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**Fresh Start Therapy and Wellness, LLC**

*www.freshstarttherapyandwellness.com*

*Phone: (203) 293-8554*

Welcome to the counseling process with Fresh Start Therapy and Wellness, LLC!

**Mission and Nature of Counseling Services**

Counseling is, in part, the process where mental health distresses and disorders are assessed, prevented, evaluated, and treated. There are a variety of techniques that can be utilized to deal with the problem(s) that brought you to therapy. These services are generally unlike any services you may receive from a physician in that they require your active participation and cooperation. Counseling has both benefits and risks. Possible risks include the experience of uncomfortable feelings (such and sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness) or the recall of unpleasant events in your life. Potential benefits include significant reduction in feelings of distress, better relationships, better problem-solving and coping skills, and resolutions of specific problems. Given the nature of counseling, it is difficult to predict what exactly will happen, but the clinician will do his/her best to make sure you will be able to handle the risks and experience some of the benefits.

When working with a child or adolescent client, the clinician will also incorporate the parents into the process. At Fresh Start, we believe that parents/guardians have an even larger sphere of influence with children and adolescents than the therapist and that there could be family patterns that come to light during the work with the client. As such, the clinician seeks to support the entire family so that what is learned in therapy can also be carried into the home and the entire family can move forward together.

Play therapy is often incorporated with young children up to approximately age 11. This may include sand therapy, the use of art, dolls, therapeutic games, etc. Children these ages use play as their language and do not communicate as effectively with words; their play is very symbolic. Though this process may take more time, the benefits are well worth it. The clinician asks that you trust this process.

In the process of working with children and adolescents, parents often experience anxiety and difficulty letting go for the child or adolescent to have individual space to work through the issues. If the parent cannot let go appropriately and trust the clinician and the process, the child/adolescent’s therapy will be hindered. Please know that the clinician will take what the minor says “with a grain of salt” and ask that anything he or she says to you about the clinician or the sessions also be taken “with a grain of salt.” In the beginning of the process, especially, we spend large amounts of time listening, and sometimes children and adolescents take this to mean that I agree with everything they are saying. This is not necessarily the case. The clinician is building rapport.

For couples or families seeking therapy, the clinician focuses on the couple or family primarily, as opposed to doing many individual sessions as the clinician does not one person to feel an alliance is formed with the therapist. The relationship is the client.

The clinician will incorporate faith to the process with those who are open.  He or she does this from a Christian worldview with biblical principles.  At times lives are unmanageable and in need of a higher power.  While the clinician’s personal faith influences his/her perspective, he/she respect that not everyone shares this same set of beliefs and would not incorporate them if someone did not desire to.  Experiences have shown that anyone can be helped by the basic principles of love and honesty.

**Fee-Related Issues**

Fresh Start provides 55-minute therapy sessions. The first session/intake/evaluation fee is $150. Individual sessions after that are $135; couples and families are $150 for intake and $160 proceeding sessions. You may pay by check, cash, Venmo, or HSA card. If paying by check, please make it payable to “Jenny Currie.”

Regarding insurance, network status depends on the individual clinician. Insurance companies in-network with some of the clinicians are Medical Mutual, United Healthcare, Oscar, Oxford, and Aetna in Ohio. If in Connecticut, the clinician may be in-network with Anthem BCBS and Husky. The clinician will discuss your co-pay or deductible (if you have one) and claims will be submitted to insurance for the remainder of the payment. Currently, those using Aetna, United Healthcare, Oscar, or Oxford will have a third party, Headway, handling billing.

If you do not provide 48-business-hours notice for a cancelation, you will be charged the full fee you would have for the appointment, not just the copay if you have one. Rebooking appointments in less time than that is very difficult, if not impossible. If you are paying out of pocket, you would still be charged the full fee. In the case of insurance, for example, if you have Anthem you would be charged $114 or $97.90 for the appointment, depending on the insurance code. Regarding Husky, because you cannot be charged for no-shows and late cancellations, treatment will be terminated if this happens twice. If there is a bounced check, you will be responsible to cover the fee for the bounced check and of course still pay for the session. The cancellation fee will be waived if there is an unexpected illness or accident as. Thank you for your help in this matter.

**Confidentiality**

In general, the law protects the confidentiality of all communications between a client and a therapist, and the clinician can release information to others about your therapy only with your written permission. However, there are a number of exceptions:

* A client is a danger to self / others
* A client requests release of information
* A court orders a release of information
* A client initiates a malpractice lawsuit
* A client is below 18 years of age as parents have rights to therapeutic information
* A child is abused or neglected
* An elderly person is abused or neglected
* An insurance company or managed care company requests a diagnosis and / or relevant clinical information

In addition, at times, the clinician will need to consult other colleagues about your case to give you the best care possible. The clinician will not reveal your name and only provide as much information as necessary to consult, keeping your privacy in mind.

**Counselor Responsibilities**

The clinician is responsible to provide you with the best possible counseling services within his/her scope of competency and to give you his/her undivided attention. If the clinician does not have an answer for you, he/she will do his/her best to seek one. The clinician will be prompt for your appointments and give you sufficient notice if he/she is unable to meet you for an appointment.

**Client Rights and Responsibilities**

As a client, you have the right to fair treatment, regardless of race, ethnicity, or beliefs. You also have the right to request your records in writing if need be. Your responsibility, however, is to be prompt, put forth your best effort, and do what is asked of you. In addition, please notify your clinician within sufficient time if you cannot make an appointment.

**Contacting Me**

If your clinician is in a session or otherwise unavailable, please leave him/her a confidential voicemail and he/she will return your call within 24-48 hours. Currently, Fresh Start is not open on weekends and holidays but a clinician will return messages when he/she returns. If you have an emergency and feel your life or someone else’s may be in danger, please call 911.

Your signature below indicates that you have read the information in this document, that you have understood it, and that you agree to abide by its terms.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Client sign above.)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/guardian signature. For parents of a minor, there is an additional informed consent I ask you to sign as well with more detail.)

**If utilizing insurance, please sign below.**

I understand that I am responsible for any amount that my insurance does not reimburse.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of responsible party)

A separate HIPAA Privacy Authorization Form will be provided.