

**InnerQuest, LLC
Counseling and Life Coaching
James C. Main NCC, LPC, CPC
15535 North Reems Rd. Suite 10
Surprise, AZ 85374
623-826-2543**

Informed Consent for Assessment and Treatment

BACKGROUND AND SERVICES

Welcome to InnerQuest, LLC, Counseling and Life Coaching, (James C. Main, NCC, LPC, CPC). I am committed to assisting you in resolving issues in your life that are troubling you. I have been a Career/Financial counselor since 1995. I received my Masters degree in Counseling in 2002. I now see individuals and couples who are struggling with life issues. The areas I specialize in are: Relationships, Addictions, Financial and Career. I utilize Cognitive-Behavioral Therapy and believe in short-term therapy. My goal is to provide you with the tools to help you through the issues you struggle with as quickly and efficiently as possible. I do not prescribe medication. Nor do I do court work.

LIFE COACHING

I also specialize in Life Coaching. This specialized training is designed primarily to assist clients in goal achievement. It is different than traditional psychotherapy. I am licensed in psychotherapy however I do not engage in the practice of psychotherapy with my coaching clients. If during the course of coaching, we find that you would benefit from psychotherapy or medical services, I will refer you to another provider.

HIPAA

This Notice explains some specific client rights that you have under the HIPAA law. I maintain a Clinical File on your case, which is the property of InnerQuest, LLC, (James C. Main, NCC, LPC, CPC). You may examine or receive a copy of your file *if* you request it in writing *and* the request is signed by you.

In most situations, I cannot release information about your treatment to others unless you sign a written authorization form for each release.

Your signature on this agreement is written consent to release information for the following:

- I employ individuals for basic office needs and financial services. As required by HIPAA, all of these entities have signed an agreement to maintain confidentiality of protected health information, except as specifically allowed in the contract or otherwise required by law.

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Some situations where I am permitted or required to use or disclose information without your consent or authorization:

- If a client is clearly likely to harm him/herself, I may be required to take action to prevent self-destruction.
- If there is a clear risk that a client plans to seriously harm another person, I have a duty to warn the potential victim and/or disclose the risk to appropriate public authorities.
- If I suspect that abuse or neglect of a child or vulnerable adult may have taken place, I am required to report the suspected abuse to Child Protective Services, Adult Protective Services and/or the Police.
- If the client is a minor, both parents have access to the minor client's Clinical Record, unless there is a court order prohibiting access.
- If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information is protected by the counselor-client privilege law. I cannot provide any information without your (or your legal representative's) written authorization. However, if a court orders me to disclose information, I am required to provide it. If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information. In these instances where proceedings are evident, there will be a fee for accumulated time accrued in preparation and litigation.
- If a government agency such as Medicare is requesting information for health oversight activities, I may be required to provide it to them.
- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a Worker's Compensation claim, the client must sign an authorization so that I may release the information, records or reports relevant to the claim.
- I may present disguised case materials in seminars, classes or writings. In such situations, all identifying information and Protected Health Information is removed and client confidentiality and anonymity is maintained.
- Your health insurance plan has the right to review your Clinical Record for any service you have asked them to pay for. Unless your treatment is being paid for by a Worker's Compensation plan, a health insurance company is not entitled to see Psychotherapy Notes. However, they are entitled to see other Protected Health Information in your Clinical Record, including information about dates of therapy sessions, symptoms, diagnosis, your overall progress toward treatment goals, any past treatment records that we receive from other providers, reports of professional consultations, your billing records and any reports that have been sent to anyone.

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ABOUT COUNSELING/COACHING

While we cannot guarantee success in counseling/coaching, the amount of success that you will have depends a great deal on your investment in the process. Most people find therapy and/or coaching very helpful. However, depending on the nature of your difficulty, you might also experience uncomfortable emotions such as anger, hurt, fear, and frustration during the course of our sessions. I am trained to help you work through these uncomfortable emotions. While you are free to discontinue at any time, most people who achieve success remain in therapy/coaching until they have learned better methods of thinking, feeling, and/or acting. I request that if you decide to discontinue, that we have a brief session for closure and to review our progress together. You have the right to participate in treatment decisions and the development and periodic review and revision of your treatment plan/goals. You have the right to refuse any recommended treatment or to withdraw informed consent and to be advised of the consequences of such refusal or withdrawal.

SESSIONS

Sessions can be scheduled weekly, every other week or monthly depending on your needs. Sessions are 45-50 minutes long. Longer sessions are available by request.

COACHING SESSIONS

Coaching is available in 15 minute increments and can be done in person, on the phone or by email. Generally phone/Internet coaching is done in _ hour increments, once or twice per week; however, we will design a plan that is best for you and your situation.

INSURANCE

*****I am not a Medicare provider. If Medicare is your primary insurance, you can pay out of your own pocket to work with me or I can assist you with finding a counselor who takes Medicare.**

I am a provider for the following insurances:

AETNA UNITED BCBS TRICARE Humana
MAGELLAN CIGNA BIODYNE HEALTH NET/MHN

It is your responsibility to know the limitations of your coverage and what your benefits include. You are responsible for knowing if you have a deductible and what your co-pay is. In the event that insurance does not approve payment for your sessions, by signing below you are agreeing that you will be responsible for the full session fees of: Intake fee is \$100 and follow up sessions are \$80. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. You are also authorizing release of information necessary to process insurance claims and direct payment of benefits to: InnerQuest, LLC, (James C. Main NCC, LPC, CPC). If payment is made directly to you, you hereby agree to promptly remit such payment to InnerQuest, LLC. Your insurance company or managed care company may limit the number of sessions based on their assessment of medical necessity or other factors. Their

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determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions or you exhaust the sessions that your insurance will provide, you will have to pay for the additional services rendered.

By signing you are stating that you understand that you are legally responsible for your psychotherapy services, if for any reason your insurance company, third party payor does not compensate your therapy sessions.

(Full fee may be charged until insurance benefits are verified.)

FINANCIAL FEES (I reserve the right to change my fees with 30 days notice)

Counseling and Coaching

-\$100 for the intake	-\$25 per _ hr
-\$80 per session after intake	-\$25 per email

Insurance will not pay for phone or email counseling.

The pros and cons of using phone and email have been explained

Fees are due at the beginning of each session. I accept cash, check or credit card payments. In the event that you need to reschedule or cancel your appointment, **you can call from 8am to 8pm Monday thru Friday.** I do not work weekends or evenings. We ask that you give a 24 hour notice for cancelling your appointment. This allows InnerQuest, LLC adequate time to offer your session to someone else in need. Appointments cancelled at the last minute are detrimental to my practice. Any counseling/coaching sessions that are not cancelled within 24 hours will result in you being billed \$25. **You will be charged \$50 for No-show appointments.** These are personal financial obligations that you are responsible for, not the obligations of your insurance company.

Calls requiring more than 5 minutes are billed at \$25.00 per fifteen minutes. I have a strong preference for face-to-face contact when serious issues need to be discussed and find this to be most beneficial to you.

There will be a charge for writing reports and copying materials.

The fee for filling out forms is \$25 for up to 10 pages. This fee is due at the time of request and is not covered by insurance.

Court Testimony- You understand court testimony related matters on your behalf is charged at a higher rate which includes **case research, report writing and depositions at a fee of \$400 per hour.** Signing this disclosure statement gives permission for this therapist to release confidential information in written reports to the court.

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CHECKING IN

Even though I use texting to schedule appointments, I prefer not to send or receive information via text in regards to counseling/coaching issues. I check my voice mail and email at least once a day. I will make every effort to get back to you within 24 hours. My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or the local hotline (602-222-9444).

Your signature below indicates that you have read this agreement in its entirety, that you agree to its terms and that you were given a copy. Your signature also serves as acknowledgement that you have received the HIPAA notice of privacy practices and that you agree to receive counseling services from InnerQuest, LLC, (James C. Main NCC, LPC, CPC). In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Client's Signature _____ Date _____

Client's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Counselor/Coach _____ Date _____

James C. Main NCC, LPC, CPC #11368