Welcome to Sea Possibilities Counseling. Michelle is pleased to have the opportunity to work with you and hopes the following information will answer some questions that you may have regarding services.

Contact Information and Cancellation Policy

Michelle’s phone number is 732-702-0218 and she can be contacted via call or text. Messages are checked every weekday so you can expect a return call or text within 24 business hours. If you have a psychiatric emergency that needs immediate attention, please call 9-8-8 the national Suicide and Crisis Lifeline, text 741741, or go to your nearest emergency room.

Therapy sessions are scheduled for 45 minutes. Because the appointment is reserved for you, it is my policy to charge for appointments not cancelled 24 hours in advance, unless there is a reasonable emergency. Failure to cancel within 24 hours will result in a charge of $50.00.

 Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Right to Confidentiality

Confidentiality is your legal right and is essential to a healthy therapeutic relationship. Information about you will never be shared, written or verbal, to anyone without your written consent. Additionally, information about you will never be requested without your written permission. A Release of Information Authorization Form allows you to decide what information can be shared or requested, and to/from whom. You determine the length of time this is valid, up to one year.

As a licensed therapist Michelle Hague is a “mandated reporter”. This means there are 2 exceptions to the rules of confidentiality. (see below)

**Duty to Warn and Protect**: If you disclose a plan or threat to harm yourself, she must

attempt to notify your emergency contact to develop a safety plan and/or arrange for psychiatric emergency screening services. In addition, if you disclose a plan or threat to harm another person, she is required to warn the possible victim and notify legal authorities.

**Abuse of Children and Vulnerable Adults:** If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), she must report this information to the appropriate state agency and/or legal authorities for further investigation.

HIPAA

By signing below, you understand that your health information is protected under the federal regulations governing the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act (HIPAA) 25 C.F.R. Parts 160 and 164, and the NJ State Privacy Regulations and cannot be disclosed without written consent unless otherwise provided for in the regulations.

If you choose to submit bills to your insurance company for reimbursement these will include the type of service, date, and diagnosis. Further information may be requested by your insurance company including treatment plan, description of symptoms, progress of therapy, case notes, summaries, etc.

Please provide your contact preference(s). I can be contacted by:

Phone call: \_\_\_ Yes \_\_\_ No

Text message: \_\_\_ Yes \_\_\_ No

Email: \_\_\_ Yes \_\_\_ No Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*I acknowledge that email and text messaging are not completely secure means of communication because these messages can be accessed improperly while in storage or during transmission.*

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fees

Michelle Hague is an out of network provider. This means that services are not billed directly to insurance; however, you can request a bill to submit to your insurance company for reimbursement if you have out of network benefits. A monthly statement can also be provided to you for your records at your request.

Fees for services are outlined below:

Initial Assessment: $175.00

Psychotherapy: $140.00 for 45 min session

Family/Couples Therapy: $160.00 for 60 min session

Payment is due in full at the time of service via cash, check (made payable to Sea Possibilities Counseling), or Venmo (@SeaPossibilities).

Consent for Treatment

I consent for Michelle Hague LCSW, LCADC to provide evaluation and counseling services to me and/or my family according to her best clinical judgment.

By signing below I acknowledge the receipt of the information outlined regarding services.

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Please provide contact information of one person as an emergency contact in the event you need medical attention or intervention while at the office. Additional information regarding your treatment will not be provided to this person without a signed release of information.

Emergency contact name/relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_