

INFORMED CONSENT

GENERAL INFORMATION

The purpose of this information is to assist you in making an informed decision prior to entering the counseling process with me. If you have questions or concerns at any point during the process, please let me know. Therapy is a shared commitment, and as such, both parties involved (therapist and client) have certain rights and responsibilities. You have the right to accept or decline treatment, and to decide whether I am well-suited to address your needs. You have the right to refuse treatment at any time, with or without notifying me.

TREATMENT APPROACH

Therapy is a collaborative process. A single approach does not fit all, and my purpose is to meet the client where they are in their journey. I am trained in various evidence-based treatment modalities and will adjust our process based on your needs and continuous feedback. The most important piece of the therapeutic process is the therapeutic relationship, and this is the foundation of my approach.

CONFIDENTIALITY

All the information we discuss during the session and any documentation (written or in any other medium) is kept private and confidential, so long as it is ethical and legal to do so. I follow the Confidentiality Rules for Mental Health, Developmental Disabilities and Substance Abuse Services 10A North Carolina Administrative Code 26B, effective 1 January 2005; the Health Insurance Portability and Accountability Act (HIPAA); and the Code of Ethics of the National Association of Social Workers (NASW). I will not disclose any personal or identifying information to anyone outside the therapist-client relationship without a client's written authorization. I will not testify in court regarding your treatment unless mandated to do so by a court.

Confidentiality has the following exceptions as mandated by law:

1. I am legally required to report any evidence of suspected child abuse, dependent adult abuse, or elderly abuse. This includes instances of neglect, abuse, maltreatment, and/or dependency. If you have any questions regarding this particular topic, please let me know.

2. I am legally required to report any evidence of you harming yourself or any other person. In these instances, the proper authorities will be notified and documented in your record.
3. I am legally required to comply with a subpoena that is signed by a judge to reproduce records or appear in court. I will only appear in court **if mandated by a judge or court order.**

Occasionally I may need to consult other professionals in order to provide the best treatment for you. During these instances, information about you may be shared in a therapeutic context and without disclosing any personal identifiable information, such as your name.

I do not treat family members of an existing client. I can, however, recommend a different therapist if appropriate. In a situation where I may be required to collaborate with another therapist that is treating your family member, I would inform you of the need to do so.

Please ask me any questions you may have regarding this section.

RECORDS

I am required to maintain records of any time we communicate (voice, text, or email). These may include a brief synopsis of what we discussed in session, as well as plans for the next session. In case I am required by law to provide these records for the purpose of court proceedings, I have to comply. If you have questions about this, please ask.

SOCIAL MEDIA/PERSONAL CONTACT

I do not accept requests from clients on social media, in order to respect your privacy as well as maintain mine. If we happen to see each other in a public place or context, I will not greet you in order to maintain your privacy.

METHODS OF CONTACT

If you are experiencing suicidal or homicidal thoughts, are in crisis, or need immediate help, please call 911 or 988, or go to the nearest emergency department.

I am often not immediately available by phone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my confidential voicemail, or send a text message, and I will return your call once I've reviewed your chart.

If you must reach out to me outside of our scheduled sessions, you are welcome to call or text my confidential line at (919) 646-6903. I can also be reached via email at mvillafrade@vmentium.net. I will get back to you between 24 to 48 hours for non-urgent matters.

If I need to cancel an appointment at the last-minute, I will reach out as soon as possible and reschedule, or have a member of my staff connect with you. I will make every attempt to inform you in advance of planned absences.

SESSION LENGTH

My sessions are typically 50 to 60 minutes long, unless otherwise specified. We can schedule longer sessions if therapeutically appropriate.

As counseling is still a medical service, appointments may at times run long. Usually, I arrive to appointments on time, unless there is an emergency or extenuating circumstances. There are times I may be unable to alert you of my delay, however, I will make up the missed time with you. You are more than welcome to leave the session prior to my arrival, however this would be considered a late cancellation.

FEES AND CANCELLATION POLICY

Fees differ based on insurance. If you need assistance finding out what benefits and fees apply to you, let me know during our consultation call. My private pay fees are \$180 for the initial assessment, and \$140 for individual counseling sessions. I offer a sliding scale based on sufficient financial constraints.

Appointments are scheduled in advance, at a frequency we agree on, based on your goals, treatment needs, and our mutual availability. Payments for each appointment will be made through Headway by debit or credit card or ACH transfer.

A minimum of 24-hour notice is required for all cancellations. If you have to cancel your appointment within 24 hours from the appointment time, or if you no-show, you will be charged \$75.

DISCHARGE PROCESS

There are several reasons why we may eventually end our professional relationship. You may decide you would prefer to work with a different provider. I may reach the conclusion you would be better served working with someone else. You may decide to end therapy, and that is your right as a patient. Regardless of the case, I will first discuss with you the reasons for discharging, and if you request, provide you with a list of other qualified providers. I will also extend the discharge process length if necessary based on your treatment needs, including continuing to provide emergency support for a time-limited period after you have been notified of the end of our treatment relationship.

Please note that ongoing failure to pay for treatment, attend sessions, or communicate with me in a respectful and timely manner can also result in discharge from my practice. In these instances, to ensure you have continued access to care, I will still make every reasonable effort to get in touch with you and provide referrals to a new provider before I consider our relationship ended.

If you have any questions or concerns regarding any portions of this notice, please feel free to communicate that during our consultation call.