

## Jan Stone, MA, LPCC, NCC

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3900 Juan Tabo NE  
Albuquerque, NM 87111  
NM License # 0109281

505-610-9214  
Fax 505-298-3939

### INFORMED CONSENT AND TREATMENT CONTRACT

The New Mexico Counseling and Therapy Practice Board requires that the following information be provided to prospective clients prior to the provision of services:

**Jan Stone, MA, LPCC, NCC** (Provider) is licensed by the state of New Mexico as a Clinical Mental Health Counselor (LPCC). The provider is an independent practitioner licensed and trained to provide therapeutic counseling services, dba Jan Stone, M.A., L.P.C.C. (address and phone number above). Services do **not** include the practice of medicine, psychiatry, clinical psychology or other licensed professions.

### EDUCATION & QUALIFICATIONS:

Degree: M.A., 2002, Webster University, Albuquerque, New Mexico  
Licensure: LPCC, NM, #0109281  
Certification: National Certified Counselor, #79351

**PHILOSOPHICAL & THEORETICAL APPROACH:** The provider views her role as one of facilitating the development of the client's individual skills to achieve the client's realistic, relevant, and personally meaningful goals. Services are provided from a client-centered, client-choice perspective.

While research has demonstrated that counseling services and psychotherapy may be helpful for many people, they are not exact sciences, and outcomes cannot be precisely predicted or guaranteed. Emotionally uncomfortable feelings may come up in the context of the provided services and will be respected and addressed in a safe, supportive atmosphere.

**\*\*Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FEES:** Fees are based on the current 38 – 53 minute session rate for:  
Individual therapy; Couples therapy; Family therapy; Group therapy.

Time required for the preparation of written reports and/or telephone consultations longer than fifteen minutes will be prorated at the applicable session rate.

FMLA: There is a \$25 charge for completion of paperwork.

All fees are payable at the time of service by cash, check, or a major credit card.

**This office must receive 24-business-hours cancellation notice or you (insurance will not pay for missed appointments) will be billed \$50.00 for the time that was made available for the appointment. The late charge is due prior to the next session.**

If insurance is used and claims are denied, the financial responsibility for services deemed is yours.

Outstanding fees will be turned over to a collection agency if more than 90 days in arrears.

**\*\*Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHONE CALLS, TEXTING, and E-MAIL:** Out of session electronic communications may be used only for appointment scheduling. Please keep in mind that electronic communications are not secure mediums and confidentiality cannot be assured. You may contact Jan Stone via phone, text, or email for administrative purposes only. This provider does not enter into therapy via phone calls, text, or e-mail. Phone calls and texts will be answered within 24 business hours. E-mails will be responded to within 48 business hours. Texts and e-mails will be deleted after documented.

**\*\*Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCIES:** The provider does not provide emergency medical services. In the event of an emergency, call 911 or go immediately to the emergency room of the nearest hospital or medical facility. For non-medical emergency situations, telephone (do not text or email) Jan Stone at 505-610-9214. If the non-medical emergency is either during business hours (Monday – Friday, 9:AM – 5:PM) and there is no answer, or outside of business hours, call the NM Crisis Line at 855-662-7474.

**\*\*Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CLIENT RIGHTS and LIMITS ON CONFIDENTIALITY:** You have the right to complete and current information concerning any aspect of the provider/client relationship; to refuse any aspect of service; to completely terminate services at any time or choose another provider; to expect courteous treatment; and to be free from all verbal, physical or sexual exploitation by the provider.

The provider will keep confidential anything you convey in session, with the exception of the following.

- Records and information about you will be held or released in accordance with state laws regarding confidentiality.
- If you are involved in a legal proceeding, your file may, under some circumstances, be subjected to a subpoena by the court. In this event, you will be notified at the last address on record, so that you may have the opportunity to file for Protective Order, when applicable.
- If the provider is ordered by a court to disclose information. In this event, you will be notified at the last address on record, so that you may have the opportunity to file for Protective Order, when applicable.
- New Mexico State Law requires all mental health professionals to report suspected cases of abuse or neglect of minors or vulnerable adults to the appropriate authorities.
- If the provider determines that you are a danger to yourself or others, including but not limited to transmission of a communicable disease (e.g. HIV).
- If you direct the provider to disclose information to another party by completing and signing a *Release of Information*.

**\*\*Please Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACKNOWLEDGEMENT:** I have read the Notice of Privacy Practices under separate cover, and the disclosure information provided above, and I understand the obligations of the provider and the client. I hereby:

- Give my consent for treatment by Jan Stone, MA, LPCC, NCC,
- Agree to comply with the standards set forth as described in this consent, and
- Authorize payment of medical benefits directly to Jan Stone, MA, LPCC, LLC.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Jan Stone, MA, LPCC, NCC Signature**

Please initial one of the two following statements:

\_\_\_\_\_ I have read and understand the Notice of Privacy Practices, the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications, and have received a copy for my reference.

\_\_\_\_\_ I have read and understand the Notice of Privacy Practices, the limits of confidentiality, privacy policies, my rights, and their meanings and ramifications, and do not wish to have a copy for my reference at this time. I understand I may request one at any time in the future.