

TRADEPORT COUNSELING AND MEDIATION ASSOCIATES

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**INFORMED CONSENT**

The following information is provided to you in order to answer questions you may have about your counseling experience at TCMA.

**QUALIFICATIONS;**

Tradeport Counseling and Mediation Associates (TCMA) clinicians are either licensed clinical mental health counselors, licensed social workers or licensed family and marriage counselors in New Hampshire. It is our practice to provide the highest quality of counseling services under the laws and ethical guidelines of the American Psychological Association and the State of New Hampshire. It is our treatment philosophy and orientation that people should receive services most appropriate to their needs, personal orientation and presenting problems. We employ only those counseling approaches, which are acceptable to the highest standards of our profession, and we believe that the counseling process is successful only when the work is done between both the counselor and the client, working on the innate strengths of the client. Please see a copy of the Code of Ethics located in the waiting room. If you have any additional questions about this form or cannot locate the Code, please ask for our guidance, as we would be happy to help you with this matter.

**CLIENT RIGHTS:**

All clients have a right to refuse any recommended service or treatment and /or to request a referral to another counselor, social worker or psychologist. In addition, if we feel as though the client will be better served by another professional more experienced with their presenting problems or concerns, we will work diligently to find the right referral. In any event, we encourage you to ask any questions that may arise in the course of your counseling. You will find the Client Bill of Rights in the waiting room. If you have any additional questions about this form or cannot locate the paperwork, please ask for our guidance, as we would be happy to help you with this matter.

**CONFIDENTIALITY:**

Information you share with TCMA is confidential and falls under the protection of confidentiality rules and regulations that pertain to such communications, as well as HIPPA. There may be times where confidentiality will not be upheld, such as when there is some danger to self or others. As a mandated reporter in the state of New Hampshire, we are required by law to report any suspicion of abuse, neglect or exploitation of a minor or incapacitated adult. We are also obligated to report any serious threats of physical violence to people or property. If it becomes necessary for TCMA to report any information shared within the sessions, we will make every effort to inform the patient, but there may be instances where we will not be able to inform the client. In addition, we participate in peer supervision with the clinicians at Tradeport Counseling and Mediation Associates to meet the state licensing requirements and to make sure that we are providing the best professional care. There may be times when we discuss aspects of individual cases and this information is kept strictly confidential within Tradeport Counseling and Mediation Associates, PLLC.

# **ELECTRONIC COMMUNICATIONS**

Some insurance companies require that we send billing and other information electronically (e.g., by facsimile or e-mail). I cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately, before beginning treatment, so that we can determine whether and how to proceed. **We do not accept or respond to electronic mail communications or text messages about treatment issues.** However, we are completely comfortable receiving and sending emails in regard to scheduling issues.

**EMERGENCY SERVICES:**

The clinicians within TCMA do not provide emergency services unless agreed upon individually with the specific clinician. If an emergency arises after business hours, we request that you immediately go to the nearest Emergency Room to receive appropriate services.

# **MANAGED CARE**

# Most managed care companies limit the number of sessions that will be fully or partially reimbursed. Clients are encouraged to communicate directly with their managed care company about such limitations before starting treatment. Any concerns about the confidentiality of managed care records should also be directed to the managed care company. You should also be aware of potential risks associated with any written diagnosis being submitted to your managed care company. If you do not want this information shared with your managed care company, we can discuss private payments.

# **MINORS:**

**FOR PARENTS:**

Generally, the treatment of a minor child (under the age of 18) must be authorized by a parent or someone else with legal authority. Parental control over a minor’s treatment includes the authority to access or release the child’s otherwise confidential treatment records. Even parents without residential responsibility for a child retain decision-making authority over the child’s treatment and treatment records unless a court has ordered otherwise.

We believe it is best to identify and resolve potential parental agreements before treatment begins. It is our policy to treat minors only with the consent of both parents; to the extent both are available. If both are available but cannot reach agreement about treatment and access to records, it is the responsibility of the parents to resolve their differences prior to instituting treatment.

If one parent is unavailable and we determine that it is appropriate to proceed with the consent of only one parent, the absent parent will have a right to the child’s treatment records upon request while the child is a minor unless there is a court order to the contrary.

In New Hampshire, all information regarding your child's therapy file is considered privileged and therefore can only be released in limited circumstances. If there is a dispute about whether your child's privileged records should be released, the court must determine what is in the child's best interests. It is your responsibility to ensure that this issue is brought to the court's attention. As your child's therapist, we will be unable to provide therapy files or information to anyone until the court has determined what is in the child's best interest.

Upon turning 18, the child gains control over treatment, information and records.

**FOR MATURE MINORS**

Because you are a minor (under the age of 18), we cannot treat you without parental consent. Parental control over your treatment includes their right to access and release your medical records.

In very limited circumstances, a minor may prevent parental access to treatment records through a court hearing. In the event you object to either parent having access to your treatment records, we encourage you to raise this issue with your other parent or with a guardian ad-litem, if one has been appointed.

# **CONFLICTS OF INTEREST**

New Hampshire is a small state. From time to time, actual or potential conflicts of interest may arise. In the event that we become aware of a conflict of interest in providing treatment to you, we may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information will remain confidential.

# **COUPLES**

Treatment records of couple’s sessions contain information about each person. Both clients should be aware that either person has a right to obtain treatment records unless both clients agree that treatment records will only be released by joint consent. It is our treatment philosophy that if we am providing counseling to a couple, we will not see one individual of the couple alone, unless the couple has agreed this will be in the best interest of the treatment plan. In addition, if we are seeing an individual client, we will not engage in couples counseling with the individual and their spouse. If there is a need for couples counseling, we will refer the couple to a therapist who is experienced in marriage and family therapy. We can and will continue to see the individual if it is in the best interest of the treatment plan.

# **COURT ORDERED TREATMENT**

If you are seeing a clinician at TCMA due to a court order requiring you to seek treatment, it is our policy that we would not proceed with treatment until we have received a copy of the court order and have had an opportunity to review it. Because you have been ordered by the court to obtain treatment, there are limits on confidentiality in addition to the ones described in the Confidentiality section. For example, we may be obligated to file a report with the court that ordered you to seek treatment or with someone else.

**COMPLAINTS;**

If for any reason you should have a concern or complaint about the services TCMA delivered, we would ask you to please contact us immediately so that we may discuss the matter by phone or in person. We recognize that there are times in counseling when the perception of the client might not mirror what was intended by the counselor, and we would ask that the client communicate with us immediately in order to discuss concerns. If we cannot resolve the concerns that you have, please feel free to contact the New Hampshire Board of Mental Health Practice at 603-271-6762.

**ACKNOWLEDGEMENT AND ACCEPTANCE**

My signature below indicates that I have read and understand this document and agree to abide by its terms.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client [or parent] Signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician Signature