



## Gage Counseling & Consulting, LLC

Jessica Gage, MA, LPC, NCC (License #PC07550)

801 Union Avenue, 4th Floor, Pittsburgh, PA 15212

P: 724-207-3767 | F: 412-586-2119

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## Informed Consent

It is my privilege, as your therapist, to walk with you for this short time in your journey along life's road. I take this privilege seriously, and want to thank you for that honor. I want to share some general expectations and rights you have, as my client, and if you have questions, please ask me to clarify them. I will answer your questions, and ask you to sign this form which states you have discussed any questions with me, and had your questions answered to your satisfaction. This is to document you have been informed about counseling with me, the rights you have, and what confidentiality you can expect.

### The 4 main areas this form will cover:

1. Services I provide as your therapist.
2. Your rights regarding your counseling with me.
3. Financial responsibilities and agreements.
4. Confidentiality and exceptions by law.

### 1. Services I Provide

- As a Licensed Professional Counselor, I offer services to individuals, couples, and families. My venue for counseling with you is: \_\_\_\_\_.
- Referral options are available if I cannot meet your counseling need.
- I can work with any of your other care providers (doctors, psychiatrists, pastors, etc.), but only if you sign a release form giving me permission to do so.
- There are no unusual risks to counseling with me, but as in any situation, you run the risk of running into someone you know at the counseling site or making a misstep and falling. Counseling itself can be challenging, and can sometimes feel overwhelming or uncomfortable for clients, because processing feelings and difficult situations can feel bad. The outcome, however, is usually worth the process. How much you ultimately benefit from counseling depends on you and the work you do with your counselor.
- There are other counselors in Pittsburgh, even Christian ones, and you have the right to choose to get counseling with any therapist.
- As a contracted therapist with the CCC, I do not have access to a *resident* psychiatrist, but I can suggest referrals if we decide it would help to have an evaluation by a psychiatrist. I may not be equipped to deal with all levels of problems that can present for counseling, especially those conditions which require psychiatric intervention. Some of these may include: active alcohol and drug addiction; persistent suicidal or homicidal impulses, intents, or actions; the management of certain types and doses of medication. In these or other cases, I will talk with you about seeking help in a more appropriate setting, and will offer resources to you.

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### 2. Your Rights

- To be treated with respect, integrity, cultural sensitivity.
- To receive competent, professional, and ethical counseling.
- To choose whether or not you want to apply your faith to counseling.
- To refuse or withdraw your consent to treatment with your therapist.
- To review your file with your therapist.
- To have your complaints addressed. I am not an agent, servant, or employee of Christian Counselors Collaborative, or of the church where we meet, so I am not responsible to the Christian Counselors Collaborative or to the church where we meet, for my work as a therapist. I am responsible to the PA State Bureau of Professional and Occupational Affairs for my actions and performance as a therapist. If you have concerns about my practice, I ask that you initially discuss them with me directly. If you are still not satisfied, then you have the right to contact the PA Bureau of Professional and Occupational Affairs at 1-800-822-2113 to file a complaint or go to: <http://www.doscomplaintform.state.pa.us/>
- To not be discriminated against because of race, color, religious creed, disability, ancestry, national origin, age, sex, or sexual orientation. If you believe you have been discriminated against, you may file a complaint of discrimination with any of the following:
  - Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105
  - PA Human Relations Commission  
Harrisburg Regional Office  
Riverfront Office Center  
1101 S. Front St., 5th Floor  
Harrisburg, PA 17104
  - Dept. of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

### 3. Financial Responsibilities

- I accept out-of-pocket payments, insurance payments through specific insurance providers, and assistance through your church (which would have been approved before our first meeting). Your counseling fee should have been discussed with you before reviewing this form. If you have questions about your fee, please discuss them with me.
- Payment or your copay is expected on the date of service.
- If you miss payment for one or more sessions, we may not be able to schedule another appointment until you make a payment or discuss payment options with me.
- It is possible that counseling will be suspended if you do not make payments in a timely fashion. We will discuss the specifics of your payment together.
- You are solely responsible for any charges associated with late cancellations (less than 24 hours notice) and fees for returned checks.

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### 4. Confidentiality

Confidentiality and expectations for confidentiality are serious issues. It is important to inform you of the limits of confidentiality, so you understand what can and cannot be promised in protecting your private information. Outlined here are the major points.

- As your therapist, I protect your confidential information by adhering to the ethical standards of the PA State Board of Professionals, which licenses therapists in the state of Pennsylvania.
- I am using hardcopy (written on paper) files, and your files are kept in a locked file, behind a locked door; the door key is only accessible to the therapists and administrators of the building site. The *only one with a key to the file cabinet* is me, your therapist. That means, no one but your therapist has access to your file.
- The contents of your therapy sessions, and the documents in your file, are not shared with anyone—that includes your pastor or your family members—unless you have given specific permission to share that information by signing a release form for that purpose.
- As a client, you have the right to request sharing your information voluntarily, which requires a Release of Confidential Information Form signed by you giving me, as your therapist, permission to share:
- If you would like me to consult with another health professional, or anyone else (teacher, family member, or pastor) you must sign a release of information, noting the specific information to be shared.
- In the case of a minor child 14-17 years old, general information pertinent for parental care may be shared with parents, but specific information on sessions may not legally be shared, unless the minor gives permission by signing a release form for that purpose. With younger children, generally speaking, confidentiality holds true, although parents might be involved in the counseling process, and might have more access to the general content of sessions.
- In the case of marital or family therapy, all parties at least 18 years of age will need to authorize the release of information.

**Exceptions to confidentiality** are mandated or allowed by HIPAA law when:

- I have a “duty to warn,” to protect you or someone else.
- If you express suicidal intent with a plan or intent.
- If you express impending danger towards someone else, such as an intentional plan for homicide or injury.
- If a minor client describes a dangerous plan, such as running away or seeking a relationship with someone 18 or older.
- If I am court mandated, I must report to court and provide information, although not necessarily a client’s chart. A subpoena alone does *not* qualify for revealing your information without your permission.
- If any person reveals that any identifiable minor is being abused in any way (sexually, physically, emotionally) or put in danger.
- HIPAA (Health Insurance Portability & Accountability Act) law covers these examples above, as well as the assumption that with insurance providers, client information is shared to facilitate billing and insurance coverage. You will receive a copy of the HIPAA law, and/or the opportunity to read it.

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There are **other limits to confidentiality** in any setting, in the following ways:

- Email is NOT a reliably confidential mode of communication. There is always a risk to privacy when using email. For this reason, therapists do not discuss client conditions, diagnoses, etc., over email.
- The use of smart phones for texting and emails presents a risk to confidentiality, through error (sending to the wrong address) or through an unmonitored phone (someone else could read a text or email), etc.
- Any counseling-related services through electronic media have limitations and risks to confidentiality because these means of communication are not absolutely secure. For more information, please view my Social Media Policy.

Finally, as I am engaged in counseling with you through the Christian Counselors Collaborative, it is necessary for administrative information [your name, specific information about your counseling request and your financial information] to be gathered by the Counseling Coordinator in order to return your initial phone call and assign a therapist to you. The information above EXCEPT your name, is kept to track statistics for the CCC (church affiliation, financial data, whether or not scholarship is needed). Information about your counseling is never shared. If you became my client through an outside referral, not through the CCC Counseling Coordinator, your name does not have to be shared; if that is your preference, you will be identified only by initials or by a code which does not divulge your name. **Since I am not personally responsible for creating or maintaining those records, please direct any future questions regarding that administrative data directly to the Director of CCC.**

Your signature below says you have read this narrative on Informed Consent, and/or have had this Informed Consent explained to you, and all your questions have been answered by me, your counselor. You also indicate by your signature that you have been given an opportunity to obtain and/or read a copy of the HIPAA law. Also by signing this, you agree to the standards described above and consent to treatment by me, your counselor. If you are a Legal Representative, please indicate the basis for your authority and attach a copy of documentation: Custodial Parent; Guardianship Order; Power of Attorney.

\_\_\_\_\_  
**Signature of Client** (or Minor age 14+ or Legal Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature of Client** (or Parent or Legal Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**Signature of Counselor**

\_\_\_\_\_  
 Date