V. David Weiss, M.S., LPC
2850 West Clay, Suite 255
St. Charles, MO 63301

DOCUMENT OF INFORMED CONSENT

Welcome! I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of office policies, State and Federal Laws, and your rights as a client. Please also review the Notice of Privacy Practices that will inform you of your rights and responsibilities under the Health Insurance Portability and Accountability Act (HIPAA). If you have other questions or concerns, please ask and I will try to provide you with all the information that you need.

I have a Masters Degree in professional counseling from Missouri Baptist University and have been in private practice since March of 2003. I am licensed by the state of Missouri as a Licensed Professional Counselor (License # 2003030509). I personally operate from a Christian worldview but I do not expect you to share those beliefs nor will I judge you negatively based on my belief system. You do, however, have the right to know my value assumptions and are free to discuss them with me at any time.

I will use cognitive therapy as a basis for much of our therapeutic work. I may, however, employ techniques from a variety of other counseling theories. We may examine both your current circumstances and personal history in order to discover and revise problematic thinking patterns and beliefs. We may also work to explore and express your feelings, both past and present. The therapeutic process may result in strong or painful emotional reactions. You may actually feel worse before you begin to feel better. I will strive to provide an environment in which you will feel secure and safe enough to participate fully in the counseling process. Your responsibility throughout the counseling process is to participate fully to the best of your ability. You may terminate the counseling relationship at any time.

Confidentiality

Your verbal communication, client records, and other health information are strictly confidential **except for: information shared with your insurance company to process your claims; information you and/or your children report about physical or sexual abuse; information you provide that convinces me you are in danger of harming yourself or others; information necessary for case supervision or consultation; information for which you have signed a release to disclose to a third party; information covered under a court order to disclose; in the event that a complaint is filed against a therapist.** Client records will be kept for a period of seven years.

Electronic mail (e-mail) is not a confidential means of communication. If you choose to use e-mail to communicate with me, I cannot guarantee that your electronic correspondence will remain confidential or that I will receive your transmission.

Emergency Situations

If I am unavailable and you find yourself in distress or are suicidal and need to talk to someone immediately, please call Life Crisis Services at 314-647-4357. In an emergency, call 911. Do not e-mail me if you need an immediate response, as I do not always check e-mail on a daily basis.

V. David Weiss, M.S., LPC
2850 West Clay, Suite 255
St. Charles, MO 63301

Appointment Scheduling and Cancellations

Individual appointments are approximately 50 minutes in length. Relationship and family counseling may run a little longer depending on the circumstances of a particular session. Please be on time for your appointment as sessions cannot be extended because of client's late arrival.

Please make every effort to give 24 hour notice if you need to cancel or reschedule an appointment. In the event you need to cancel or reschedule the same day as your appointment, please call as early in the day as possible. If you miss a scheduled appointment without notifying the therapist you will be responsible for the entire session fee.

Payment Policies and Insurance

Standard fee is $90 per session. Your specific fee will be discussed with you before you make the decision to engage in counseling. Full payment is expected at the end of each counseling session unless other arrangements have been made or you have insurance coverage in which this office is an in-network provider. Payments can be made by personal check, cash, or credit card.

I am an in-network provider for Anthem Blue Cross/Blue Shield, Cigna, and Compsych. You may also be able to receive out-of-network reimbursement for counseling services depending on your insurance coverage. We will be happy to assist you in determining coverage amounts and filing the appropriate claim forms.

I acknowledge that I am voluntarily seeking therapy services from V. David Weiss, M.S., LPC. I have read, understand and agree to the terms of this document. Any questions have been answered fully.

Client Signature _____ *Date* _____

Parent/Guardian Signature _____ *Date* _____
(If client is minor)