



Joan E. Tucker, MACC, LPCC-S, LISW Director

Olive Branch Counseling Center, LLC.

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INFORMATION AND CONSENT TO TREAT

As a client it is important that you are provided with information regarding treatment and confidentiality. Please feel free to ask any questions regarding this information.

The purpose of Olive Branch Counseling Center, LLC. is to provide clients with professional counseling to help them live fuller, healthier lives both individually and in their relationships. The goal is to work together to identify presenting problems and plan a course of treatment to resolve those problems and difficulties.

You will be working with Joan E. Tucker, MACC, LPCC who is a professional clinical counselor. Mrs. Tucker is also a licensed independent social worker. When necessary she will consult with of Linda D. Kelso, MA, LPCC-S, who has over 20 years of experience in the counseling profession.

You need to be aware of several circumstances where there are exceptions to confidentiality. The exceptions are in situations of harm to oneself (suicide) or others (homicide) and in cases of suspected child abuse and neglect. There are rare circumstances where the court may subpoena records in which the release of confidential materials may be required of your counselor.

The cost of services is \$120 per 45 minute session; Initial intake assessment is \$150. The fee will be collected at the beginning of sessions, and a receipt will be provided to clients. Insurance information will be obtained at your first session. Should you have a co-pay along with approved insurance, the therapist will submit documentation for re-imbusement. Should you be unable to pay the fee, a sliding scale will be used resulting in a negotiated fee, and your payment will be \$_____. The approximate number of sessions for treatment is generally 8-20; however, length of therapy will be mutually negotiated. This includes several assessment sessions, after which a treatment plan will be developed. It is important that you be consistent in attending sessions as scheduled in order to receive maximum benefit from counseling. Utilizing CBT (Cognitive Behavioral Therapy) as the primary therapeutic intervention, you will be given homework to do between visits, which will aide your personal helping progress. **When a mutual decision to terminate occurs, you will be asked to attend a final session to evaluate progress and future planning. Missed appointments and cancellations without 24 hour notice will be charged your full fee \$_____.**

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I HAVE READ AND ACCEPT THE ABOVE AGREEMENT:

Please Check: YES ___ NO ___

I HAVE BEEN INFORMED OF AND RECEIVED A COPY OF "THE NOTICE OF PRIVACY PRACTICES" OUTLINING MY RIGHTS REGARDING MY HEALTH INFORMATION

Please Check: YES ___ NO ___

E-MAIL SIGNATURE AREA:

OK to email _____@_____

Please Check: YES ___ NO ___

OK to Text _____ Please Check: YES ___ NO ___

(Disclaimer: electronic mail is not considered completely confidential)

Email and/or Text communication will be for the purposes of setting up appointments or forwarding information discussed in sessions. No clinical information will be communicated through these forms of communication. E-mails are checked weekdays after 6pm (Monday-Friday). E-mails will not be checked on weekends (Saturday and Sunday). Any e-mail sent after 6pm on Fridays will not be checked until after 6pm the following Monday. If you have an emergency, please call 911, go to the nearest emergency room, or contact Netcare Access at (614 276-2273). E-mails and any attachments are for the use of the addressee and may also contain privileged or confidential information.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Joan E. Tucker, MACC, LPCC is a Licensed Professional Clinical Counselor registered with The Counselor and Social Worker, Marriage and Family Therapist Board. The Board's address is 50 West Broad Street, Suite 1075, Columbus, Ohio 43215-5919. www.cswmft.ohio.gov
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