



CORE WELLNESS
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INFORMED CONSENT

Welcome to our practice, we look forward to working with you. Our primary goal is to provide effective clinical interventions that will address the specific issues and concerns that brought you or your loved one into treatment. This form describes HIPPA compliance, policies, informed consent, expectations and limits of confidentiality as mandated by law.

The contents of a counseling intake, assessment and sessions are all confidential. Both verbal information and written records about a client cannot be shared with another party without written consent of the client or his/her legal guardian. It is the policy of Core Wellness LLC (henceforth “CW” or “we”) not to release any information about a client without a signed release of information. All information is fully confidential and only staff of CW including but not limited to therapists, medical staff, billers and secretaries are aware of your status or client details. Noted exceptions are as follows:

Duty to Warn and Protect

As licensed health care providers, if a client discloses intentions or a plan to harm him/herself or another person, we are required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, we are required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child or vulnerable adult or has abused such a person, is in danger of abuse, or the client was abused, sexually, physically or possibly emotionally, we are required by law to report this information to the appropriate social service and/or legal authorities.

Court Orders

We are required to release records of clients when a court order has been placed.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients’ records. Services can only be rendered to a minor with the written consent of the parent or guardian. If you are under eighteen years of age, you are hereby notified that your parents/guardian have a legal right to access confidential information regarding your treatment and sessions. Should the client be under the custody of another individual, we require legal documentation in the form of a court order custody agreement. Any attempt to secure these documents will be documented.

Couples, Group, and Family Therapy

When couples, groups, or families are receiving services, separate files are kept for each individual’s confidential information and it is not shared without written consent.

Benefits and Risks

Engaging in therapy does not guarantee results but may allow you to relieve pain, learn coping skills to better deal with symptoms and other practical and psychological benefits. Some risks



are also present including, but not limited to, emotional reactions, strong feelings, agitation of symptoms and inner pain. You can discuss this with the therapist to weigh risks versus benefits.

Research

As clinicians, we only practice within the scope of our training and competency. As part of our licensing, we stay as up to date as we can and work to use only evidence-based and research backed interventions. You will never be asked to engage in any experimental therapy processes without full disclosure and agreement from the onset.

Other Health Care Professions/Consultations

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed, unless absolutely necessary.

Recording Policy

It is prohibited to record sessions in any form by anyone, including staff and client. CW reserves the right to use video/surveillance equipment in the office for safety purposes only.

Request of Records

We are required to maintain complete treatment records. Clients are entitled to receive a copy of these records, unless we believe the information could be emotionally injurious. In such cases, we will gladly prepare a written summary of the entire record, and/or forward a copy of the record to a licensed mental health professional of your choice. Fees may apply.

Fees:

Our usual fee for individual psychotherapy is \$100.00 - \$225 per 45 to 50 minute session, depending on the clinician. Intakes are \$150 – 350 depending on the clinician. You are expected to pay for each session at the time of service, unless we agreed otherwise in writing. For unusual financial hardship, we may negotiate a fee adjustment or payment plan. Fees for assessments or other specialized services are established on an individual basis. Paperwork requests are billed at an hourly rate as well as any legally allowed fees for phone time, consultations, depositions or other allowed events. Clear financial records will be maintained and will be made available within 30 days of your written request. A cancelled or bounced (bad check) check fee is \$35 per incident. If you are sent to collections after due notice, fees and interest (after 30 days) may apply, when allowed by law.

Insurance Companies

We do not participate in any insurance reimbursement or billing. We will be happy to provide you with a full billing receipt upon request. You are responsible to discuss or work out any possible reimbursement with your insurance provider.

Medication Management

We may, pending staffing and availability, offer access to a psychiatrist and/or psychiatric nurse practitioner (“medical staff”) that can prescribe medication. To make use of these services, you must comply with all program requirements. This includes actively working with a therapist for an intake and ongoing therapy. If you are not in compliance with therapy goals, and you have missed a therapy session, you are required to make this up before being seen for medication management. You must inform the medical staff if you receive or received other medication(s) elsewhere as they may impact treatment. Medication should be taken as prescribed. Changing dosage without medical consult can be dangerous to your health and may result in hospitalization or death. Sharing medication is illegal.



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If you have any concerns about what is being prescribed or have any unusual side effects, you must speak with the medical staff. Should you experience an emergency, dial 911 and go to the nearest emergency room. Please be sure to arrive promptly for your medication management sessions as they are difficult to reschedule given the demanding schedule of our medical staff.

You are responsible for the safe storage of your medication(s) and they should be kept away from children, pets, storage site or anywhere that they may be damaged or used incorrectly. Controlled substances should be locked properly.

CW will not provide supplemental refills for lost or stolen medicines or prescriptions and does not accept police reports as a reason to make an exception to this policy. Should your medication be lost or stolen, you have the option to go to a local emergency room to request refills until your next psychiatric appointment. Repeat loss or theft of medication may result in being discharged from our services.

Emergencies

We will always endeavor to respond promptly to your phone calls. Should you have an emergency please call 911 or go to the nearest hospital. Please get in touch with CW as soon as possible. Our office can be reached at 443-420-7379 and our clinical director, Dr. Michael Freedman may be reached at (410) 790-8433. We do not accept calls from Friday sundown until Saturday night, on religious holidays or after our normal business days and hours. Email and text messages are not acceptable methods for contacting our office for any urgent matter. For medication management questions, you will be scheduled for the next available appointment.

No Show/Last Minute Cancellation

Except for unusual circumstances, or where prohibited by law, a fee of \$100 will be charged for no shows or cancellations with less than 48 hours notice. To cancel or reschedule an appointment simply call the office or number the therapist provides and leave a message or email our office as soon as possible. For medical assistance clients, or where prohibited, you will not be billed for no shows, however, per clinic policy, after 3 no shows you will be discharged. You are responsible for any deductible and copayments stipulated by your insurer at the start of each session.

Termination

Professional ethics mandate that treatment continues only if it is reasonably clear the client is receiving benefit. If, at any time during the course of your treatment, we determine that progress is not being made, we will discuss this with the client and may terminate treatment and explain why this is necessary. The client has the right to stop treatment at any time. Should the therapist have a need to terminate or interrupt services, the client will be notified as promptly as possible and a transfer, referral or continuation of care will be arranged in line with the client's needs or preferences. If the client chooses to terminate, referrals to other therapists based on needs or preferences will be offered and the client will be offered a final 'termination' session that is recommended but not mandatory. Any client who is absent for 2 weeks, without communication with CW, may be discharged, and lose their slot without notice. We will offer you a referral upon your request if you cannot be worked back into our schedule.

Minor Supervision

Children, who are not clients, should not be brought to the office. Children under 18 must be supervised by an adult at all times, CW assumes no responsibility for their wellbeing or safety if this is violated and violation might result in termination.



Telephone and Text Messaging:

In the event that CW staff must contact you for purposes such as scheduling, cancellations, billing or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please inform us of your confidential phone number or let us know about any concerns. Any clinical issues or scheduling must be discussed via phone or in person. Text messaging will not be responded to, please call and leave a message.

Use of Internet, Email, Voice or Video Contact

If you agree to email, text or phone reminders, or submit information to us via our website, email or any form, you understand that this may not be a secure method of communication and that there is a possibility that an account can be compromised. If you chose to email us private information, we cannot take responsibility for confidentiality. The same goes for any phone, email, internet or video interactions, your participation and use of these service is considered acceptance and acknowledgement of the risks.

Group Therapy

If you attend group therapy at our practice, you give your word that you will not breach confidentiality of the other clients present and you understand the company cannot take responsibility or be held liable for maintaining confidentiality except as relates to CW staff.

Weather Cancelation

In the event of inclement weather or other natural impediments, your safety comes first. We ask that you notify us immediately (4 hours in advance minimum) if you're unable to attend a session, without penalty. We encourage you to get in touch with your therapist should you wish to verify our open status. Should we be closed we will make our best efforts to notify you via any contact information that we have for you. It is important that you keep your information updated.

Emergency contact:

It is optional to provide us with this information. If you do so, you hereby grant us permission to contact the number/person below in any circumstance that we deem an emergency.

Payment Arrangement:

I understand that it is my responsibility to inform the company regarding any changes in my insurance, coverage or demographics. I grant permission for CW staff to contact my insurance provider to determine my benefits and to bill me for all services rendered. I understand that anything not covered by my insurance, including, but not limited to required copays, deductibles, rejected claims or use of service without an authorization in place, will be billed directly to me. I agree to pay all copays at the time of service and I understand that all deductibles and fees are my responsibility.

My signature below indicates I have read the information in this document and agree to all terms and conditions. I understand their meaning and implications and how they henceforth define our professional relationship. I have been given time to have any questions answered.

Signature:

Today's Date:
