

**Dorothy Hughes, MS, NCC, LMHC**  
**Licensed Mental Health Counselor (IN License 39000908A)**  
**Level III Reiki Practitioner**

8465 Keystone Crossing, Suite 208, Indianapolis, IN 46240  
765- 237 - 7652 [djhugheslmhc@yahoo.com](mailto:djhugheslmhc@yahoo.com) <http://dorothyjhughes.com/>

**Informed Consent & Agreement for Psychotherapy Services**

**Introduction**

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask me any questions that you may have regarding its contents.

**Information about Your Therapist**

I am a licensed mental health counselor in the State of Indiana. Our work together will be based on a professional psychotherapeutic relationship. Therapy sessions will be held in my office located at 8465 Keystone Crossing, Room 208, Indianapolis, IN 46240, via telehealth service using a HIPAA approved app (Indiana residents only), or on the phone. Due to the nature of my private practice I am normally available for appointments on Monday and Thursday from 1:30 to 7:30.

Details about my personal background that led me to further my education in my early 40's and change careers, as well as my 20+ years of professional experience can be found on the "about Dorothy" tab on my website <http://dorothyjhughes.com/>. I am happy to discuss in more detail as it is related to your therapy or concerns.

**Scope of My Practice**

Using my experience counseling adults of all ages with personal and relationship concerns, as well as academic and career concerns, I developed expertise in treating adults needing assistance with anxiety and/or depression, and relationship issues (including couples counseling).

For clients who are interested in alternative treatments, I offer Reiki Energy Healing. Please be mindful that insurance does not currently cover Reiki treatments.

Among the disorders I do *not* treat are eating, personality, psychotic or substance use disorders.

**Fees**

My session rate is \$140. Clients with insurance are charged the insurance company's contracted rate while they are accumulating their deductible. This varies from \$62 to \$117 per session depending on your insurance carrier. Fees are payable at the time of service by ACH, cash, check, credit card or Health Savings Account.

**Appointment Scheduling and Cancellation Policies**

Sessions are scheduled on as needed basis varying from once a week to once a month, depending on the needs of the client. If an appointment is missed, or canceled with less than 24 hours notice you, *not your insurance company*, may be charged the full fee for that missed session. Exceptions may be made if you are sick or have an *unavoidable emergency*.

**Insurance**

I collect client's insurance information on our initial phone call. Once I check the client's benefits, we discuss deductibles and co-pays prior to scheduling the initial appointment. From my perspective, it is only fair that clients know the financial ramifications of treatment prior to beginning the therapeutic alliance. Sometimes insurance companies provide incorrect

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information. In those cases, clients are still responsible for the fees. Co-pays and payments toward accumulation towards deductibles is due at the time of service.

I am paneled with Anthem, Blue Cross Blue Shield, Cigna, IU Health, Magellan, and United Behavioral Health. I am not a Medicare provider. If your supplemental Medicare coverage is from the above list, I can see you on a self-pay basis. You will have to bill Medicare; Medicare will forward to your billing to your supplemental insurance company for reimbursement directly to you.

Please discuss any questions or concerns that you may have about this with me.

### **Risks and Benefits of Therapy**

Psychotherapy is a process and will likely include experiencing some negative emotions as past issues and unexpressed emotions surface. This is your chance to better understand yourself and your difficulties, as well as how to become more effective in your day to day life. Some of the benefits of successful treatment include managing emotions more effectively, fewer negative thoughts, improved relationships and comfort in other areas of your life that may be challenging. These improvements will require your active participation and are not guaranteed. It is not unusual that a new client feels a bit worse before they start feeling better due to uncovering old wounds. Every client is unique, as is their progress. I am not able to predict how many sessions a given client will need.

### **Interventions**

To help an individual in a clinical setting, I know it is of utmost importance to first understand the person and then communicate that understanding in an empathic way. Using a variety of treatment strategies, I choose the type of therapy that will be most beneficial for the client. Behavioral, Client-Centered, Cognitive, EMDR, Mindfulness, Reality, Rogerian, Solution-Focused, and Strengths-Based are some of the strategies I use in my practice.

### **Termination of Therapy**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, either of us may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy. It is best to discuss this in a planned termination session.

### **Records and Record Keeping**

I will take notes during sessions and will also produce other notes and records regarding your treatment. These notes constitute my clinical and business records, which by law, I am required to maintain. Such records are the sole property of the therapist. Should you request a copy of my records, such a request must be made in writing. I reserve the right to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I typically maintain records for seven years following

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termination of therapy. After seven years, your records will be destroyed in a manner that preserves your confidentiality.

**Confidentiality**

The information disclosed by you is generally confidential and will not be released to any third party without written authorization from you, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, situations where you pose a threat of serious harm to yourself or someone else; cases involving suspected child, elder or dependent adult abuse; cases in which I am court-ordered to testify or produce records; or as outlined in the “HIPAA Information” (copies available on my website).

If you participate in couples therapy, I will not disclose confidential information about your treatment unless the person who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that I utilize a “no secrets” policy when conducting couples therapy. This means that I do not keep secret information gathered in individual conversations (whether on the phone or in an individual session) if the information revealed in some way violates the integrity of the couples therapy (such as revealing an affair, substance problem, or intent to leave the relationship). Such information will need to be revealed to the other partner in the next joint session in order for therapy to continue.

**Psychotherapist - Client Privilege**

The information disclosed by you, as well as any records created, is subject to the psychotherapist - client privilege. The psychotherapist-client privilege results from the special relationship between therapist and client in the eyes of the law. It is akin to the attorney - client privilege or the doctor - patient privilege. Typically, the client is the holder of the psychotherapist - client privilege. If I receive a subpoena for records, deposition testimony, or testimony in a court of law, I will assert the psychotherapist - client privilege on your behalf until instructed, in writing, to do otherwise by you or your representative. You should be aware that you might be waiving the psychotherapist - client privilege regarding your entire treatment if you make your mental or emotional state an issue in a legal proceeding. You should address any concerns you might have regarding the psychotherapist - client privilege with your attorney.

**Patient Litigation**

I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. I have a policy of not communicating with patients’ attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in any client’s legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, travel, or other time in which I have made myself available for such an appearance at my usual and customary hourly rate for such services of \$140 per hour.

**Email and Text Communication:**

Some clients prefer to communicate about appointment times or other administrative issues via E-mail or text. Although information stored on my computer is encrypted, E-mail transmitted through regular services is not encrypted. This means that a third party may be able to access information in an E-mail and read it, since it is transmitted over the Internet. In addition, once the

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E-mail is received by you, someone may be able to access your E-mail account and read it. This may include your employer if you use a work-related E-mail address. E-mail should be considered like a postcard, not a sealed a sealed letter, and for that reason I discourage sending any clinical or other sensitive information via E-mail. Please use the telephone for anything urgent or time sensitive.

**Therapist Availability / Emergencies**

You may leave a message for me at any time at (765) 237-7652. If you wish me to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are generally returned within 24 hours during normal workdays (Monday through Friday). Please understand I am unable to provide continuous 24-hour crisis services. In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or go to the nearest emergency room. I will do my best to return your call. Please do not use E-mail or text for urgent situations.

Acknowledgement by signing below: client(s) acknowledge that:

- Client consents and agrees to only those services that I, as a licensed mental health counselor and Reiki Practitioner am qualified to provide within the scope of my license, certification and training.
- Client(s) have reviewed and fully understand the terms and conditions of this Agreement.
- Client(s) have discussed such terms and conditions with the therapist and have had any questions regarding its terms and conditions answered to client(s)' satisfaction.
- Client(s) agree to abide by the terms and conditions of this agreement and consent to participate in psychotherapy with the therapist.
- Client(s) agree to hold therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

\_\_\_\_\_  
 Client Name (please print)                      Signature of Client                      Date

\_\_\_\_\_  
 Client Name (please print)                      Signature of Client                      Date

I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier.

\_\_\_\_\_  
 Name of responsible party (please print)      Signature responsible party                      Date