

Informed Consent for Treatment

Welcome to Holistic Bonfire LLC and the office of Suruchi Saini, LPC, NCC, CCTP. In order for you to make an informed decision about counseling, I would like to explain how I work and my policies. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our 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.

Privacy Practice

I will keep the information you share completely confidential. What you discuss will not be shared without your written permission. However there are certain limits to confidentiality which are important for you to know:

1. If you have been referred by the court or an agency of the court, I may be required to provide information to them.
2. If you are involved in litigation and inform the court of my services, you may be waving your rights to keep your records private.
3. If you threaten to harm yourself, others or personal property, I am obligated to inform potential victims or police. If someone's life is in danger, information will be divulged. If I have reason to suspect child abuse or neglect, I am obligated by law to report this to an appropriate state agency.

Healthcare insurance companies sometimes require information to process claims and I will inform you if a request is received.

You have the right to ask me not to share certain information for counseling and payment reasons. Please inform me of that in writing.

You have the right to revoke consent after signing it. Please let me know in writing and I shall honor your request. After you have read the above information if you have any questions please feel free to ask me. This form complies with federal regulations (HIPAA) and serves as a Notice of Privacy Practice.

Bill Of Rights

1. Holistic Bonfire LLC supports a Patient Bill of Rights and Responsibilities and holds that compliance with these contributes to effective and appropriate patient care and responsibility. All activities related to providing healthcare services are to be conducted with an overriding concern for the patient and the community and above all with the recognition of the patient(s) dignity as a person who has the right to determine his/her own destiny in a socially responsible manner.
2. The patient has the right to considerate, respectful, appropriate and timely services.
3. The patient has the right to participate in the development of his/her service goals and service plan.
4. The patient has the right to obtain from his/her service provider, complete and current information concerning his/her diagnosis, treatment and prognosis in terms the patient can reasonably be expected to understand. When it is not advisable to give such information to the patient, the information should be made available to an appropriate person on his/her behalf.
5. The patient has the right to receive from his/her service provider, information to make informed consent prior to the start of any procedure and/or treatment. This shall include such information as: the significant risks involved with any procedure and service provider. Where clinically appropriate, alternatives for care or treatment should be explained to the patient.

6. The patient has the right to refuse any and all treatment to the extent permitted by law and to be informed of any of the psychological and/or medical consequences of his/her actions.
7. The patient has the right to every consideration of confidentiality and privacy concerning his/her own care limited only by state statutes, rules, regulations or imminent danger to the individual or others.

The patient's responsibilities are as follows:

1. The patient has the responsibility to give the provider complete and accurate information related to their condition and their past and current care.
2. The patient has the responsibility to comply with the treatment plan, which they and their provider have mutually developed. Patients are responsible for the medical consequences, which may result, from refusing recommended treatment or for not following the instructions of the provider.
3. The patient has the responsibility to be considerate and respectful to the provider who is committed to assisting in providing effective care.
4. The patient has the responsibility to pay for services promptly, so that the provider of care can continue to service the community effectively.
5. The patient has the responsibility to read and sign all forms provided to them to continue continuity of care, payment for such care, and to cover all insurance issues.

The Process of Therapy/Evaluation

Participation in therapy can result in a number of benefits to you, including and not limited to improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. I appreciate the opportunity to work with you. My goal is to create a therapeutic relationship that will foster growth and healing and attend to your individual needs. Working toward these benefits, however, requires ongoing effort on your part. Psychotherapy requires your involvement, honesty and openness in order to modify your thoughts, feelings, and/or behavior. I will ask you for your feedback and views on therapy, its progress, and other aspects of therapy and will expect you to respond openly and honestly. Sometimes more than one approach to therapy can be helpful in dealing with certain situations. During the initial evaluation or therapy remembering or talking about unpleasant events, feelings, or thoughts can result in considerable discomfort or strong feelings of anger, sadness, worry, fear, anxiety, depression, insomnia, etc. I may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations which can occasionally cause you to feel upset, angry, depressed, challenged or disappointed.

Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance abuse, schooling, housing or relationships. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. During the course of therapy, we may draw on various psychological approaches according, in part, to the problem that is being treated and our assessment of what will best benefit you. These approaches include Cognitive Behavioral Therapy, Psychodynamic Therapy, Developmental, Psycho-educational, Guided Imagery, or other Psychodynamic therapies. Treatment practices, philosophy, risks and objectives will be discussed with you in your first session.

Confidentiality and Emergency Situations

Your Verbal communication and clinical records are strictly confidential except for: a) information shared with a treating psychiatrist (if any), b) information (diagnosis and dates of service) shared with your insurance company, c) information you and/or your child or children report about physical or sexual abuse; then, by New Jersey Law, I am obligated to report this to the Division of Youth and 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 hurting yourself, others or personal property, f) information necessary for case supervision or consultation and h) or when required by law. Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony of your therapist. In couple and family therapy or when different family members are seen individually, confidentiality and privilege do not apply between couples or among family members. I will use clinical judgment when revealing such information. I will not release records to any outside party unless I have been authorized to do so by all adult family members, and/or parent(s) or guardian(s) who were part of the treatment. Disclosure of confidential information may be required by your insurance carrier (HMO/EPO/POS/PPO/Traditional or indemnity plan or EAP) in order to process your claims. If you instruct us to do so, I will only communicate the minimum necessary information to the carrier. Holistic Bonfire has no control or knowledge over what insurance companies do with the information I submit or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy and possibly to the future capacity to obtain health or life insurance. The risk stems from the fact that computers are inherently vulnerable to unauthorized access. Medical data has been reported to be sold, stolen, or accessed by enforcement agencies, which possibly puts you in a vulnerable position. You may receive an authorization to release protected health information which will authorize my office to use and/or disclose your medical records to another provider. You may refuse to sign the authorization to prevent your records from being released.

If an emergency situation for which the client, parent(s) or their guardian(s) feels immediate attention is necessary, the client, parents) or their guardian(s) understands that they are to contact the emergency services in the community (911) or report to your local hospital for those services. If I feel that you are in crisis or feel that an emergency exists in my office, I have the right and legal obligation to call the police and/or any emergency personnel necessary to ensure that you are safe. No legal repercussion toward me can be sought if I use reasonable judgment to establish such crisis situation. I have the right to contact immediate family members and notify them of such an emergency.

Appointments and Cancellations

All clients are seen by appointment only. Each session is usually 45 minutes. The duration and frequency of appointments vary depending on your circumstances and needs. Regular sessions should not be less than twice a month, though there are exceptions. This time is set aside especially for you. I will make every effort to honor all commitments and request that you extend the same courtesy. On occasion, emergencies will arise and, when possible, you will be informed if there are any significant delays. **If you are unable to keep your appointment, please give twenty-four (24) hour advance notice so that I can offer your spot to someone else in need.** Email and texting are only acceptable when cancelling or requesting an appointment. No other communication will be done in this manner. **If an appointment is missed or cancelled within 24 hours of the appointment, I reserve the right to charge you \$75. Remember, this time is set aside just for you.** No other patient can be scheduled or seen during your time slot.

Client Satisfaction

I do not expect any concerns to arise between us. However, if you feel dissatisfied for any reason, please discuss your concerns with me. You also have the right to contact your insurance company about any concerns. My hope is that we can work out any difficulties that may arise.

Discussion of Treatment Plan

Within a reasonable period of time after the initiation of treatment, I will discuss with you my working understanding of the problem, treatment plan, therapeutic objective and view of the projected outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I have an ethical obligation to assist you in obtaining those treatments.

Vacations

I will inform you several weeks prior to a leave of absence. If you feel that this is a psychiatric emergency, please dial (911) or go to your nearest emergency room.

Closure/Termination

Our sessions together may end due to a decision on your part or mine or both. In Psychotherapeutic treatment, the relationship is an important part of the process. Therefore, I find it most effective when we can plan for at least one session, if not several, to do the closure. As mentioned, after the consultation, I will assess if I can help you. **If you stop Psychotherapy treatment without closure session then I have the right to terminate your case 45 days after your last appointment with me.**

Financial Disclaimer

You as the patient or patient representative are responsible for payment. Payment is due at the time of service unless other arrangements are made. The patient has the responsibility to pay for services promptly. Your bill will reflect the standard rate charged by Holistic Bonfire LLC. You will be receiving a bill for any outstanding balances. Any account that is 30-days past due is subject to termination of treatment. Any outstanding balances beyond 90 days may be sent to our collection agency for collections. A minimum charge of \$100 processing fee will be added to your bill if it goes to collections or if Holistic Bonfire LLC proceeds with collections. If your bill goes to our attorney, all attorney costs, court costs and any fees will be added to your bill. A 1.5% interest charge will be added to your bill if Holistic Bonfire LLC needs to take legal action. Please note that Holistic Bonfire LLC reserves the right to collect on outstanding debt in lieu of collection agencies. All court costs will be added to your bill plus any interest charges that apply. Please note that we are not a collections agency and our primary responsibility is to help you get well.

It is the responsibility of the patient or responsible party to notify my office 24 hours in advance in the event you need to cancel or reschedule your appointment; otherwise I reserve the right to bill you \$75 for the missed session. Of course if you are hospitalized, or a catastrophic event happens, I am willing to discuss this with you. In the event of inclement weather, I will contact you to cancel your appointment. If I do not contact you and cancel your appointment you are expected to be here for your visit. Please understand that any reports, out of office meetings, or hospital visits will not be covered by your insurance company. You will be responsible for payment of these charges.

I am happy to accept your check for payment, however if your check is returned for insufficient funds or non-payment a fee of \$45 will be charged per returned check. Please note that my responsibility is to treat my patients. I take this obligation seriously. Your responsibility is to make your appointment on time, contact me if you are going to be late to a session and to ensure that reimbursement is made on time. I look forward to treating you.

FEE SCHEDULE

Effective January 1, 2020

Suruchi Saini, LPC, NCC, CCTP

Initial Consultation/Hourly fee.....	\$200.00
Individual Counseling/45 min.....	\$150.00
Family or Couples Counseling/45 min.....	\$150.00
Court appearance/testimony/deposition.....	\$800/per hour
Review of Records.....	\$200.00 per hour
Letter with Clinical Information.....	\$150.00
Letter with Non-Clinical Information.....	\$50.00
Minimal Phone Consultation or Correspondence (less than 15 minutes).....	No Charge
Extensive Phone Consultation or Correspondence (more than 15 minutes)...	\$ 200.00 per hour
Missed Appointment /Less than 24-hr. notice.....	\$ 75.00

Insurance does not reimburse for court appearances, mediation, review of records, extensive phone consultation or missed appointments.

About The Provider

I, Suruchi Saini, LPC, NCC, CCTP, am a Mind-Body expert. For over 14 years, I have been conducting workshops/seminars on Professional - Personal Life Integration, Enhancing Focus, Stress Management, Goal Achievement, Self - Care and Mindful Living in various organizations/conferences, utilizing evidence-based research in Psychology and Neuroscience, along with Philosophy of Yoga. I earned Master’s Degree in Counseling from the University of Texas at San Antonio. I am licensed by the State of New Jersey as a Licensed Professional Counselor (LPC) as well as a National Certified Counselor (NCC). I am also a Certified Clinical Trauma Professional (CCTP). I have over 14 years of experience working with individuals, couples, and families in behavioral health field. My areas of specialty include but not limited to Depression, Anxiety, Stress, Bipolar Disorder, and Relationship issues. I utilize skills from Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Solution Focused, although other treatment approaches can be used depending on the person or condition being treated.

Please retain this copy for your records

By signing the Terms & Conditions you agree to the terms listed above