

Jennifer Danhauser, LPC
Informed Consent/Disclosure Statement

Thank you for choosing this practice. I realize it's a major decision to start counseling and you may have questions. This document is intended to inform you of my policies, state and federal laws and your rights. If you have other questions or concerns, please ask.

I am a **Licensed Professional Counselor** (LPC) and National Counselor Certified (NCC). My business is located at 565 University Avenue, Suite, #4, Fairbanks, AK 99709, the phone number is (907) 978-4978 and web site is www.counselingandtherapyservices.com. I have my M.S. in Mental Health Counseling, and am a member of the American Counseling Association.

My dedication, creativity and experience are what I bring into each session. I am compassionate and respectful to each client and have a clear understanding of the process of change. We will work together using various techniques including person-centered approach, cognitive behavioral therapy, Dialectical Behavioral therapy and art therapy as dependent upon your needs. In each of these approaches, my clients are empowered to make better choices to achieve their goals.

I'm available most weekday evenings and on occasionally on Saturday. Because I work at Family Centered Services of Alaska, and due to the agency's policy, I cannot see clients or employees of Family Centered Services.

Are you or are any of your family members current clients or employees of Family Centered Services?

Yes or No

(This information is required by the Board of Professional Counselors, which regulates all licensed professional counselors. To reach the board by mail, please write the Department of Commerce, Community and Economic Development, Division of Occupational Licensing, P.O. Box 110806, Juneau, Alaska 99811. To reach the board by telephone call 907-465-2550.)

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Services and Pricing

Services and pricing are the following:

Services	Rate
Initial Assessment Session	\$175.00
Individual/Couples/Family Therapy:	
One hour	\$125.00
Half hour	\$62.50
One and a half hour	\$187.50
Group Therapy:	
One hour	\$60.00
Workshops:	
One hour	\$50.00 or less depending on workshop
Seminars	Priced Per. Seminar
Court Fees:	
For three hours or less	\$350.00
Any additional hour	\$125.00

As a courtesy, Fairbanks Billing Services, LLC will bill your insurance company for you. It is expected that you pay your co-pay at each counseling session. If your insurance has an unmet deductible, or denies payment based on such things as lack of medical necessity or my licensure, etc. all payments will be expected in full. I ask that every client authorize payment of medical benefits directly to Jennifer Danhauser, LPC.

If you miss an appointment you may be charged \$50 prior to being allowed to schedule further appointments. Any unpaid balance will be assessed finance charges after a three month period of time as allowable by the state of Alaska. In addition you will be charged \$25 for any returned checks. Any unpaid balances may be turned over to collections. If this is the case, you are responsible for any collection fee charged to collect the debt owed.

By signing below, I acknowledge that I have received a copy of Jennifer Danhauser, LPC Services and Pricing and understand the information provided.

Client Signature

Date

Jennifer Danhauser, LPC
Confidentiality

Client information shared with me is confidential, except in the following circumstances:

- Diagnosis, dates of services and other information as necessary will be shared with your insurance company to collect payments.
- Mandated reporting of abuse of children or adults.
- Threats of suicide or homicide
- Cases where you have signed a release of information
- Information necessary for consultation or peer review.
- Information released as outlined in the HIPAA Notice of Privacy Practice.
- Those required by law.

Your treatment program may be discussed with other professionals (other than those listed under Treatment in the Notice of Privacy Practices and Client Rights) and, if that occurs, your confidentiality will be maintained. Also your name and identity will be disclosed only in compliance with AS 08.29.200 of the Statutes and Regulations of Professional Counselors.

Emergency Situations

In case of an emergency outside of my normal business hours please contact:

- 1) Fairbanks Community Behavioral Health Center On-Call Service at 452-1575
- 2) Crisis Hot Line at 452-4357
- 3) The nearest emergency room
- 4) Call 911 for immediate emergency care.

Consent for Treatment of Minors

To treat minors under the age of 18, I must obtain a parent or guardians written permission. I/we consent that _____ may be treated as a client by Jennifer Danhauser, LPC.

Parent/Guardian Signature

Date

By signing below you acknowledge and accept conditions as outlined above in this Informed Consent/Disclosure Statement:

Client Signature

Date

Witness Signature

Date