Jan Stone, MA, LPCC, NCC

Albuquerque, NM NM License # 0109281 jan@janstonecounseling.com 505-610-9214

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 & QUALIFICATION

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.

This practitioner does <u>not</u> provide services outside of counseling and therapy, such as testifying in court, providing letters for short-time or long-term disability, correspondence with Worker's Compensation, letters for emotional support animals, etc.

FMLA: There is a \$60.00 charge for completion of paperwork.

All fees are payable at the time of service by 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.
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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

for administrative purposes only. Thi calls, text, or e-mail. Phone calls an	t be assured. You may contact Jan Stone via phone, text, or emails provider does not enter into therapy via unscheduled phone ditexts will be answered within 24 business hours. E-mails will be rs. Texts and e-mails will be deleted after documented.
emergency, call 911 or go immedia facility. For <u>non-medical</u> emergency 9214. If the non-medical emergency	of provide emergency medical services. In the event of an fely to the emergency room of the nearest hospital or medical y situations, telephone (do not text or email) Jan Stone at 505-610-10 is either during practice business hours (Tuesday – Friday, 9:AM – side of business hours, call the NM Crisis Line at 855-662-7474, or
information concerning any aspect to completely terminate services at	DENTIALITY: You have the right to complete and current of the provider/client relationship; to refuse any aspect of service; any time or choose another provider; to expect courteous erbal, physical or sexual exploitation by the provider.
 Records and information ab regarding confidentiality. If you are involved in a legal subjected to a subpoena by record, so that you may hav If the provider is ordered by the last address on record, so when applicable. New Mexico State Law required abuse or neglect of minors of the provider determines the totransmission of a communication. 	disclose information to another party by completing and signing a
confidentiality, privacy policies, my information provided above, and I u Give my cons Agree to com	ne Notice of Privacy Practices under separate cover, the limits of ights, and their meanings and ramifications and the disclosure understand the obligations of the provider and the client. I hereby: ent for treatment by Jan Stone, MA, LPCC, NCC, apply with the standards set forth as described in this consent, and ment of medical benefits directly to Jan Stone, MA, LPCC, LLC.
Date	Client Signature
Date Date	Client Signature
 Date	Jan Stone, MA, LPCC, NCC Signature