

Consent to Treat and Acknowledgement of Privacy Practices

_____ this day retains Regina A. Orsi- Hoholik to provide either clinical assessment, psychotherapy, or alternative healing methods. You must chose which type of service you are to retain, as they possess different ethical guidelines of practice.

It is expressly understood that the client above will not be issued, any guarantee of cure or treatment effects, or number of sessions necessary. **Reiki and Hypnosis are out of pocket services.** We, the undersigned counselor, and client (s) have read, discussed together, and fully understand this agreement and stated policies. We agree to honor these policies, and we will respect one another's views, and differences in their outworking. The Client(s) enter(s) into this agreement voluntarily, with competency and understanding and knowledge of the contract/policies.

I understand that once an appointment is made; regardless of cancellation issue; assigned payment /session is expected to be made up, the week of the session. If the client /therapist is experiencing illness, inclement weather, or other impeding circumstances; a phone session can be provided, or a makeup session within the month. Payment can be paid by creditcard or a mailed check within the session week. Once session is paid, credit is listed, and you have up to a month to make up session time. If you are a referred clinical client, and under insurance; payment is expected out of pocket, as insurance companies prohibit reimbursement for any session not provided. Co pays must be paid, as per insurance panels. If there is any financial hardship; please speak with this writer or biller to set up a payment arrangement.

____client initials.

Success using Counseling/ Hypnosis/Reiki is dependent on many variables including attitude, motivation, cooperation and attendance of scheduled sessions by the client. Even though human behavior cannot be ethically guaranteed, this practice makes the following service guarantee for our educational services to the client. It is suggested that one use reinforce cds , and refrain from caffeine or stimulants three to five hours prior to hypnosis session.

I understand that Hypnosis is used for the purpose of behavioral modification and to improve the quality of one's life. The provider may suggest additional services of Psychotherapy, NLP or Spiritual Counseling, or Reiki Healing. These modalities of treatment may be required /recommended, in addition to hypnotic interventions.

Hypnosis/Reiki Healing does not diagnose illness, disease, or any other physical or mental conditions. Clients that are receiving metaphysical services of Reiki/ Spiritual Counseling/ Hypnosis will not require any review of documentation. No clinical services can be providing under this guise, and no insurance submittance, nor reimbursement. Holistic services are not immiscible in court cases, No legal documentation can be provided for any disability cases, custody, divorce etc.

If you are obtaining clinical services for the purpose of a disability case/legal case /divorce /custody hearing; please preface this upon Intake, as it is up to the discretion of the therapist to take your clinical case. If you are seeking services for this premise, and have not notified this clinician of your intention; this can be seen as a conflict of interest, and may delay pertinent data to your legal defense team, All legal cases require that all progress notes, regardless of the nature of material may be subpoenaed by the court system/ attorney office, Even with the statue of the privilege, specific documentation cannot be protected under your HIPPA rights.

I have read and understand all information provided. I take full responsibility for my treatment and follow up methods. I will provide referrals or vital information to inform the hypnotist/psychotherapist of any new information regarding my mental or physical status.

I understand that my clinical work is under supervision of a licensed clinician. Therefore relevant treatment information **must** be disclosed for the purpose of supervision. You may be requested to submit insurance information to Ms. Charlene Patterson, CSW, and or meet for collaborative cases.

This writer is fully licensed with Clinical status. Supervision is for insurance purposes this writer is mainstreaming into credentialing on her own individual panels. A new biller has been hired (Ms. Kristen Shaw), who will need to have contact with clients for insurance purposes. Her contact number is 845-325- 9885, and email (kms_mcp@yahoo.com) for insurance documentation. All Client Intake and Consents are to be sent to me solely@ Gianna003@aol.com , or GOrsitherapy.com. Insurance info sent to me with a CC to Kristen Shaw @(kms_mcp@yahoo.com) Please initial that you allow contact, and info to our billing software _____

I understand that this Counselor is a **Mandated Reporter**, and must legally report suspected child abuse, suicidal ideation, or homicidal ideations to the proper authorities. All information other than the above information remains confidential.

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect:

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults:

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances:

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship:

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers :(when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

If you are referring a family member, spouse, or any other affiliate; there should be no disclosure of information shared in sessions.

If you are receiving holistic services (Hypnosis /Reiki) for substance abuse or an eating disorder; you must be seen by a specialist in this scope of practice. You must sign a waiver to allow this writer to collaborate with services /treatment plan/ intervention.

If you are referring your child under the age of eighteen; please sign and give preference of what treatment you are allowing this clinician to provide. Please sign a disclosure so that this provider can collaborate with other doctor's or psychiatrist, or school officials that treat or serve this child/adolescent.

In case of emergency call _____

Signature _____

Date _____

Regina A. Orsi-Hoholik, LCSW, MS, CHT

Date _____ Clinician/Psychotherapist: