

Novus Vita Counseling, Pllc

“An Integrated Approach to Mental Health”

Notice to Clients and Consent to Treatment Agreement

To Our Clients:

Board of Mental Health Practice regulations, including the Mental Health Bill of Rights, require all licensed mental health professionals to provide clients certain basic information. Novus Vita Counseling, PLLC is providing additional important information about our practice, and those in it's employment, for your review and agreement. Please read it carefully and discuss any questions you have before signing below.

Qualifications:

Our clinicians are licensed by the State of New Hampshire and are governed by the Code of Ethics of the professional association for which their license is held accountable. A copy of the code of Ethics for each license is available at all times by simply requesting to view these documents. Clinicians will provide information regarding training, qualifications and experience at the initial meeting upon request.

Mental Health Bill of Rights:

Pursuant to the New Hampshire Mental Health Bill of Rights, clients have certain rights. A copy of the Mental Health Bill of Rights is posted in the waiting area. Please review the bill of rights carefully and let us know if you have any questions.

Confidentiality / Privileged Communications:

Under New Hampshire law, communications between clients/patients and a licensed clinical therapist are privileged (confidential) and with only very specific exceptions may not be disclosed without the specific authorization of the client. Note that all therapists are mandated reporters and must report cases where a client states intent to harm themselves or others. Likewise children must be protected and any condition of harm to a child must be reported to the New Hampshire Division of Child Youth and Families.

There are other employees in this office, and they may see you as you enter or leave, or as in the case of the office manager hold responsibility for processing client billing information or scheduling appointments. While other members of Novus Vita Counseling, Pllc., may know of a

client's presence or some specific areas of a client's case, they are all professionals who have agreed to abide by the AMHCA code of ethics and so privileged communications and protections of professional boundaries (discussed below) are afforded in all cases.

Conflicts of Interest:

In the event that a conflict of interest is identified as defined by New Hampshire State law or the Code of Ethics of the American Mental Health Counselor's Association, the therapist may be required to refer the client for treatment by another counselor or in another facility. In such cases the client/patient will be made fully aware of the issues and reasons for the referral.

Professional Boundaries:

Therapists are always concerned with client confidentiality and professional boundaries. Your relationship with your therapist is a professional one and so no personal interaction shall take place and no relationship shall be formed outside the professional office environment.

Additional Services:

Your office visits begin and end with your scheduled session. Prolonged telecommunications, emails, court appearances, or any other need of the therapist's time will be billed at the prevailing rate. Many insurance carriers will not cover these additional costs, so note that the client/patient assumes all responsibility for these expenses.

Electronic Billing:

Some insurance companies require billing to occur online using a secure site. Other insurance companies may require paper and/or faxed copies of billing information. The client agrees to allow Novus Vita Counseling, PLLC. to bill their insurance provider in the format and/or process prescribed by that provider.

Availability:

Novus Vita Counseling has no after hours or emergency services available. In matters requiring care outside of normally scheduled visits, clients/patients should contact their local hospital emergency room.

Any questions should be addressed to your counselor or to the office manager. By signing this form you are stating that you have read and agree to the policies and procedures provided herein.

Name _____ Date _____