

Emilia Fulop, LMHC

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### INFORMED CONSENT FORM

The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together, as well as payment and cancellation information.

#### **The Therapeutic Process**

You have taken a very powerful step by deciding to seek understanding yourself more through therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. I cannot promise that your behavior or circumstance will change. I can promise to support you and do my very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

Additionally, moments of misunderstanding are possible. There is no intentional harm connected to these moments, they simply may happen as we are human. The process in these moments generally encourage engaging, and not running away from the moment, and if it feels possible enter into repair work after these potential moments of rupture, that is where the process of healing can unfold.

#### **Standard Confidentiality Terms**

Essentially what's said in therapy, stays in therapy, however there are exceptions to this listed below. Further details about privacy will be covered in privacy practices form.

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.

## Emilia Fulop Informed Consent Form

4. Suspicions as stated above in the case of an elderly person, or a disabled person, who may be subjected to these abuses.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Community based privacy statement: If we see each other outside of the therapy office in the community , I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

### **Cancellation/No Show Policy**

If for any reason a client is unable to make our appointment, I ask for 24 hours advance notice of cancellation/rescheduling – except the specific notable cases of hospitalizations, or death in the family. Each client is allowed one waiver, each calendar year (between January 1 and December 3), of the no show or under 24 hours notice cancellation fee if it's not an emergency. Past this one time, for sessions canceled under 24 business day hours, or unattended without proper notice, the full cost of the session is expected to be paid by the client. This fee is \$65. Clients who no show, without notice, will also be charged this fee unless in cases of hospitalizations, or death in the family.

\*If the client's and provider's schedules are able to accommodate a rescheduled appointment for the same week as a cancelled appointment, this fee will not be charged\*

Appointments are 50 minutes in length. Appointments can be scheduled weekly, or biweekly, and will be discussed in intake appointments. It is expected that clients will be prompt in arriving to appointments, a client late to an appointment will still be confined to the length remaining in the appointment.

### **Payment**

Any co-pays or deductibles, and any accrued fees are the client's full responsibility to pay. Copays are due at time of session, and can be paid by credit or debit card on the patient portal. If you would prefer to use another form of payment, please inform me and we'll discuss these options. Late cancel or no show fees will be processed same day as session missed or cancelled per cancellation policy terms.

## Emilia Fulop Informed Consent Form

I reserve the right to terminate therapeutic treatment if payment is not made and/or cancellation/no show policy is not honored.

### **Releases of Information**

Releases of information are available for signing immediately or as needed. Releases of information are used to allow the clinician to share details with specific people about the nature or progress of your treatment, and are only to be signed or completed by the client or if applicable, a health proxy. Rescinding releases of information are accepted in letter form by the client, explaining the reason for rescinding. If you wish me to share information past basic safety concerns with anyone, emergency contact or otherwise, inform me and I will share the release.

### **Hours & Contact Information**

My current work schedule is Monday through Friday, approximately 8 - 4 each day for addressing business tasks such as returning calls and emails.

Email: [efuloplmhc@gmail.com](mailto:efuloplmhc@gmail.com)

Phone: (413) 822-4588

### **Emergencies and Outside Hours Availability**

Outside business hours, I am not available, I will return messages or emails during business hours next workday.

#### **\*\*\*Crisis Informed Consent\*\***

I, Emilia Fulop, want to be clear and recognize that some of these involves for crisis support can involved the use of police, emergency services, or forced hospitalizations, so I also encourage an alternative supportive safety plan established as part of therapy to access alternative community support options as well as personal safety network options.

That being said, for immediate support or crisis needs, if you are a client local to Berkshire County, I recommend the Clinical & Support Options, and here are each branch's crisis numbers:

Greenfield Crisis Team at (413) 774-5411

Northampton Crisis Team at (413) 586-5555

Athol/N. Quabbin Crisis team at (978) 249-3141

## Emilia Fulop Informed Consent Form

Great Gardner/N. County at (978) 488-8888

Or if in imminent danger of harming self or others, call 988 for the national mental health hotline, or 911.

### **\*\*\*Non-Carceral Crisis Support Options\*\*\***

#### **For Support Outside Therapy Without Fear of Police Involvement**

I acknowledge that there are times when fear of calling these crisis lines is connected to fear of reactionary hospitalization, and possible Involvement by law enforcement, which may lead to not seeking support. That is absolutely understandable, and can make it feel very scary if something does happen that you need support with immediately.

Therefore, here are additional "warm lines" for alternative support options for these cases. PLEASE NOTE - some of these support lines have hours and are not 24 hour lines sometimes.

#### **Boston Peer Support Line**

Toll Free: (877) 733-7563. Hours: Monday to Sunday, 4 PM – 7:45 PM.

#### **Call Blackline - centering BI&POC, LGBTQ+. Black Femme Lens folx**

800-604-5841

#### **Kiva Centers Peer Support Line**

508-688-5898. Hours: Monday through Friday, 8 pm to 12 am

#### **Western Mass Peer Support Line**

1-888-407-4515 available Monday through Thursday, 7 pm to 9 pm & Friday through Sunday, 7 pm to 10 pm

#### **StrongHearts Native Helpline - centering Native Americans & Alaska Native**

844-762-8483

#### **LGBT National Help Center**

888-845-4564

#### **Thrive Lifeline - Trans led & operated**

USA (877) 565-8860