

Lynette Ingram Cassel, ATR-BC, LMHC

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617-855-5749

INFORMATION AND CONSENT TO TREATMENT

My Credentials and Experience:

I am a Licensed Mental Health Counselor (MA # 6326) and a Registered Art Therapist with over 20 years of experience. I am trained to provide individual, family, and group therapy as well as assessment and consultation for people aged three to adult. I have a master's degree in Art Therapy and Counseling from Eastern Virginia Medical School. I am glad to talk with you more about my background, training, and approaches upon request or you may read more at my website: www.lynetteingramcassel.com.

What to expect in Counseling/Therapy:

Success in therapy is dependent upon many factors, some that reside within the client (i.e. motivation for change), and some that reside within the therapist (i.e. particular skills and techniques) and some that result from the interaction and match between the therapist and client. A strong therapeutic relationship is indicated by such things as: feeling understood and respected by your therapist, agreeing on the goals and tasks of treatment, and seeing your therapist's approach as a "good fit" for you. I hope that you will let me know if any of these factors need to be addressed.

Confidentiality:

All professional contacts with me are safeguarded by confidentiality regulations. However, there are exceptions to confidentiality which include, but are not limited to, the following:

1. Instances involving the abuse to a child, elderly or disabled person.
2. Situations in which a client is judged to be threatening serious harm to him or herself or another person.
3. Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records. If I am working with a teenager, I use my professional judgement to determine what information will remain confidential between the adolescent and myself, however parents or guardians to have the right to general information such as dates of service and generally how therapy is going.
4. Judicial proceedings involving a court order to testify.
5. When collection agencies or other processes are required to collect unpaid fees.

In these circumstances, I am required to inform appropriate authorities to insure the safety of the client or others, or to comply with a court order. If one of the above circumstances takes place, and I must break confidentiality, I will inform you.

Fees & Payment:

You are responsible for payment of all session fees. Payment is due at time of service. Cash or check or credit card accepted. Please write checks out to: "Lynette Ingram Cassel". Cancelled check fee \$35.

- One 50-minute (Individual) psychotherapy session: \$150
- One 60-minute (Family) psychotherapy session: \$175
- Reports and correspondence with other professionals: \$125/hr
- Clinical Supervision: \$85/hr

I also am an "in network" provider for the following insurance companies. They may cover some portion of the fee, while you pay a "co-payment".

Blue Cross Blue Shield

Harvard Pilgrim/United Behavioral Health

Tufts Health Plan

If you use your health insurance to pay for part of the fee, they require some basic information about your reason for treatment, and in some case your symptoms and goals. Additionally, I use the company Care Paths to process the billing and health insurance claims. They also require some basic information about you. **If using insurance, you must call your insurance provider before the start of sessions to see if sessions**

will be covered and if an authorization is needed. Please bring the authorization number with you to the first appointment.

If your bill remains unpaid, I reserve the right to suspend therapy services until the bill is paid.

Cancellations & Missed Appointments:

If you must cancel an appointment, please give me 24 hours notice by email or phone.

If you do not give 24 hours notice, you will be charged \$75. If you are running more than 10 minutes late, please call. I have limited appointment times available, and it is very hard to offer the time to another client without 24 hours notice. If you forget your appointment, you will be required to pay for the missed visit.

In case of emergency:

I do not provide crisis counseling and cannot promise that I will be available at all times. If you have a crisis or emergency, I encourage you to leave this message on my voicemail, however if you are in need of immediate assistance please call 911 or go to the emergency room.

Your rights as a client:

Massachusetts requires that all Licensed Mental Health Counselors (LMHC) make the following written information available to all clients. If you have any questions or concerns after reading the following, you may discuss them with me at any time.

The Massachusetts Board of Allied Mental Health regulates the practice of Licensed Mental Health Counselors. Any questions, concerns, or complaints regarding the practice of mental health may be directed to the State Board.

Board of Allied Mental Health
239 Causeway Street, 5th Floor
Boston, MA 02114
617-727-3080

As a consumer of mental health services, you have the right to:

1. Have full and complete knowledge of your therapist's qualifications, training, and licenses.
2. Be fully informed regarding proposed evaluation, treatment, methods of therapy, the techniques used, the duration of therapy, if known, and the fee structures.
3. Discuss your therapy with anyone you choose, including another therapist or mental health provider.
4. Refuse treatment entirely, or any component of any proposed treatment arrangement.
5. You may terminate therapy at any time.
6. Request that information from your treatment be shared with another therapist or organization, provided that appropriate consent forms have been signed.
7. Question your therapist's competence. Should you become displeased with services, you are encouraged to talk to me to see if the matter can be resolved. If you feel unable to address these concerns with me, you may address these concerns with another therapist or pertinent professional or legal bodies.
8. Request copies of ethical principles or other guidelines that govern my practice.

Acceptance of Information and Consent to Treatment

By completing the following you agree to the policies and procedures detailed above.

Client (please print): _____ Date: _____

Signature _____

Printed Name and Signature of Parent/Guardian if Client is under 18 years of age:

TELEHEALTH CONSENT

I hereby consent to engage in Telehealth with Lynette Ingram Cassel, LMHC, ATR-BC. I understand that Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g. Internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care.

By signing this form, I understand and agree to the following:

- I have a right to confidentiality with regard to my treatment and related communications via Telehealth under the same laws that protect the confidentiality of my treatment information during in-person psychotherapy. The same mandatory and permissive exceptions to confidentiality outlined in the Informed Consent Form I received from my therapist also apply to my Telehealth services.
- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telehealth services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the clinician will explain how to use it.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
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- As your clinician, I may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

By completing the following you agree to the TELEHEALTH policies and procedures detailed above.

Client (please print): _____ Date: _____

Signature _____