Terri Clinton Dichiser, M.A., J.D., L.C.P.C., N.C.C.
Take Charge, Inc.
14700 Metcalf Avenue, Suite 100
Overland Park, KS 66223
(913) 239-TALK (8255)

INFORMED CONSENT

Welcome to TAKE CHARGE INC. The decision to begin counseling is one which may impact significant areas of you life. The information below is designed to help you make informed decisions about the unique process of counseling and Take Charge, Inc. services and policies.

The Therapy Process
Terri will establish therapeutic goals with her clients. Assignments and/or recommended changes in behavior are often made following sessions. Completing these should facilitate therapy and reduce the number of sessions needed. Please bring any concerns about therapy to Terri for resolution. Be as open as possible concerning any issues related to your treatment. Withholding information may cause therapy to take longer. Parents of minor children need to be involved in therapy for it to be effective. Although therapy may help you personally and with your relationships, by itself, it may not resolve your issues. Assessments will be made periodically to ensure progress toward your goals.

Therapist qualifications and credentials
Terri Clinton Dichiser, M.A., J.D., has a Master's degree in Counseling and Guidance with emphasis in marriage and family therapy. She is a Licensed Clinical Professional Counselor in Kansas and a Licensed Professional Counselor in Missouri, as well as, a National Certified Counselor.

Financial Policy
Counseling fees are **$125/hour.** Payment in full is expected at the time services are rendered. Payment can be made by cash, check, Mastercard/Visa, Discover or American Express. Clients will receive an invoice for any unpaid balance to be paid upon receipt. Non-payment of balances could prohibit continued treatment. Payments are non-refundable. **A $30 charge** will be assessed for all returned checks. Unpaid balances 90 days or older will be submitted for collections.

Keeping regular appointments is the most effective means of successful therapy. As scheduling permits, every effort will be made to schedule appointments at the most convenient times. A scheduled appointment constitutes an agreement to pay for the professional time reserved exclusively for you. **Charges will be assessed on all appointments cancelled without 24 business hours notice. The first cancellation will be charged at $60, the second at $75, cancellations thereafter will be charged the full hourly rate of $125. Monday appointments must be cancelled by Thursday 2:00 pm to avoid late charges.**

Therapy sessions are reserved for the scheduled appointment time. Any phone calls requiring more than five (5) minutes with the therapist will be charged a prorated fee based on the hourly rate. E-mail communication will be charged at $10 per email sent. Requests for additional documentation from client, attorneys, physicians or third party will incur a charge to the client's account based on the hourly rate.

Signature____Date___________________

Insurance Policy
Take Charge, Inc. is a non-network provider with all insurance carriers. Most insurance plans allow for non-network benefits for mental health. However, these benefits can be at a significantly reduced rate and are subject to deductible and reasonable and customary charges set by the carrier. The office staff of Take Charge, Inc. will collect your insurance information and communicate with your insurance carrier regarding available benefits. As a courtesy to our clients, office visits will be filed with your carrier within one week of your scheduled appointment. **Take Charge, Inc, will not contest or arbitrate with insurance companies should any conflict arise from filed office visits, including claim denial for any reason**. Any benefits from the carrier will be payable to you as the subscriber. If payment is received in our office, clients will be contacted

and 1) a refund check will be issued to the client for the benefit amount or 2) benefit payment will be posted on account to be used at the next scheduled appointment. **HMO plans do not offer non-network benefits**. Insurance benefits are not guaranteed until claims have been processed. **Take Charge, Inc. does not accept insurance payment as payment in full, nor do we accept partial payment in anticipation of insurance benefits. All services are paid in full on the date of service.**

Signature___________________________________ Date______________________

Coordination of Treatment
If treatments beneficial to your care are not available in our office, we will make every effort to ensure access-ability for you. You have the right to inquire about the benefits and risks associated with other treatments. Based upon treatment session, a medical exam and/or medication may be recommended. If treatment is obtained through other professionals, current services will be coordinated with them and/or your primary physician. It may also be necessary during treatment to confer with your primary physician regarding psychological or medical treatment you may currently be receiving. **Please initial ONE of the following authoratives:**

___You are authorized to contact my primary physician whose name and address are shown regarding treatment under your care and obtain information concerning my medical diagnosis
Physician_____________________________________PhoneNumber:______________

___I do not authorize contact with my primary care physician regarding treatment under your care or to obtain information coordinating treatment.

Signature___________________________________ Date______________________

Communication
I understand Take Charge, Inc uses a secure e-mail server to send/receive emails from clients. Unless otherwise directed by me, Take Charge, Inc. will utilize the mailing and email address I provide to communicate with me.
___Take Charge, Inc. is authorized to use either my mailing address or my email address for communication purposes.

___Take Charge, Inc. is authorized to use ONLY my _____mailing _____email address for communication purposes.

Signature___________________________________ Date______________________

Emergency Situations
In the event of an emergency, you may contact Terri at the office number. If unavailable, contact your nearest emergency room or mental Health center.

Signature___________________________________ Date______________________

Confidentiality and Emergency Situations
Your verbal communication and clinical records are strictly confidential except for: a) information shared with your psychiatrist or doctor, b) information (diagnosis and dates of service) shared with your insurance company to process claims, c) information you and/or you child or children report about physical or sexual abuse; then, by Kansas and Missouri State Law, I am obligated to report this to the Division of Family Services, d) where you sign a release of information to have specific information shared and e) if you provide information that informs me that you are in danger of harming yourself or others f) information necessary for case supervision or consultation and h) or when required by law. If an emergency situation for which the client or their guardian feels immediate attention is necessary, the client or guardian understands that they are to contact emergency services in the community (911) for those services.

Signature___________________________________ Date_________________________

Email Address____