



LMVCOUNSELING

Lauren Moser Vilar | MSW, LSCW, LCAS

Informed Consent and Request for Treatment

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Thank you for choosing LMV Counseling, PLLC! I am thrilled to begin our work together. The therapeutic relationship is an important one and each party has rights and responsibilities to one another. The form will help clarify the nature and extent of the relationship and what to expect in treatment.

I. Expectations of Counseling Services

Initial _____

Counseling is a commitment that we both will share. I feel that as people become more accepting of themselves, they find true joy and awareness in their lives. We will work hard toward your goals by utilizing different techniques and assignments that will require your dedication. My goal is to join with you in this experience to help you discover your own answers. Counseling is a collaborative process in which we will work together to help you accomplish your goals. Like many things in life, you get out of counseling what you put into it. Uncomfortable topics will arise in therapy. Oftentimes it is imperative to address these difficult topics to help you heal and move forward in living a fulfilling life. Your first session will be an assessment to determine your needs and strengths. I will then be able to recommend a treatment plan moving forward.

II. Request for Treatment and Termination:

Initial _____

You have a choice of providers and you are consenting to receive services from LMV Counseling, PLLC. You are entering into this relationship voluntarily and can terminate this relationship at any time. You and I, your therapist, will eventually discuss termination of therapy when your goals for therapy have been achieved. The relationship may also end if I decide that it is in your best interest to refer you to another treatment provider.

III. Confidentiality and Exceptions:

Initial _____

Everything you say is kept confidential between you and your therapist, except for a few exceptions. There are a few exceptions that I am required to report by law: 1) If you are a danger to yourself, 2) if you are a danger to others, 3) suspected child/elder abuse or neglect, and 4) if I have been subpoenaed to testify in court. You can also request your information be shared with a third party by signing a written release of information. You can change your mind and revoke consent at any time. Administrative staff may also have access to your first and last name along with your contact information to provide appointment reminders, billing and insurance questions. I have viewed the Notice of Privacy Practices which describes how my private health information can be used and disclosed.

IV. Information Provided to Health Insurance Companies

Initial _____

If you decide to use your health insurance for benefits, your insurance may require personal information for reimbursement for services. This may include but not limited to diagnoses, treatment recommendations, and treatment plans. This information will become part of your permanent insurance record.



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V. Fees and Missed Appointment Policy:

Initial _____

It is the policy of LMV Counseling, PLLC to hold an active credit card on file at all times. The appointment you have scheduled is reserved for you and LMV Counseling, PLLC never overbooks appointments. I have blocked this time for you and I respect your commitment to therapy. Your credit card will be charged for none covered services as listed below, this includes no shows to appointments and late cancellations. Holding the card on file provides an additional accountability to your commitment to therapy. Allow yourself to prioritize your time in therapy.

Appointments may be scheduled by calling 910-210-6160. My fees are as follows:

Initial Interview	\$150.00 allow for minimum 75 minutes
Psychotherapy	\$120.00 per 50 minute session
Group Therapy	\$50.00 per 75 minutes
Phone Consult	\$30.00 per extended consult (over 15 minutes)* <i>(Insurance will not cover phone consults)</i>

Non-Covered Services: The following fees must be paid at the time of services:

- Returned Checks: \$25 returned check fee
- Missed Appointments: Full amount of the scheduled session. If you are over 20 minutes late for your appointment that appointment will be rescheduled and you will be charged for the late cancellation.
- Paper Records: You have the right to request a paper copy of your record. We will provide to you, upon request, a paper copy of your medical record. The fee for these records is \$25 and you must meet with me to discuss your medical record. Please allow seven days on all requests.
- Forms or Letters: For brief forms and letters there will be a \$15 charge. For in-depth forms that require additional time and personal information the charge will be a \$25. Please allow seven days on all requests. I do not provide disability documentation and will not complete disability forms.
- Late Fees: Payment is required at the time of service. Any account that holds a balance over 30 days is considered overdue. Unless the office has been contacted to set up a payment plan, invoices not paid within 90 days may be outsourced to collections.
- Copay: Please come to your session prepared with your insurance card and copay. Any changes to insurance should be provided as soon as available. Copays will be collected at the time of service. It is your responsibility to be aware of your insurance policy's coverage for mental health and substance use disorder services. Some insurance companies require prior authorization and it is your responsibility to obtain this prior authorization. You will be responsible for any charges your insurance does not pay.

VI. Emergency:

Initial _____

LMV Counseling, PLLC is an outpatient private practice and cannot provide the higher level of care that inpatient treatment centers can. It is not a substitute for medically monitored detoxification and does not provide daily supervision. If you need a higher level of care, I, your



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therapist, will recommend and refer you to appropriate treatment. During business hours you can contact me at 910-210-6160. I will do my best to respond to you within 48 hours. In the case of a true medical or psychiatric emergency, call 911 or go to the emergency department.

VII. Complaints: Initial _____

Should you be dissatisfied in any way, please bring it to my attention. I want to provide the highest service possible and can only do that with your feedback. If I am unable to address your concerns, you may report your concerns and complaints to the NC Social Work Certification and Licensure Board by calling 336-625-1679.

VIII. Social Media Policy: Initial _____

LMV Counseling, PLLC has a presence on social media and you are welcome to “friend” or “follow” the business. Be aware that other individuals will be able to see you following LMV Counseling, PLLC and you could potentially be disclosing your participation to engagement with counseling services. I will not solicit or accept “friend requests” or similar requests on my personal social media accounts.

IX. Consent to Therapy: Initial _____

You have read this informed consent and had an opportunity to ask questions. You understand your rights and responsibilities as a client, and my responsibilities as your therapist to you.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____