therapeutic relationship to facilitate opportunities to build the necessary coping skills, insights into self, effective communicating in relationships, improved self-esteem, and to make informed decision and reasonable choice in life.

Provider qualifications: The therapist is a trained professional engaged in providing mental health care services to clients. The discussion in therapy would include various aspects of psychotherapy, evaluation and diagnostic formulation and method of treatment. Therapists hold a variety of degrees in the field of psychology such as: Masters or Doctoral Degrees in Psychology, Licensed Marriage and Family Therapist (LMFT), Psychiatry, or Certified Licensed Clinical Social Worker (LCSW-C), Licensed Clinical Professional Counselor (LCPC), or licensed graduate professional counselor (LGPC). LGPC and LCSW will be supervised by a designated supervisor per Maryland Board of Counseling guidelines. The counseling approach varies per therapist specialty training and education, some general approaches include but not limited to psychoanalysis and psychodynamic therapy, cognitive behavioral therapy (CBT), Humanistic therapy, integrative or holistic therapy.

- *Voluntary Participation:* All clients voluntarily agree to treatment, and accordingly may terminate any time without penalty. Following sessions, if you feel the relationship is not a good match, inform your provider and alternative resources of qualified professionals can be provided to better assist you. If your therapist feels you are no longer benefiting from therapy, or your therapist feels there is a conflict in values they may discuss termination. If you desire additional counseling your therapist will provide you with a referral competent to address your issues.
- *Client Responsibility:* All clients are expected to show up to appointments on time, prepared to focus on and discuss therapy goals and issues. The session should not be held

if client is under the influence of mood-altering chemicals including recreational drugs and alcohol. Violence are not acceptable, such behaviors may result in continuing sessions and informing of proper authorities. All clients are expected to be open and honest so your therapist can assist you with your goals. For therapy to be most successful, counseling requires active effort on your part. You are encouraged to work on things talk about both during sessions and at home. Inconsistent attendance can negatively affect your therapy progress.

- *Therapist Responsibility:* Your therapist will be prepared at the designated time, (except for emergencies), and will be attentive and supportive in meeting the therapy goals. His/her goal is to assist you in achieving a greater sense of self-awareness and work toward helping you work on problem areas.
- *Colleague Consultation:* In keeping with standards of practice, your therapist may consult with other mental health professionals regarding care and management of cases. The purpose of this consultation is to ensure quality of care. Your therapist will maintain complete confidentiality and protect your identity in accordance with HIPAA.
- *Risks of Therapy:* No guarantee as to therapy outcome such as becoming happier, saving marriages, stopping drug abuse, becoming less depressed, etc. Many people do get better in therapy, some do get worse. Possible risks of treatment may include, but are not limited to stimulating painful memories, unpleasant events, and emotional pain like sadness, guilt, anger, frustration, loneliness, helplessness or unsettling. Some clients experience no improvement in their situation, and a few may even believe things are worse after treatment, occasionally necessitating hospitalization.
- *Therapy Sessions Length:* Once initial assessment is completed. You will schedule your follow up sessions determined by your need and as agreed upon with your therapist. Session length most insurance plans cover is 45 minutes. Occasionally sessions may run as long as 55-60 minutes. Because the sessions are your time, please prepare what it is you would like to discuss or work on during that session. Length of therapy is relatively variable based on client motivation, symptomatic or severity of issues to resolve, and work efforts outside of therapy sessions. On average, many people feel they have obtained what they were looking for in 10-25 sessions. For some it is fewer and for others it may go longer.
 - We are not able to assume responsibility for the care of young children during therapy sessions. Having young children is generally disruptive to the counseling process, and we ask that you arrange for their care so you may come alone. If you have difficulty arranging childcare elsewhere, please talk with your therapist. Children old enough to be responsible for themselves may wait in the reception area.
- *Patient rights and confidentiality:* Your health information is confidential, and HIPAA protected. We can use and share your health information to run our practice, improve your care, and contact you when necessary. To assist with your treatment plan, your

health information may be used and shared with other professionals at our office or your treating physicians to better care for you. We can share your information with pharmacy staff only as needed to safely process prescriptions at a pharmacy that you have chosen. We will not share your health information with third party providers who are not involved in your mental health treatment unless you have given us consent to do so, except in emergency situations or when we perceive there is an imminent threat to health or safety. As such, the duty to warn arises when a patient has communicated an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such a threat. As mental health practitioners, it is our obligation to warn any identifiable victim.

- *Duty to Warn*: Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies often require information about diagnosis, treatment, and other important information as a condition of your insurance coverage. The duty to warn arises when a patient has communicated an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such a threat. As mental health practitioners, it is our obligation to warn any identifiable victim. Several exceptions to confidentiality exist that requires disclosure by law:

1) danger to self- if there is an imminent threat to harm yourself, we are required to seek hospitalization for the client, or to contact a family members or others who can help to provide protection

2) danger to others- if there is an imminent threat of serious harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization

3) grave disability or impairment – if due to mental illness, you are unable to meet your basic needs, such as clothing, food/water, and shelter, we may have to disclose information in order to access services to provide for your basic needs

4) suspicion of child, elder or dependent abuse- if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency, like Adult or Child Protective Services.

5) certain judicial proceedings- if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations

can be rare, we will make every effort to discuss the proceeding accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed, and only important information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

- *Counseling and Records for Minors:* If you are under 18 years of age, please be aware that the law provides your parents the right to review your treatment records as well as obtain information from us about your diagnosis, progress, and treatment. It is our policy to request an agreement from parents that they agree to avoid unnecessary review of records and involvement in your treatment with us. If they agree, we will only provide them with general information about our work together, unless we feel there is a high risk that you will seriously harm yourself or someone else. In this case, we will notify them of our concern.

- Custody Issues & Therapy for Minors: for minor children, where legal custody is split (joint) between parents or guardians who are no longer married or cohabiting, we need authorization and signature from both parents prior to the child being seen.

- *Ethical Guidelines:* Your counselor follows the American Psychological Association (APA) ethical guidelines, as well as those rules dictated in the Maryland Board of Psychology Practice Act and Maryland Board of Counseling Practice Act. Copies of these materials can be obtained from: American Psychological: <https://www.apa.org/ethics/code>, Maryland Board of Psychology Practice Act: <https://health.maryland.gov/psych/Pages/lawsregs.aspx>, and Maryland Board of Counseling Practice Act: <https://health.maryland.gov/bopc/Pages/reg.aspx>.

- *Disputes and Complaints:* Any disputes or complaints that cannot be resolved between the client, therapist, and Zenbees can be directed to the Maryland Board of Examiners of Psychologists, 4201 Patterson Avenue, 3rd Floor, Baltimore, Maryland 21215-2299; Telephone: 410-764-4787 or Maryland Board of Counseling Practice Act: 4201 Patterson Avenue, Suite 316| Baltimore, MD 21215-2299; 410-764-4732.

I certify that I have read, understand, and agree to the terms and conditions of this facility/policies and that I am authorized as the patient or the patient's representative to sign this document and be bound by its terms.

Patient Name: _____

Date of birth: _____

Patient's Signature

Date

Time

If the patient is under 18 years old or unable to sign:

Authorized Person's Name: _____

Relationship to patient _____

Authorized Person's Signature _____ Date _____

- For minor with shared custody agreement, both parents are required to sign form