

Riesmeyer Counseling Services, LLC
Kathryn L. Riesmeyer, MA, LPC, NCC
955 Executive Parkway, Suite 221, Creve Coeur, Missouri 63141-6357

Client Consent to Treat

Section 1 - Non-Discrimination Policy

Riesmeyer Counseling Services LLC (RCS, LLC) provides access to services without discrimination.

Section 2 - Client's Rights

As you begin counseling and throughout the time of your work, you have the right:

1. To be informed of the nature of the services offered, to develop your goals, as well as to have explained the purpose and nature of any techniques used.
2. To be advised that there are benefits to counseling, as well as potential risks. **At times a situation can become more difficult before improvement is noticed.**
3. To be informed of the qualifications and credentials of your service provider.
4. To be advised that counseling services are available:
 - a. Using your behavioral health insurance benefits, if RCS, LLC is an approved provider (deductible, co-pay and/or co-insurance is payable at time of service) or
 - b. by paying directly for services by cash, check, Mastercard/Visa debit/credit/Health Savings/Flexible Spending Account. Fee is payable at the time of service.
 - c. Additional charges may apply to extended sessions, for some testing, report preparation and evaluation.
 - d. If a check is returned for insufficient funds, payment of the original check, plus fees, is required in cash. Thereafter RCS, LLC may accept cash only as payment for services rendered.
5. To be treated with consideration, dignity and respect, with recognition that you choose whether to enter into counseling and you determine the professional to provide counseling.
6. To be assured that your services and any written records remain confidential. The exceptions to the rules of confidentiality are as follows:
 - Your signed authorization to release records to, or converse with, a third party.
 - A legitimate judge-ordered court subpoena to release records.
 - An emergency where it is judged that you intend imminent harm to yourself (suicidal thoughts) or to others (homicidal thoughts).
 - Disclosure of child or elder abuse, warranting a mandated report to the proper authorities.
 - Disclosure that a health/mental health care provider has engaged in sexual contact with a patient or is impaired in some manner by cognitive, emotional, behavioral, or health problems; by law I am required to report this to the appropriate licensing board.
 - If you use your behavioral health insurance benefits, RSC LLC follows each carrier's requirements regarding billing and disclosure of information needed to process the claim.
7. To file a complaint with Missouri Committee for Professional Counselors, (see Section 4).
8. To review your counseling file in the office, with appropriate notice.
9. To refuse any recommended services and be advised of the consequences of such refusal.
10. If it is determined that Kathryn L. Riesmeyer/Riesmeyer Counseling Services LLC is unable to be of assistance to you, that you are informed of this and are provided with appropriate referral resources. If you should choose to decline the suggested referrals, the counseling relationship can still be terminated.

Section 3 - Client’s Responsibilities

In receiving services, you have responsibilities:

1. To be open and honest in communicating information that relates to the issue you present.
2. To work actively to identify and solve the presenting issue.
3. You understand and accept full responsibility for your behaviors during your counseling work, both in session and out of session. That Kathryn L. Riesmeyer/Riesmeyer Counseling Services, LLC is released from any liability related to your behavior and any resulting consequences.
4. To be considerate and respectful by keeping scheduled appointments and providing a minimum twenty-four (24) hour notification of cancellation. If you call to cancel without a 24-hour notification, a fee of \$50 will apply, due and payable at the start of the following session (please call if there is an emergency that requires short-term notice/cancellation so we can discuss). If we are able to reschedule your appointment within the same week with an available appointment, the cancellation fee is waived.
5. If you do not call to cancel an appointment (a “no show”), or call to cancel the same day as the appointment, you will be charged a fee equal to the charge for the session (reimbursement rate by your insurance company or out of pocket fee). If an emergency kept you from calling, we can discuss waiving the fee.
6. To pay outstanding balances for services rendered before, or at the beginning of, the next session; and authorize payment of overdue balances as per the Fee Agreement.

Section 4 - Ethical Practices and Complaint of Ethics Violation or Discrimination Procedures

Riesmeyer Counseling Services, LLC adheres to the Codes of Ethics for Licensed Professional Counselors and the rules and regulations governing Licensed Professional Counselors in the State of Missouri (copies available upon request). If you believe an ethical violation has occurred, you may file a written complaint with the Missouri Committee for Professional Counselors, 3605 Missouri Blvd., P. O. Box 1335, Jefferson City, Missouri 65102. You will not be intimidated, harassed, threatened or suffer any penalty because you file a complaint. Law prohibits any penalty/reprisal against you/other involved person.

Section 5 – Philosophy of Counseling

The counseling philosophy of Riesmeyer Counseling Services LLC is client-centered. You will be encouraged toward exploration and growth; will be appropriately challenged about unhealthy/destructive patterns of behavior; will be supported toward positive change, restoring relationships and empowering you toward healthful decision-making. I am a practicing Christian and if you deem appropriate, will incorporate issues of faith and/or spirituality.

Section 6 – Contact Methods

Riesmeyer Counseling Services, LLC will not initiate text/email with you. Please call to leave a confidential voicemail at 314-303-2937. If you text or email, even if it is just about running late for an appointment, please provide a private (non-work related) email address and the phone number from which you would send a text. By providing this information you are giving Riesmeyer Counseling Services, LLC permission to respond to your email/text message. Privacy of email/text cannot be guaranteed, so limit content accordingly.

By my signature below, I acknowledge I have read the HIPAA Notice of Privacy Practices and Patient Health Information Consent Form; copies are available at www.riesmeyercounseling.com. I have asked for clarification of any items I do not understand. I consent to treatment.

Client Signature

Date

Kathryn L. Riesmeyer, M.A., L.P.C., N.C.C. for Riesmeyer Counseling LLC

Date