

# CURETON COUNSELING & CONSULTING, LLC

Timothy J. Cureton, LMHC, CSAT

EMDR Certified & RRT Trained

260-451-9880

[www.curetoncounselingandconsulting.com](http://www.curetoncounselingandconsulting.com)

CURETON COUNSELING & CONSULTING, LLC has been established to provide excellent psychological, emotional, and when desired, faith-based counseling to those in need. These services will be available without regard to race, financial status, or religious affiliation.

Cureton Counseling & Consulting, LLC is committed to providing the specific tools needed for positive growth and freedom from harmful learned patterns in every emotional, mental or spiritual area of life.

I am pleased to have the opportunity to serve you. Feel free to ask questions at any time.

## INFORMED CONSENT

As a part of my commitment to provide you with the highest standard of care, this section is designed to give you the information needed to make an informed decision about beginning the counseling process. This includes **(1)** An understanding of my purpose. **(2)** An understanding that counseling is a partnership between counselor and client. It requires active participation from both to have the highest favorability outcome. In most cases, clients report great improvement as a result of the counseling process, but it cannot be guaranteed. I will do everything ethically possible to be a part of this improvement process **(3)** An understanding of the limits mandated by law confidentiality (see confidentiality section). **(4)** An understanding that I work in areas in which I have been specially trained and receive continued education. **(5)** An understanding that I have an ethical responsibility to only work with someone as long as he/she reports progress. If the counseling process ceases to be beneficial to you, steps need to be taken to either correct the problem or end counseling. This will be part of the overall evaluation and goal setting process done throughout counseling.

## CONFIDENTIALITY AND CLIENT RIGHTS

Clients are assured confidentiality, which is protected by the law and standards of ethical practice. There are, however, important exceptions to confidentiality that are mandated by law. In general terms the exceptions include **(1)** Notifying relevant others if it is judged that a client has an intention to harm him/herself or someone else. **(2)** Reporting any incidence of suspected child physical or sexual abuse or neglect. (Cases, in which adults have been abused in the past as children, are not required to be reported.) **(3)** Releasing a copy of any records that have been court ordered. **(4)** Releasing information to the federal government mandated as part of the Patriot Act of 2001. Specific mandates of this act would prohibit our agency from making you aware that such information has been requested.

### **1. Release of Information:**

It is my commitment to hold your right to confidentiality in highest regard. Because of this, I must obtain your consent to use any or all the following means of exchange of information, should it become necessary to do so. **1)** Fax (summary to physician, billing to insurance company, etc.) **2)** Electronic Billing **3)** Standard Billing through mail **4)** Mail Correspondence **5)** Phone Correspondence

Initial here: \_\_\_\_\_

Over →

Only information that has originated from this office can be released. Third party information (records in the file that came from another source - for example, a doctor's office or school) must be obtained, if needed, from its original source.

## **2. Client Right to Information:**

You, the client, have a legal right to information in your file. This includes dates of service, diagnosis, treatment plan, summary and testing summary information. Information that is considered to be "a work in progress: (i.e., session progress notes, raw data from testing) is not held to the same legal requirement. Session progress notes can, however, be released to a client if requested in writing and deemed appropriate by the counselor or therapist.

If a client requests information, the treating counselor may request to review the information together with the client as a matter of ethical responsibility. This helps give clients the opportunity to ask questions and gain a full understanding of the nature of the information. This review time between counselor and client will be billed at the rate of \$150.00 per hour and is not covered by insurance.

## **3. Clients Who Are Dependents:**

If you are requesting my services as a parent or guardian of a minor or dependent adult, the same general practice as stated above applies. However, it is important that your child be able to completely trust his or her counselor. As such, we must keep confidential that which your child has requested. Exceptions are the same as stated above. As a parent or guardian, you have the right and responsibility to question and understand the nature of our activity and progress with your child. Given that my goal is to unite families, disclosure of such confidential information usually occurs at some point in the therapeutic process, but the timing is to be agreed upon by the child and counselor and is crucial to the counseling process.

## **4. Record Keeping:**

Indiana law requires that records be kept for seven (7) years from date a client was last seen. For minor children, the law requires that all records be kept seven (7) years after the child has reached his/her 18th birthday.

## **MESSAGES**

As we work together, you will notice that I don't accept phone calls while in a counseling session with my clients. My phone is answered 24 hours a day, 7 days a week by my voice mail system. Please leave a message on my confidential voice mail system. Calls made after 5 p.m., on holidays or the weekend will generally be returned the next business day. If you deem your call to be of an emergency nature, our voice mail system will direct you to a number that will provide you with immediate assistance.

**Initial here: \_\_\_\_\_**

**APPOINTMENT AND CANCELLATION POLICIES**

My services are by appointment only and are available as scheduling permits. Because appointment times are held specifically for you, it is important for you to keep each appointment. If, for some reason, you do need to cancel an appointment, we ask that you please give at least 24 hours notice so that we can make that time available to others on a waiting list. **IMPORTANT: IF YOU MISS AN APPOINTMENT OR CANCEL WITH LESS THAN 24 HOURS NOTICE, YOU WILL BE CHARGED \$100.00. THIS FEE IS NOT COVERED UNDER YOUR INSURANCE PLAN.**

**FEES AND CHARGES**

As a professional counselor, I am committed to dealing with you fairly and considerately in financial matters. I believe that a clear understanding of my fees and financial policies is important. The following is presented with this in mind.

- 1) The out of pocket expense for each session is based on whether you have insurance or will self-pay for your session.
- 2) **All payments are due at the time of service.** If you have insurance, your payment will be based on your co-payment amount or your deductible. **However, if for some reason your insurance company does not pay what was quoted or anticipated, you are still responsible for the entire fee.** In general, we will file all necessary paperwork for you, once you have given us permission to do so.
- 3) Time spent in telephone consultations outside of appointment times and in writing letters will be charged at a pro-rated fee of \$35.00 per 15-minute increments. The fee for this service is not covered under insurance plans.
- 4) Court time is charged at a rate of \$750.00 per hour. Included in this rate is court time, travel time, preparation time, and in-court waiting time. A three-hour minimum deposit must be made in advance and your account will be refunded or balance billed for the remainder.
- 5) 90-day overdue accounts will be assessed a late fee rate of 2% per month.
- 6) Copying fees for medical records are as follows: \$15.00 for pages 1-10, and \$.25 for each additional page.
- 7) Cureton Counseling & Consulting, LLC reserves the right to add the cost of fees incurred (such as collections fee, attorney fees, court costs, etc.) as a result of pursuing outstanding balances to any overdue account.
- 8) A \$25.00 fee will be charged for any check returned for insufficient funds.

**I have read, understood, initialed where necessary, and agree to abide by the terms set forth in this document.**

Signature of Parent/Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_