

Kessler Bickford, LCPC  
3 Goldsborough St., Ste. 203  
Easton MD 21601  
410-714-2111, k@kesslerbickford.com

## **INFORMED CONSENT AND COUNSELING AGREEMENT**

It is important that you read carefully before our first session. We can discuss any questions you have at that time.

## **APPOINTMENTS & CANCELATIONS**

To make appointments, please call 410-714-2111. Intake forms can be downloaded from my website ([www.kesslerbickford.com](http://www.kesslerbickford.com)) and filled out before the initial session. Please bring all completed intake forms with you to your first session. If you need to miss a session, 24-hour cancellation notice is required to avoid a full-fee late charge. (Please be aware that insurance companies do not pay for missed appointments.) Therapy sessions can range from 50 minutes to 90 minutes, and we typically meet once or twice per week in my office. The frequency and regularity of therapy sessions are important for the effectiveness of treatment and for practical reasons.

## **PROFESSIONAL FEES-FOR-SERVICE**

I accept cash, check, or credit card. The out-of-pocket fee for each 50-minute, in-person session is \$200.00 and the fee for each 90-minute, in-person session is \$250 unless otherwise agreed upon by the therapist and client. All fees, including a convenience fee if payment is processed with a credit card, are the responsibility of the client and are payable at the beginning of each session. Other professional services, such as preparation of treatment plans; coordination with insurers; writing of notes; reports; and other records; telephone conversations; consultation with other professionals (with your permission); and participation in legal matters are charged at the same rate if these go beyond 15 minutes. You will be notified if this is the case.

## **INSURANCE**

I do not process insurance claims, but I am happy to provide you with a receipt that you can submit to your health insurance company. You (not your insurance company) are responsible for full payment of all fees. It is your responsibility to determine exactly what mental health benefits your insurance policy covers. Sometimes insurers only require disclosure of clinical diagnosis, dates of service, type of service, and fees. At other times, a treatment plan or summary may be required.

## **CONFIDENTIALITY, PRIVILEGE, AND PRIVACY**

Within my intake forms, I provide information about the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Although I am not a HIPAA-covered entity, because I do not conduct covered transactions (such as health care claims) in electronic form, I regard HIPAA as the emerging standard for privacy and confidentiality for my clients. HIPAA provides privacy protections and client rights regarding the use and disclosure of Protected Health Information (PHI). PHI is used to manage your treatment, handle payments, and facilitate health care practice operations. HIPAA requires that you be provided with a Notice of Privacy Practices. Again, although I am not required to provide this notice, it is part of my intake package to give additional details about how I protect your health information. Your Protected Health Information, treatment, and professional record are confidential except as otherwise noted in this document.

## **EXCEPTIONS TO CONFIDENTIALITY, PRIVILEGE, AND PRIVACY**

Over the past few decades, the courts and legislatures have set forth certain exceptions to confidentiality, and I may be mandated by law to disclose certain material. For example, I am mandated to report any suspected child or elder (vulnerable adult) abuse; I must also intervene if I feel you are in imminent danger of harming yourself or others. In certain cases, when I am subpoenaed or court ordered to produce information, I may have to comply with such mandates. Unless prohibited by law, I will typically make efforts to contact you before turning over information in response to a subpoena or court order.

In regard to child abuse, if I have reason to suspect, on the basis of my professional judgment, that a child is being or has been abused, I am required to report my suspicions to the authority or government agency authorized to conduct child abuse investigations. I am required to make such reports even if I do not see the child in my professional capacity. I am also mandated to report suspected child abuse if anyone tells me that he or she knows of any child who is currently being abused. Additionally, according to the Maryland Office of the Attorney General, I must report past child abuse even if the abused person is no longer a minor. Also, if a client files a complaint or lawsuit against me or makes negative false statements about me, I may disclose relevant information regarding that client in order to defend myself. Additionally, if payments are delinquent, I may disclose needed information to a collection agency or attorney. (The client is responsible for all costs associated with the collection). With

your written permission, I may discuss your case (e.g., with other health-care providers) or release your Protected Health Information.

## **ETHICS GUIDELINES**

I adhere to the American Counseling Association Code of Ethics.

## **COUNSELING AND FINANCIAL RECORDS**

In accordance with the Maryland Code, Health-General Section 4-403, records for adults will be kept for five years after the record is made; records for minors will be kept until the client attains the age of majority plus three years, or for five years after the record or report is made, whichever is later. Records will be destroyed by shredding.

## **LEGAL PROCEEDINGS**

I typically do not act as an expert witness in litigation and court proceedings. If you are in a lawsuit and you and your attorney decide to call me as a witness, I will charge my normal rates including travel. If you are involved in or contemplating litigation, you may wish to consult with your attorney to determine whether your counseling communications may be protected by the professional counselor-client privilege law or whether such communications may be open to the other side in the lawsuit.

## **CREDENTIALS**

I received a master's degree in pastoral counseling from Loyola University Maryland in 2011. I was also certified in Intensive Short-Term Dynamic Psychotherapy through the Washington School of Psychiatry in 2016.

## **LICENSE REGULATIONS**

I hold a license as a Licensed Clinical Professional Counselor through the Department of Health/The Maryland State Board of Professional Counselors and Therapists. My license number is LC5706.

## **CLIENT INVOLVEMENT**

Psychotherapy and counseling are a major commitment on the part of the therapist and the client, requiring significant effort from each party. The client agrees to voluntarily attend all scheduled sessions, bring issues of concern to discuss, reflect on material between sessions, and pay for sessions in a timely manner. The therapist agrees to be present for the client, provide a safe arena for discussing issues, formulate

a plan of action for addressing issues, and help the client find solutions to his or her problems. Considering the substantial commitment of time, money, and energy therapy requires, as well as its personal importance for your life, decisions about therapy deserve careful consideration.

### **COUNSELING RISKS**

Psychotherapy and counseling can have risks. Therapy often involves exploring unpleasant aspects of life so you may experience feelings like sadness, guilt, shame, frustration, anger, and loneliness. On the other hand, psychotherapy has been shown to have many benefits. Therapy often leads to solutions for specific problems, significantly reduced distress, and improved relationships. Of course, there are no guarantees of what you will experience. Achieving good results from your therapy will depend on your full engagement in the process and your motivation to change. If you have questions of any kind, about your therapy or my procedures, we should discuss them whenever they arise. If our discussion does not satisfy you, I will be happy to identify another mental health professional for a second opinion.

### **COUNSELING APPROACH**

My primary counseling approach is Intensive Short-Term Dynamic Psychotherapy.

### **DISPUTES AND COMPLAINTS**

If you have a dispute or complaint about fees or any aspects of your counseling, I encourage you to discuss this first with me. If you are not satisfied, the contact information for the Maryland Board of Professional Counselors and Therapists is listed in my Professional Disclosure Statement.

### **POSSIBLE IMPLICATIONS OF RECEIVING A MENTAL HEALTH DIAGNOSIS**

I cannot say with certainty how a diagnosis will affect a client in the future. However, you should be aware that mental health diagnoses can affect one's future employment possibilities and security clearances or ability to obtain certain types of insurance.

### **COLLEAGUE CONSULTATION**

In keeping with generally accepted standards of practice, I frequently consult on a confidential basis with other mental health professionals regarding the management of cases. The purpose of consultation is to assure quality care. Every effort is made to protect the identity of clients.

## **CONTACTING ME BY PHONE**

When I am unavailable to answer telephone calls directly, you can leave a message on 410-714-2111. No one other than I, Kessler Bickford, can access these messages. Messages are checked regularly, and calls are returned at the first opportunity between the hours of 9am and 9pm. Please always leave your number and the best time to call. If you are unable to reach me in the event of an emergency, contact your family physician or go to the nearest emergency room.

## **CONTACTING ME BY EMAIL AND/OR TEXT**

I use text and email communication only with your permission and only for administrative purposes. That means that email and text exchanges with my office should be limited to things such as setting and changing appointments, billing matters, and other related issues. Please do not email me about clinical matters.

## **PROFESSIONAL BOUNDARIES**

Therapy is a professional relationship focused on the client's needs. For this reason, I limit contact to matters directly related to therapy, do not accept gifts, and refrain from all physical contact. Emails, phone calls, texts, letters, or any other form of communication made by the client or the client's family to reach the therapist (me) that include profane, threatening, or otherwise inappropriate content, as well as any communication made to reach the therapist (me) or my family while under the influence of drugs or alcohol, will be immediately reported to the police and the client/therapist relationship immediately terminated and referrals provided.

## **TERMINATION**

Treatment ends when the therapist and client agree therapy goals have been met. The client may terminate prior to this time with a minimum of one full session's notice. If you provide 24-hours' notice, you will not be billed if you decide to terminate.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client/Date\_\_\_\_\_Therapist/Date\_\_\_\_\_