



STILLPOINT SERVICES, INC.

Rachael Macy Smith, MS, LPC
Gordon D. Smith, MS, LPC

Consent for Services

Gordon D. Smith and Rachael M. Smith are individual practitioners who do business as Stillpoint Services. Gordon and Rachael share resources and space with the group known as Looking Glass Center for Counseling and Psychiatry. All communication, counseling, and reimbursement will be between you and Stillpoint Services.

Stillpoint Services is dedicated to serving diverse communities by providing affordable, comprehensive, and personalized counseling.

The information shared in our sessions is confidential, shared only by therapist, client, and peer supervision team. State and federal laws, as well as professional and ethical standards protect your right to confidentiality. The following exceptions require counselors to breach this right: 1) Stated intention to harm yourself or others; 2) reported abuse or neglect of a child or elderly person; 3) a court ordered disclosure. 4) If a third party, such as an insurance company, is paying for part of your fee 5) If there is a medical emergency your counselor may share information necessary to help with the emergency. **Medicaid requires that an MD sign an order to provide services. By signing this consent, you give your permission for Psychiatrist, Dr. Pamela Lowe, to authorize services.

Gordon and Rachael use different counseling approaches with different people, working to find the best fit for our clients. However, our aims and goals are the same: The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This purpose is accomplished by:

1. Increasing personal awareness and learning/exercising new skills.
2. Increasing personal responsibility and acceptance to make changes necessary to attain your goals.
3. Identifying personal treatment goals.
4. Promoting wholeness through psychological and spiritual healing and growth.

You are responsible for providing necessary information to get the most effective treatment and are expected to play an active role in your sessions, including working with your therapist to outline your treatment goals and assess your progress. You may be asked to complete questionnaires or to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

The process of therapy requires a commitment to openness and honesty. It also requires a commitment simply to show up. Gordon and Rachael have the following policy regarding attendance – All clients are expected to contact their therapist at least 24 hours in advance of needing to cancel or reschedule any appointment. The first no-show or late cancellation is considered a grace period. Stuff happens. The second

incident will result in a \$50 fee. The third incident will result in a \$50 fee and possible referral to another therapist.

Sessions are approximately 50 minutes in duration. The number of sessions will be determined by your commitment and movement towards the goals you set for yourself. In the case you are using insurance to help pay for your counseling, then your insurance may have restrictions regarding the number of allowable sessions. All clients are asked to contact their insurance companies to determine exactly what is expected of them regarding co-pays and initial authorization for services. Clients are generally seen weekly or more/less frequently as need dictates and as you and your therapist agree. You may discontinue treatment at any time, but please discuss any decisions with your therapist. Stillpoint Services provides only non-emergency therapeutic services and does not provide 24/7 crisis coverage. In the event of an emergency, please call your primary care physician or the local emergency room, or a crisis hotline:

Ph# _____.

We accept many insurances. Our self-pay fees are based on a sliding scale ranging from \$50 – full fee per clinical hour. Fees are payable at the conclusion of each session unless negotiated differently by client and therapist.

Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, therapist, or any office policy please inform us immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also contact NC Board of Licensed Professional Counselors at:

P.O. Box 1369, Garner, NC, 27529, Ph: 919 - 661 - 0820.

Consent for Treatment

By signing below, you are stating that you have read and understood this statement and you have had your questions answered to your satisfaction.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or treatment. I understand that I may withdraw from treatment at any time.

Signature: _____ Date: _____