

Informed Consent for Treatment

(Effective 01-01-2017)

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Pathways Counseling Services

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Introduction

Welcome to Pathways Counseling Services. The following is a description of your rights and responsibilities. Please read carefully before signing your consent for evaluation and/or treatment.

I, Jessie Rayl, am a Doctorate level, licensed professional counselor (LPC), counseling psychologist. I have certifications as a Forensic Mental Health Evaluator (CFMHE, 2014), thought field therapy (2001) and cognitive behavioral therapy (1995.) I received my master's degree from West Virginia University in 1995 and became licensed as a professional counselor (LPC) in 1998. I received approval for licensure of supervisors (ALPS) in 2007. I graduated with my Doctorate degree (Ed.D.) on September 1, 2014 from Argosy University. I completed my dissertation on Therapeutic Alliance with People with Sensory Disabilities and Sighted Therapists, which may be viewed on my website: <http://www.pathtogrowth.org>.

In September, 2014, I completed training and received Certification as a Forensic Mental Health Evaluator (CFMHE) from National Board of Forensic Evaluators (NBFEE).

Other certifications include: Thought Field Therapy (TFT), Roger Callahan (2001), Cognitive Behavioral Therapy (1997). In February, 2016, I was awarded Diplomate in Substance Abuse and Co-occurring Disorders, and Diplomate in Trauma: Diplomate in Clinical Mental Health Specialist (DCMHS).

Client rights and responsibilities (applicable to all)

Confidentiality

I understand that my right to privacy is protected by Federal (HIPAA) and State laws and that I am the holder of the privilege within the clients-therapist setting. This means that information discussed during treatment with my therapist is confidential. No information will be released by my therapist to anyone without written authorization from me. Exceptions that will be immediately reported to appropriate authorities are:

A. Child neglect and/or abuse reported by client (A report will be filed with Child Protective Services for investigation as is required by the American Counselors Association (ACA 2005) _Code of _Ethics and State and Federal law).

B. Elder abuse reported by client (A report will be filed with Adult Protective Services for investigation as is required by the ACA _Code of _Ethics and State and Federal law).

C. Abuse of person with mental illness or cognitive disability reported by client (A report will be filed with Adult or Child Protective Services for investigation as is required by the ACA _Code of _Ethics and State and Federal law).

D. Neglect or abuse of animals will be reported to law officials as is mandated by state and federal law.

E. Statements of harm or potential harm to self or others reported by client. (May result in involuntary hospitalization or involving legal authorities for client or otherwise mentioned protection as required by Duty to Warn in the ACA _Code of _Ethics).

F. When required by specific Court order I, or my attorney, may request that my therapist attends Court on my behalf. My therapist's testimony will be on my behalf and in my best interest, and I have the right to grant permission for that testimony. If I do not, the therapist will not testify or speak unless otherwise ordered by the judge to do so. (My therapist's charge for court appearances is \$200.00 per hour for which I am responsible for at the time of the Court presentation.)

G. When required by Division of Corrections: Division of Corrections will receive a copy of the initial evaluation. The referring officer will want to know whether client shows or does not, progress is or is not being made, whether client is making all timely payments and any other issues of concern. I understand my therapist will release this information to my probation / Parole officer with or without my written consent.

General (applicable to all clients)

Appointments.

Appointments may be made by calling: (304) 283-9849

Or email: thedogmom63@gmail.com

Appointments may be made either at the office or by phone. (Please ask about office / phone hours.)

Generally, office hours are Monday, Wednesday and Friday, 10:00A to 5:00P.

Evaluations

I provide evaluations for the purpose of disability or Court (\$300.00). This must be paid in full via cash prior to release of any information, and is not covered by Employee Assistance.

*Other evaluations include: school evaluations, diagnostic evaluations, substance abuse, custody, and forensic. Cost is determined based on evaluation request.

Appointments are limited. Keeping appointments is important. Cancellation is expected 24 hours prior to appointment time.

In the case of a medical emergency, only information necessary to resolve the immediate situation will be disclosed to emergency medical personnel.

Calls to this therapist are accepted during business hours. Otherwise, calls may be answered by a confidential voicemail. If you have an immediate, life-threatening, emergency please go to the nearest hospital or utilize community crisis or law services.

This therapist does not, generally, call me unless there is need to reschedule appointments or notify me of some change in my insurance / billing; or otherwise to return my call.

Please, if you have contagious conditions, reschedule the appointment.

This therapist welcomes questions about treatment, conditions, or concerns. If problems or conflicts arise, it is much appreciated, and most helpful, to try to resolve those conflicts before filing complaints or discontinuing treatment.

Client involvement with treatment, goals, etc. is essential. Problems may not resolve immediately, may feel worse at times and there are a variety of techniques which may or may not be helpful.

Specialties

Trauma, marriage/family, depression/anxiety, mental health issues, adjustment issues, addictions, work-related, school-related; over 20 years of experience with evaluations and counseling.

Therapeutic Styles

A variety of therapeutic interventions to meet my / our individual needs will be used in which this therapist has received sufficient training and/or Certification. They are evidence-based methods which include:

Cognitive-Behavioral Therapy

Techniques involving talking and/or writing about feelings and thoughts to help client relate feelings to thought to behavior and to identify unhelpful areas in each aspect so that client can then learn helpful approaches to problem solving and positive thinking which results in appropriate, mature behavior.

Reality-choice therapy

Recognition that there are choices with consequences, removal of external controls, and an understanding of the five basic needs and how to fulfill them in a mentally healthy way.

Rational Emotive Behavior Therapy

Confronting irrational thoughts that lead to destructive behavior.

Thought Field Therapy

Aids in the resolution of fears / phobia, trauma and unwanted repetitive behaviors, e.g. addictions.

Logo-therapy

Helps the client discover meaning in all experiences to move beyond the past or negative experience to a helpful present.

Functional Family Therapy

Helps families restructure, learn improved behavior and communication styles with emphasis on maintaining in-home treatment and togetherness.

Emotionally-Focused Couples Therapy

Focused on helping couples identify and express emotions appropriately and together, communicate effectively and reconnect in their relationship and/or marriage.

Dr. Rayl - **Christian Existential philosophy**. All religions, cultures, ethnicities and worldviews are accepted without question, bias or criticism or judgment. The general goals of therapy are to help the client:

- A. Achieve highest possible self-fulfillment
- B. Learn to make healthy and helpful choices
- C. Establish relationships that are fulfilling and healthy with family, partner / spouse, friends, co-workers, children and others
- D. Find satisfaction and balance in spirituality and/or religious preference
- E. Realize and utilize highest potential in educational, financial, social, community, cultural and employment endeavors
- F. Resolve issues of trauma including combat, childhood abuse, accidents, family dysfunction, domestic violence, etc.

Financial

NOTE: Sorry, no credit cards please. Cash, money orders and PayPal are accepted. Payments must be made at or before the time of each session.

Insurance

I understand that by providing my insurance information, I permit this therapist to submit to my insurance. This bill will contain an ICD code diagnosis.

I understand that until my deductible has been met, I am responsible for all payments per my insurance.

I understand this therapist does not bill to all insurances. In that instance, I will be provided a receipt which I can self-submit for reimbursement.

Self Pay

I understand that all payments will be made at the time of each session.

I understand that I may ask about flat rate, otherwise I will be charged usual customary rate.

Employee assistance (EAP) clients

I understand that if I am with an Employee Assistance Program (EAP), I will abide by the terms of that EAP, then utilize insurance, or may need to be referred to another therapist (depending on terms of the EAP contract).

I understand that I will read carefully, and sign, any and all forms required by my EAP provider prior to receiving service.

I understand that if I choose to utilize this EAP service, that provider will ask for specific information about me. This includes, and may not be limited to: diagnosis, my ability to perform work-related functions, my level of social, cognitive, mental, psychological and interpersonal functioning, whether I am at risk of harm to myself and others, whether I am using drugs and

alcohol, and whether I am presently involved in illegal activities. If I reveal this information, my therapist can not simply disregard it. However, I can choose not to utilize the EAP assistance and utilize (1.) my insurance or (2.) flat rate instead.

I understand this information will not, and does not, go to my employer directly, but to the EAP provider. No information will, or can, be released to my employer, disability determination or other entities while I am receiving EAP services.

I understand I will not, under an EAP contract, seek a disability evaluation with this therapist unless my EAP counselor has referred me for such purposes.

Note I should discuss any concerns I may have with my therapist.

Fee Schedule

Usual Customary Rate (UCR): \$350.00 initial session (90791); \$150.00 subsequent sessions (80937, 80947).

Initial Evaluation: \$100.00 per hour

Couples Counseling: \$75.00 per hour

Family: \$75.00 per hour

Individual Counseling: \$60.00 per hour

\$200.00 per hour: : Court appearance and testimony (must be paid at the time of appearance)

\$300.00 for All Evaluations Only (e.g., disability, substance abuse) Except DOC or EAP referrals

Walk-in / crisis: \$60.00 per hour

Case closure and records

I understand that my records are the property of Jessie L. Rayl and will remain at a designated, secure location.

When another professional requests a copy of my records, only records directly from this therapist will be released, with my written Release of Authorization. Reports, notes, etc. are not, generally, released to me or to family; however I may review them in the presence of my therapist so that I can ask for clarification of terminology, and to maintain confidentiality.

I understand that my participation in treatment is voluntary, and that I may withdraw from treatment at any time. I further understand that if I move out of the area and cannot be contacted for 30 days, or do not keep appointments, services will be discontinued. I can return for services at any time.

I understand that in the event of my therapist's incapacitation or death, my records will be in safe storage and I may learn of this from James Keefer, MS, LPC, www.pathtogrowth.org

Specific Populations

Parents and children

Date