F. Jack Ramsey, MA, LCPC

Licensed Clinical Professional Counselor

Informed Consent

Thank you for choosing F. Jack Ramsey, MA, LCPC. Today’s appointment will take approximately 45 – 50 minutes. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my 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.

F. Jack Ramsey, MA, LCPC has earned a Bachelor of Science Degree in Psychology and a Master’s Degree in Human Development Counseling from Bradley University of. He is licensed by the State of Illinois as a Licensed Clinical Professional Counselor. He has over 10 years of clinical experience in treating children, adolescents, young-adults and adults using individual and family therapy. Jack practices standard cognitive-behavior therapy for most conditions. Although other treatment approaches are used depending on the person and/or condition. Treatment practices, philosophy and plan imitations and risks will be discussed with you today.

Confidentiality And Emergency Situations:

Your verbal communication and clinical records are strictly confidential except for:

1. information (diagnosis and dates of service) shared with your insurance company to process your claims,
2. information you and/or your child or children report about physical or sexual abuse; then, by Illinois State Law, I am obligated to report this to the Department of Children and Family Services, where you sign a release of information to have specific information shared,
3. if you provide information that informs me that you are in danger of harming yourself or others,
4. information necessary for case supervision or consultation, and
5. when required by law.

If an emergency situation for which the client or their guardian feels immediate attention is necessary, and I am unable to return your call within 15 minutes, the client or guardian understands that they are to contact the emergency services in the community (911) for those services. F. Jack Ramsey will follow those emergency services with standard counseling and support to the client or the client's family.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial / Insurance Issues:

As a courtesy I will bill your insurance company, HMO, responsible party or third party payer for you if you wish. I ask that at each session you pay your co-pay or 50% of the fee. In the event you have not met your deductible, the full fee is due at each session until the deductible is satisfied.

If your insurance company denies payment or does not cover counseling, I request that you pay the balance due at that time. If your balance exceeds $300.00 I will need to ask that you pay for services when rendered. After 60 days any unpaid balance will be charged 1.5% interest a month (18% APR).

In the event that an account is overdue and turned over to our collection agency, the client or responsible party will be held responsible for any collection fee charged to our office to collect the debt owed. I ask that every client authorize payment of medical benefits directly to F. Jack Ramsey, MA, LCPC.

Lastly, if you need to cancel or reschedule an appointment, please give 24 business hours advance notice, otherwise you will be billed at the hourly rate. I sincerely appreciate your cooperation and at any time you have any questions regarding insurance, fees, balances or payments please feel free to ask. You may have a copy of this form if requested.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Coordination Of Treament:

It is important that all health care providers work together. As such, I would like your permission to communicate with your primary care physician and/or psychiatrist. Your consent is valid for one year. Please understand that you have the right to revoke this authorization, in writing, at any time by sending notice. However, a revocation is not valid to the extent that I have acted in reliance on such authorization. If you prefer to decline consent no information will be shared.

\_\_\_\_You may inform my physician(s) \_\_\_\_I decline to inform my physician

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Notice Of Privacy Practices And Client Rights:

I / We have read and received a copy of the, Notice of Privacy Practices and Client Rights document.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May I contact you at home? (circle one) yes no

May I contact you at work ? yes no

May I contact you by cell phone ? yes no

Where may I contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent For Treatment Of Children:

I/We consent that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ maybe treated as a client by F. Jack Ramsey, MA, LCPC. At times it maybe necessary to schedule appointments during school hours. We ask for your cooperation to provide the most timely treatment for you and your children.

Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_