

## **Nicole Groves, LPC - Informed Consent for Therapy Services**

### **Welcome & Purpose**

Welcome to Nicole Groves, LPC. This document outlines important information regarding our services, policies, and your rights as a client. Please read carefully and discuss any questions with your therapist before signing.

### **Nature of Therapy**

Psychotherapy involves a collaborative process between therapist and client to address emotional, behavioral, or psychological concerns. While therapy has shown benefits for many people, there are also potential risks, such as experiencing uncomfortable emotions or discussing distressing topics.

### **Confidentiality & HIPAA**

Your information is protected under HIPAA and applicable state laws. Information will not be released without your written consent except in the following situations:

- Suspected child, elder, or dependent adult abuse
- If you pose a serious risk of harm to yourself or others
- If required by court order or other legal obligation
- As needed for treatment, payment, or healthcare operations

You have the right to request access to your records, receive an accounting of disclosures, and request corrections. For full details, see the Client Confidentiality and HIPAA Policy.

### **Communication Policy**

We communicate via phone, email, and optional secure messaging. Please note:

- Communication is primarily for scheduling purposes
- Therapists do not provide crisis support or clinical intervention outside of sessions
- Responses are typically provided within 24 business hours

In case of emergency, contact 911 or the 988 Suicide & Crisis Lifeline. For full guidelines, refer to the Client Communication Policy.

### **Emergency & Crisis Protocol**

We are an outpatient practice and do not provide emergency mental health services. In the event of a crisis, please:

- Call 911 or go to the nearest emergency room
- Contact 988 or your local crisis line

Therapists will assist in safety planning during scheduled sessions if clinically appropriate. See the Emergency and Crisis Protocol for more.

## **Appointments, Late Cancellations, & No-Shows**

Regular attendance is important for progress in therapy. If you must cancel, provide at least 24 hours' notice. Fees may apply for:

- Late cancellations: \$100
- No-shows: \$100

These fees are not billable to insurance. See the Late Cancellation and No-Show Policy for full details.

## **Financial Policy & Billing**

Clients are responsible for all charges not covered by insurance. This includes:

- Deductibles, copays, and coinsurance
- Missed appointment fees
- Out-of-network or denied claims

Payments can be made via Stripe through the client portal with major credit cards. A detailed fee schedule is included in the Clinic Financial Policy.

## **Telehealth Consent (if applicable)**

If sessions are conducted via telehealth, please note:

- You must be located in a state where your therapist is licensed (Texas, Louisiana, Missouri, Iowa)
- Sessions will be conducted via a secure, HIPAA-compliant platform
- It is your responsibility to ensure privacy on your end

## **Client Rights & Responsibilities**

You have the right to:

- Be treated with respect and dignity
- Ask questions about your treatment
- Decline or withdraw from treatment at any time
- Receive referrals if you choose to discontinue therapy

You are responsible for:

- Attending sessions as scheduled
- Participating actively in your treatment
- Communicating openly with your therapist

## **Consent & Acknowledgment**

By signing below, you acknowledge that you have read, understood, and agree to the information outlined in this Informed Consent, including all referenced policies. You consent to receive mental health treatment from Nicole Groves.