



**AUTHENTIC**  
THERAPY SERVICES LLC

## Informed Consent to Treatment Services

Welcome to Authentic Therapy Services, LLC. This document contains important information about our professional services and business policies. While admittedly lengthy and detailed, it is of critical importance that you read and understand the contents therein to ensure you receive the best care possible. Your signature represents a key agreement in our working relationship, but please know questions or concerns are welcome and will be readily addressed at any time.

### **Professional Background**

Jenn Sevier (she/they), LPC, LCPC obtained their Master's degree in Counseling Psychology from Loyola University Maryland and is licensed in both Pennsylvania (PC011375) and Maryland (LC4572), in addition to their status as a Maryland Board Approved Supervisor for Master's level clinicians in training. They hold active certifications as a Clinical Anxiety Treatment Professional (CCATP), Clinical Telemental Health Provider (CTMH), and Autism Spectrum Disorder Clinical Specialist (ASDCS). Therapy services are provided from a Person-Centered, Neurodiversity and LGBTQIA-affirming approach within an individually-based virtual counseling setting.

### **Psychotherapy**

Psychotherapy has been shown to have a myriad of benefits, including improved relationships with one's self and others as well as alleviation of distress related to the clinical challenges that prompted you to seek professional help. However, there are no guarantees regarding what you will experience, and because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. Clinical judgment will always be exercised to ensure the emotional risks of therapy are kept to a minimum.

### **Contact Information**

Clients can contact our offices through multiple secure methods, based on their personal preferences and communication needs.

- Email (encrypted): [info@authentictherapyservices.com](mailto:info@authentictherapyservices.com)
- Phone (HIPAA-compliant calls, SMS messaging, voicemail): (717) 819-9500
- SimplePractice Secure Client Portal (established clients only)

Due to the nature of client sessions in addition to times outside of the office, providers are not always readily available to answer phone calls. Voicemail messages can be left securely, and all efforts will be made to return phone calls within 24-48 hours.



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### **Appointments and Cancellations**

Appointments are generally 50 minutes in duration with weekly to biweekly frequency. Your appointment time is reserved for you and you alone. I will wait 15 minutes past our agreed upon appointment start time for you to arrive (knowing that life has a way of happening despite our best efforts and intentions). However, please understand that our session will still need to end at the same time out of respect for other clients.

If you need to cancel or reschedule a session, please provide at least 24 hours notice via email, phone, secure SMS messaging, or your Client Portal. The full session fee of \$100 will be collected for any late cancels or no-shows that are not rescheduled and attended within one week of the missed appointment. This fee will be waived for all first time incidents, in addition to situations we agree were unavoidable and emergent in nature.

### **Professional Fees, Billing, and Payments**

Our hourly fees are \$150 for initial intake evaluations and \$100 for subsequent therapy sessions. Clients are responsible for providing payment at the time of service, unless other arrangements have been made with Jenn Sevier, LPC, LCPC. Payments are processed securely through SimplePractice via credit, debit, or HSA cards on file via Stripe.

In addition to appointments, hourly fees may be applied on a prorated basis for professional services such as report writing, telephone conversations lasting longer than 15 minutes, attendance at consultations or meetings (that you have requested), or performance of any other needed services. These charges will never be applied without your verbalized understanding and consent.

### **Out of Network Benefits**

As noted in the Insurance and Service Rates consent form, Authentic Therapy Services, LLC does not directly participate with any insurance companies. Given our work with neurodivergent, LGBTQIA+, and other minority communities, providing out-of-pocket services allows us to minimize the risk of harm. However, ATS is readily prepared to offer monthly documentation (known as "superbills") for clients to submit to their insurance for reimbursement of Out of Network services. Eligibility for out of network benefits (and reimbursement amounts) will vary based on your specific insurance company and selected plan.

*Be advised that any insurance company involvement will require disclosure of a diagnosis and the nature of services provided. Some insurance companies will additionally request clinical information such as treatment plans and progress summaries. Please consider the implications of these required disclosures for your unique privacy needs in deciding whether to request Out of Network reimbursements.*



## **Confidentiality**

Information regarding rights to confidentiality and privacy practices are fully described in separate documents entitled Notice of Privacy Practices Agreement and Telehealth Consent Form. Please review these documents to ensure full understanding of your rights as a patient.

As outlined in the Notice of Privacy Practices, there are specific limits to confidentiality as a result of federal and state laws, in addition to ethical standards of practice for licensed healthcare professionals. Disclosures without consent must be made for the following::

- **Child Abuse or Neglect:** If we have reasonable cause to suspect a person under the age of 18 has been the victim of child abuse, we are required to submit a report to a state or local agency that is authorized by law to receive reports of child abuse or neglect. We are required to make a report even if we do not see the child in our professional capacity, and even if the identified victim is no longer in danger.
- **Elder or Vulnerable Adult Abuse:** If we have reasonable cause to suspect an older or vulnerable adult is subject to abuse, neglect, exploitation, or abandonment), we are required to submit a report to state or local protective service agencies.
- **Serious Threat to Health or Safety:** If you express a serious threat or intent to kill or seriously harm yourself, a readily identifiable individual, or a group of people, we must take reasonable measures to protect you and/or the public. These disclosures will only be made to authorities or individuals able to help prevent or lessen the threat, and may include directly contacting a potential victim.
- **Judicial or Administrative Proceedings:** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order, or similar process. Your PHI is privileged under state law, and will not be released without consent or a court order.
- **Emergencies:** We may use or disclose your PHI in an emergency treatment situation when use and disclosure is necessary to prevent serious risk of bodily harm or death to you.

Additionally, there may be occasions when consultations with other professionals in their areas of expertise will be needed in order to provide the best treatment for you. Information shared in this context will not include your name or any other identifying details.

## **Internet and Social Media**

Providers acknowledge ownership of accounts across a variety of platforms (i.e. Facebook, Twitter, Instagram) that are used in both personal and professional capacities. Friend or contact requests from current or former clients are not accepted on any social networking site, in order to avoid any compromise to confidentiality and to protect the boundaries of the



therapeutic relationship. Similarly, providers will not search for or view client's online content, outside of anything a client wants to share within the privacy of their therapy hour.

### **Business Review Sites**

You may find our practice on sites that list businesses and request provider ratings or reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. Please know that these listings are **not** a request for reviews, as the American Counseling Association's Ethics Code prohibits clinicians from requesting testimonials for marketing purposes. While you have a right to express yourself on any site you wish, due to confidentiality we cannot respond to any review on any of these sites whether it is positive or negative. If you do choose to write something on a business review site, please keep in mind that you may be sharing personally revealing information in a public forum. If you feel your therapist has done something harmful or unethical, and you do not feel comfortable discussing it with your therapist directly, you can always contact the 1) Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors, or 2) Maryland Board of Professional Counselors and Therapists as indicated to express your concerns.

### **Record Keeping**

Electronic health records will be maintained using the HIPAA compliant program **Simple Practice**. Any and all written record documents (if applicable) will be maintained in a locked file cabinet strictly accessible by the therapist to ensure confidentiality. Client records will be maintained for at least five years following the last date of service rendered.

### **Emergency Procedures**

Due to the nature of both telehealth and outpatient practice, your therapist is not able to provide crisis-based or urgent mental health services, including needs for immediate triage to a higher level of care.

In the event of a clinical emergency, clients agree to contact their local emergency room, crisis response service, or call 911.

- Pennsylvania residents experiencing a mental health crisis can dial 211 or text their zip code to 211 to receive contact information for their specific county crisis response services. Additionally, there is the Support and Referral Helpline – a 24/7 listening and referral service for all Pennsylvania residents providing, screening, assessment, and intervention services – that can be reached via phone at 1-855-284-2494 (TTY 724-631-5600).
- Maryland residents experiencing a mental health crisis can receive 24/7 statewide crisis intervention and supportive counseling services via the Maryland Crisis Hotline at 1-800-422-0009.



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**I accept, understand, and agree to abide by the terms of this agreement in consenting to participate in evaluation and/or therapy services, and acknowledge that I retain the right to withdraw from therapy at any time.**

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Client Name (Printed)

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Client Signature

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Date