

Kimberly J. Luybli, M.Ed.
65 East Elizabeth Avenue, Suite 412, Bethlehem, PA 18018
610-866-2777

INFORMED CONSENT AGREEMENT

Welcome to counseling! As a new client, I appreciate the opportunity to provide you with quality care. In order to make your visits here most helpful, this form clarifies what you might expect to receive from counseling and of my office policies. Please continue reading and don't hesitate to ask any questions or address any concerns you might have.

Information about My Credentials: I received my M.Ed. degree in Counseling and Human Services from Lehigh University. I am required to attend continuing education on a yearly basis to maintain my skills and develop new skills. I am also required to maintain supervision by a Licensed Professional Counselor (LPC)/Licensed Psychologist to obtain licensure as an LPC. I belong to the American Counseling Association and the American Psychological Association.

What is counseling and how does it help? Counseling is designed to help solve problems by making changes in feelings, thoughts, and behaviors. The relationship between us is the fundamental and essential ingredient to counseling. The initial focus of counseling is on understanding thoughts, emotions, behaviors, and the life situations that concern you. Counseling then offers you support, skills, and direction to make desired changes. We will determine your goals for counseling within the first few sessions, and will re-evaluate them periodically. We agree to end counseling when we agree that your goals have been satisfactorily addressed or there is some other reason to end. You have the right to end counseling at anytime.

There are benefits as well as risks to counseling. A positive counseling experience offers you the opportunity to learn about yourself, to develop skills, and to integrate both past and present life experiences leading to improved coping strategies and more satisfying relationships. The risks associated with counseling include the awareness of negative or uncomfortable feelings and situations, some of which may not be changed to your satisfaction. While counseling is expected to be helpful, there is no guarantee that counseling will be the best way to reach your desired goals. Every counseling experience is unique and it is important that you feel free to discuss any concerns you have about the course of treatment. As a client, you have the right to seek a second opinion from another therapist.

Confidentiality: The information you share is confidential. This means that all information about you cannot leave my office without your permission. Respect for privacy of all group members in group treatment also upholds confidentiality. No confidential information shall be released without prior knowledge and your written consent. Parents sending their children for treatment should note that the child is entitled to this same privacy and confidentiality. Access to your case material or file is permissible only with your consent by signing a **Release of Information Form**, which is consistent with State and Federal regulations. The exceptions to confidentiality are as follows:

- ✓ As in all states, Pennsylvania has a mandatory child abuse law. This requires me to make a report to the Office of Children and Youth if I have reason to suspect child abuse and/or neglect.

- ✓ If there is clear intention on your part to do serious harm to yourself or someone else, I am required to share that information with appropriate professionals or public authorities in an attempt to prevent that harm from occurring.
- ✓ In cases where you have signed permission for the release of information. Information released is limited to what is necessary to answer the request. The nature of the information to be released is discussed beforehand.
- ✓ In crisis situations or when hospitalization is immediately required.
- ✓ For the purposes of supervision with a licensed professional counselor/licensed psychologist or consultation designed to enhance the effectiveness of the services I am providing to you.
- ✓ In order to receive payment from you.
- ✓ As required by law or a court order.

Please see my HIPPA Notice of Privacy Practices for further detail about information sharing.

Office Hours/Appointments/Fees: Counseling sessions are by appointment only. Our first session is a Consultation, which will last 45-60 minutes with a \$100.00 fee. Subsequent counseling sessions, for individuals and couples, will be 50 minutes, with an \$85.00 fee. Group counseling sessions will be 90 minutes with a \$45.00 fee per member. Fees are due at the time services are rendered. If a session is missed or cancelled with less than 24 hours notice, full payment is required. If you plan to use insurance, you are responsible for learning about and informing me of the specifics of your mental health coverage. Please verify whether a referral is needed. If you use insurance, I may be asked to release information related to symptoms, diagnosis, treatment plan, and progress toward goals. You will be asked to sign a form granting permission to share this confidential information with your insurance company.

Miscellaneous Fees: The following is a list of services that generate an additional fee, which will be your responsibility to pay: letters: \$50, report for court: \$150, to appear in court - \$400 plus \$100 per hour beyond 4 hours.

Reaching Me by Phone: When you telephone Kimberly J. Luybli, M.Ed., you will need to leave a message. I check these messages Monday through Friday between 9 AM and 6 PM. I do not check for messages in the evening (after 6 PM) or on weekends (from Friday 6 PM until Monday 9 AM). If you leave a message and would like a call back, please leave details as to where and when you can be reached. You will know in advance when I plan to be absent from the office. When I am away from the office I do not check messages.

Emergencies: Extra appointments can be made during my regular office hours. In the case of a clinical emergency for which you need immediate assistance, please call Northampton County Emergency Services at 610.252.9060, call 911, or go to your nearest emergency room.

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I have read the Informed Consent Agreement and my signature indicates that I understand the information, agree with the conditions of counseling that are either stated or implied here, and agree to comply with them. I understand I have the right not to sign this form and can choose to discuss my concerns before counseling begins. I understand that once counseling begins, I still retain the right to withdraw my consent to participate in counseling at any time.

If the consent related to services for your minor child, and if only one parent or legal guardian signs below, your signature shall constitute an affirmative representation of your full legal authority to sign this consent of a non-signing parent or legal guardian.

_____ Client Signature	_____ Date
_____ Client Signature	_____ Date
_____ Parent Signature (If client is under 14 years of age)	_____ Date
_____ Parent Signature (If client is under 14 years of age)	_____ Date
_____ Therapist Signature	_____ Date