



The purpose of this informed consent is to provide information on the benefits and risks of engaging in clinical mental health counseling. Blue Lotus Mental Health Counseling PLLC (BLMHC) strives to provide the highest quality therapeutic, mental health counseling services that maximizes benefits and minimizes risks.

PURPOSE OF MENTAL HEALTH COUNSELING: The purpose of mental health counseling is to explore the areas of client/couple/family's (herein referred to only as "client") life that are problematic or could use improvement. This may include troubling thoughts, feeling, patterns, behaviors, past experiences, and/or traumatic events. Mental health clinician/treatment team (herein referred to as "clinician") will always treat clients/couples/families with respect and empathy and will seek to assist client with finding balance and peace in their life. How much a client will get out of mental health counseling will depend on how much they put into it. Client will be asked to discuss thoughts, feelings, patterns, behaviors, and past experiences, which may be difficult and emotional at times. Client understands that my clinician will ask questions, listen, and suggest a plan for improving these problems, issues or challenges. It is essential that client is open and honest and feel comfortable discussing issues that are bothering him/her/them. Together, clinician and client will develop therapeutic goals. Client may be asked to complete practices or between session assignments, which will assist in achieving therapeutic goals. Client is aware that clinician will gauge progress and discuss progress and can provide an estimated length of treatment, if requested. If clinician feels that she/he/they can no longer assist the client in his/her/their therapeutic work, clinician are obligated to inform client of this determination, and will make efforts to refer client to another provider with the needed expertise.

LIMITS OF CONFIDENTIALITY: The contents of the therapeutic session are confidential. However, there are some limits of confidentiality as dictated by the Mandated Reporter requirement. When there is risk of imminent danger to client or to another person, clinician is required to take necessary steps to attempt to mitigate or prevent such danger. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse or is being neglected, clinician is legally required to take steps to attempt to protect the child or elder, by informing the proper authorities (e.g. Child Protective Services, Adult Protective Services, law enforcement, Department of Social Services etc.). When clinician feels that client is doing things that could cause harm to him/her/their self or someone else, she/he/they will use professional judgment to decide what notifications need to take place. When a valid court order is issued for production of medical records, clinician is bound by law to comply with such requests. If client is under 18 years of age, clinician will provide general updates to the parent/legal guardian when necessary or requested but will keep the non-safety compromising details of the therapeutic sessions confidential.

Supervision, Consultation & Continuing Education: There may be times when clinician consults with other professionals regarding issues/content areas that client shares in session. During these professional consultations, clinician will not give away any intentionally identifying information in an attempt to protect the identity of the client. Ongoing consultation and supervision is an important part of client/treatment team's continuing education. Clinician will not release information to outside parties or professionals (e.g. schools, teachers, hospitals, clinicians, clinicians, doctors, psychiatrists etc.) unless there is a signed authorization form on file. However, in emergency situations, release of health protected information may occur without consent, at the professional discretion of clinician in the best interest of client.

Record-Keeping: Client understands that clinician is required to engage in record-keeping. These records can be subpoenaed by a court, in which case, clinician would be required to produce them. Client can request records; however, clinician can deny this request if she/he/they felt that doing so would cause harm. If working with a new professional, requests for release of records should be authorized for release directly to the new treating professional.

Release of Information to Insurance, Consultants, and/or Contractors: Client certifies that all of the information provided is accurate, to the best of their knowledge. Client and, if applicable, parents/guardians understand that it is the client's responsibility to provide only accurate and updated information to the clinician at all times and that information contained herein and in sessions may be used for diagnostic and treatment planning purposes and may be shared with insurance companies, billing consultants or contractors and consultants or employees for medical record, supervision, billing, reimbursement and treatment planning purposes.

TRAINING & EXPERTISE: Dr. Jennifer D'Agostino holds a Doctor of Philosophy in Mental Health Counseling, Master's degree in Mental Health Counseling, and a Bachelor of Arts degree in Psychology and Political Science. Dr. D'Agostino is a NY State Licensed Mental Health Counselor, a Board-Certified National Certified Counselor and a Credentialed Alcohol and Substance Abuse Counselor. Dr. D'Agostino specializes in working with adolescents, couples and families and treats emotional disorders, trauma, and a variety of persistent mental health challenges.



THERAPEUTIC RELATIONSHIP: A healthy therapeutic relationship with appropriate boundaries is essential for positive growth and change. For that reason, clinician will not engage in friendships, contractual relationships, or solicitations with her/his/their clients. Since clinician must maintain strict confidentiality, she/he/they will not acknowledge clients if encountered in public; however, clients are always welcome to acknowledge their clinician.

FEES AND CANCELLATION POLICY: Payment is due in full at the time of service. Currently, the cost of a 45-minute individual session with Dr. D’Agostino is \$225. If BLMHC has a contract with your insurance provider, there may be at a different contractual rate. Client is responsible for any amount not covered by insurance. Higher rates apply for longer sessions, family sessions, couples sessions, equine-assisted therapy counseling sessions and collaborative sessions with other professionals. Rates are subject to change at any time. Payment can be made in the form of Zelle Pay to email bluelotusMHC@gmail.com, Venmo (@Jennifer-DAgostino-1), cash or check. **If client needs to cancel a session for any reason, they must do so with at least 24 hours’ notice, otherwise they will be charged for the full cost of the session which is not covered by insurance.** This is a necessary measure since cancellations made within 24 hours do not allow for sufficient time to schedule the cancelled appointment with another client. BLMHC maintains the right to seek payment for unpaid amounts owed through legal action and collection agencies.

PHONE CALLS, CONSULTATIONS/WRITTEN CORRESPONDENCE/APPEARANCES: If during the course of treatment or after termination, client or outside party needs a written report/correspondence, phone call/consultation, court appearance, testimony, deposition, coordination of information or services etc. with clinician or administrative staff or consultants, client will need to compensate clinician for her/his/their time on a prorated basis based on the above session rate.

TERMINATION: Client has the right to terminate treatment at any time. If client decides to terminate treatment, it is helpful to share with clinician the intent to terminate, and the reason why.

ANIMAL-ASSISTED THERAPY: Animal-Assisted Therapy (AAT) is an interactive form of therapy that partners with a variety of animals such as dogs, horses, donkeys, cats, pigs, birds, hamsters, rats, guinea pigs etc. to provide goal-directed interventions to individuals, couples and families of all ages. AAT is incorporated in treatment for various types of psychological, emotional, developmental, cognitive, motivational, mental health and/or physical impairments. Currently, Dr. D’Agostino has three certified therapy dogs. Champ, a rescue pit bull is a certified therapy dog through Therapy Dogs International and Canine Good Citizen since 2012. Jacques, a rescue West Highland White Terrier “Westie” has been certified since 2018. Mac, a rescue pit bull mix, has been certified since 2019. Despite the good nature, certification, vaccinations and regular veterinary check-ups there are still some potential risks when working with animals such as, but not limited to zoonotic disease transmission, accidental scratches, bites, or injuries. If you are fearful or allergic to any animals, you should let your clinician know immediately so that proper considerations or referral to another provider can be made. Client understands that clinician may include other animals who are in training to become certified to assist in determining if they are suitable and enjoy this work. Signing below acknowledges that you have read this form in its entirety and understand the potential benefits and risks of including therapy animals who are certified and/or in training in your sessions and assume full liability in the event of an injury or accident.

Signing below indicates that client has read and understands all of information contained in this informed consent and agrees to participate in the evaluation, assessment, and treatment offered and understands the potential risks and benefits of treatment and agrees to hold harmless Blue Lotus Mental Health PLLC, its staff and consultants. Client understands that she/he/they may stop treatment at any time and can ask any questions that arise as she/he/they progress with therapy at any time.

Print Client Name: _____

Client Signature: _____ **Date:** _____

If client is under the age of 18, Print Parent/Guardian Name(s): _____

Parent/Guardian Signature(s): _____ **Date:** _____