**Hinman Counseling Services Disclosure Statement**

**(Informed Consent)**

**www.hinmancounselingservices.com**

*Brad Hinman, PhD, NCC, LPC, LLMFT*

*640 St. Joseph Avenue*

*Berrien Springs, MI 49103*

*(269) 471-5968*

Thank you for coming in today. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, state and federal laws and your

rights. If you have other questions or concerns, please ask and I will try my best to give you all the

information you need.

**Practice**

Each person is unique, what works for one person in counseling may not work for another, therefore, I choose the counseling approach that matches the unique characteristics and experiences of each individual. I look at each person’s life from a bio-psychosocial perspective, which means that I work with you to discover how the mental, physical, and social/spiritual components of your life are balanced and what areas you would like to change. I see each individual as being in charge of their life, so as a counselor I serve you as a facilitator, coach, and mentor in developing healthy solutions to life’s challenges. Treatment focuses on changing thought patterns in order to change behavior and emotional states. It is also important to know that counseling looks at your beliefs, values, and how they fit with your perspective on the meaning of life.

**Education/Experience**

I have a Ph.D. in Counselor Education and Supervision from Western Michigan University in Kalamazoo, Michigan. I earned my Masters Degree in Community Counseling from Andrews University in Berrien Springs, Michigan. I have nearly 8 years of experience (including Masters and Doctoral practicums and internships) counseling children and adolescents with behavior and learning disorders, family, couples (including domestic violence) and individual therapy, as well as working with college students in career counseling.

I have found in my counseling experience that successful results from counseling require clients to take an active role in the treatment process by participating in treatment goal setting and keeping the change process alive by completing homework assignments between counseling sessions. All counseling approaches require us to build an honest, trusting, and respectful relationship with each other.

**Confidentiality**

Information you share with me will be regarded with respect and handled in a professional manner. Our conversations and my records are held confidential. Confidentiality is protected by state law and ethical principles, to which I adhere as a licensed professional counselor and as a limited licensed marriage and family therapist. You can be assured that your confidentiality is very important to me and will not be compromised, except under the following specific circumstances:

* Diagnosis and dates of service shared with the client’s insurance company (if billing insurance) to collect payments.
* Mandated reporting of physical or sexual abuse of children.
* Mandated reporting of physical or sexual abuse of the elderly or vulnerable.
* Threats of suicide or homicide.
* Cases where the client signs a release of information for specific purposes.
* Information necessary for supervision or consultation.
* Those required by law.

**EMERGENCY SITUATIONS:**

If an emergency situation arises where you feel you need counseling immediately you have several options:

* Call the phone number at the top of this form and request the next available appointment.
* Call 911.
* Visit the emergency room of your local hospital (Lakeland Hospital).
* Call or visit Riverwood Community Mental Health Center. 1485 S M-139. Benton Harbor, MI 49022. (269) 925-0585.

**Fee for Services**

My fee for a 50 minute session of individual, couple or family therapy is $125.00. I do accept some insurances as reimbursement for services, if you desire, and are covered. I do have a sliding fee scale for those without insurance, for those that do not wish to use their insurance, or for those whose insurance will not reimburse services. However, before contracting with your insurance company to pay for counseling you should be aware that:

* Your fee for the first session will be $60, regardless of what your copay is.
* Often insurance companies limit the treatment plan based on their interests.
* By accepting your insurance I would be required to send them information regarding your weekly sessions, limiting the nature of confidentiality.
* For various reasons, your insurance company may not cover a session, leaving you responsible for the session fee later.
* You will still be required to pay for the copay of each session in cash, check or charge while waiting for personal reimbursement from the third party payer. Any checks received by me as payment for services rendered that are returned unpaid by your bank will result in a NSF fee of $30 in addition to the amount originally owed.

You are responsible for being aware of the parameters of your insurance coverage. Insurance companies can limit the number of sessions per year, and the number of sessions covered with a specific diagnosis.

Charges that remain 30 days or more past due will be subject to a 1% carrying charge (12% per annum) on the unpaid balance per each 30 day period your account remains unpaid. After 6 months, your account will be turned over to a collection agency and further collection efforts may be pursued. You are responsible for any collection fee charged to collect the debt owed. **Please initial here: \_\_\_\_\_\_\_**

**Missed Appointments**

If it becomes necessary for you to cancel or change your scheduled appointment time, please call or text 269.845.0482 as soon as possible. You may leave a message if there is no answer. If you fail to call to change or cancel your scheduled appointment at least 24 hours before, you will be charged a processing fee of $10 per missed appointment. This fee will more than likely not be reimbursed by your personal insurance company. **Please initial and date here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contacting You**

Please provide the best phone number to reach you here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Also, please check the dot next to how specific you wish me to be if I need to leave a message.

* *No message*. Please do not leave a message for me if I do not answer.
* *Generic message*. “This is Brad Hinman calling regarding our appointment”
* *Any message.* “This is Brad Hinman calling regarding our counseling appointment today at 2PM. It is 2:15 and I don’t see you and was wondering if you still wish to come in today, or not? Please call (269) 471-5968 to reschedule or to let me know your wishes.”

**Treatment of a Minor**

\*\*\*If treatment is requested for a minor client, please fill out and sign this line: “I/we consent

that \_\_\_\_\_\_\_\_\_\_ may be treated as a client by Brad Hinman. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Guardian Signature

I also understand that this service **is not intended to be an evaluation of custody** and do not intend to subpoena or ask that Brad Hinman or Hinman Counseling Services testify to that regard either now, or in the future, during or after counseling services having taken place.

**Dissatisfaction with Service**

If for any reason you are dissatisfied with the service you receive from me, please feel free to discuss this with me in person. If you wish to make a formal complaint regarding the counseling services you receive please contact the following department:

Michigan Department of Licensing and Regulatory Affairs

Enforcement Division

Allegations Section

P.O. Box 30670

Lansing, MI 48909

(517) 373-9196

***Signature and Acknowledgement of Receipt of Informed Consent***

I have read and understand all of the above stated sections. By my signature I agree to receive personal counseling and understand there are no guarantees stipulated herein and that counseling has inherit benefits and risks. I have received a copy of this informed consent for my own records.

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Signature of Client Date

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Couple/Partner/Co-parent Signature Date