

Consent for Services

Welcome to Work in Progress Counseling, LLC. Before beginning therapy, please read this Consent for Services. Your therapist will review any questions you may have before treatment begins.

Therapy Process

Therapy is a collaborative process that requires your active participation. While many clients experience improved coping, relationships, and emotional well-being, no specific outcome can be guaranteed. Therapy may involve discussing difficult experiences or emotions.

Treatment begins with an intake assessment and the development of a treatment plan that includes your goals, recommended services, and frequency of sessions. Your treatment plan may change as your needs evolve. You may discontinue therapy at any time, and your provider may also recommend ending services when clinically appropriate or if treatment is no longer effective.

Telehealth

Telehealth services require a private location, reliable internet access, and a device with audio and video capabilities. While telehealth offers convenience and accessibility, technology failures or privacy risks may occur. Your provider will discuss appropriate procedures if technical difficulties or emergencies arise.

Confidentiality

Your information is confidential except as permitted or required by law. Examples include situations involving imminent risk of harm to yourself or others, suspected abuse or neglect, court orders, or when coordination of care with other healthcare providers is necessary. Your provider will discuss the limits of confidentiality with you.

Records

Your clinical record is maintained securely in our electronic health record system.

Appointments and Cancellation Policy

A minimum of **48 hours' notice** is required to cancel or reschedule an appointment.

Cancellations with less than 48 hours' notice incur a **\$50 late cancellation fee**.

Arriving more than 15 minutes late or failing to attend your appointment is considered a **no-show**.

No-show fees are **\$145 for individual sessions** and **\$200 for couples sessions**.

Two or more no-shows or a pattern of frequent cancellations may result in discharge from services.

Appointment reminders are sent as a courtesy but do not replace your responsibility to keep scheduled appointments.

Fees and Payment

Payment is due at the time services are provided. If using insurance, a mental health diagnosis is required for billing. You are responsible for understanding your insurance benefits and any financial responsibility not covered by your insurance.

Communication

Email and text messaging are not secure forms of communication and should not be used for emergencies or sensitive clinical information. Your provider will discuss appropriate methods of communication with you.

Questions or Concerns

If you have questions about your treatment or concerns regarding your provider, please discuss them with your provider. You also have the right to contact the appropriate licensing board or other regulatory agency.

Consent

By signing below, you acknowledge that you have read this Consent for Services, had the opportunity to ask questions, understand the information provided, and voluntarily consent to receive behavioral health services from Work in Progress Counseling, LLC.

Acknowledgment

My signature on this document represents that I have received the Consent for Services form and that I understand and agree to the information therein. Further, I consent to use an electronic signature to acknowledge this agreement.

Signed By: