MOKSCARE

Facility Informed Consent for Psychotherapy

Please read through the following Informed Consent for Psychotherapy agreement. What follows is a basic understanding between the client and his/her Mokscare therapist. The following outlines the therapist's responsibilities and the expectations of the client.

This document contains important information regarding Mokscare's professional services and business policies. Please ensure that you, the client, fully understand and agree to all the terms before signing the informed consent. If the client has any questions or needs clarification, Mokscare encourages him/her to bring this form and his/her question(s) to the next session. By signing this document the client acknowledges his/her agreement to the terms outlined.

Psychotherapy

Voluntary Participation

All clients voluntarily agree to treatment, and accordingly may terminate at any time. Given the significant investment of time, energy, and financial resources involved in therapy, it is important to carefully consider the therapist chosen by the client. During the initial sessions, the client will have the opportunity to assess whether the therapist is a good fit for his/her needs. If, at any point, the client feels that the therapeutic relationship is not meeting his/her needs, the therapist will support him/her in finding a more suitable therapist.

Client Involvement

Therapy calls for an active effort on the client's part; in order for therapy to be most beneficial, the client is encouraged to work on things talked about both during the sessions and on his/her own time.

Therapist Involvement

The therapist will be fully prepared and present (unless an emergency arises) and will provide attentive, supportive guidance throughout the client's therapeutic process. The therapist is committed to helping the client achieve greater self-awareness and work collaboratively with him/her to address and resolve any challenges he/she may be facing.

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Guarantees

It is important to note that while some people find success in therapy, others may not. Accordingly, the therapist makes no guarantee of results. Nevertheless, the therapist is committed to working with the client and offering guidance throughout his/her healing process to help him/her accomplish his/her personal goals.

Risks of Therapy

Similar to how medications can lead to unexpected side effects, therapy can sometimes bring up painful memories, provoke changes in your life, or elicit uncomfortable emotions such as sadness, guilt, anger, frustration, loneliness, or helplessness. In some cases, the intensity of these feelings may temporarily increase during the course of therapy, and, in rare instances, may require more intensive care, such as hospitalization. Additionally, throughout the therapeutic process, it is not uncommon for clients to experience a sense of change or transformation, which may lead to feelings of unfamiliarity or discomfort. As the client progresses, he/she may notice that he/she no longer feel like the same person he/she was when therapy began, and this shift can sometimes be unsettling. It is important to remember that such feelings are a natural part of growth and change.

Credentials and Qualifications

Therapists at Mokscare Psychiatry and Family Medicine hold a variety of degrees in the field of psychology such as: Masters or Doctoral Degrees in Psychology, Licensed Marriage and Family Therapist, Psychiatry, or Licensed Specialist Clinical Social Worker/Licensed Clinical Social Worker. In each case the clinician is licensed by the state of Kansas and/or Missouri to provide psychotherapy or the practice of medicine, based on his/her training and education.

Treatment Protocol

The therapist may use a number of different treatment approaches and strategies. The client understands that if at any time during the course of treatment he/she has any questions regarding the process, purpose, or procedure being used, that he/she is encouraged to request clarification immediately.

The client acknowledges that he/she may be offered Eye Movement Desensitization and Reprocessing (EMDR) as a treatment approach. The client understands that EMDR is a research-supported method that has been shown to be effective for a variety of concerns, with ongoing research further validating its use. The client is encouraged to seek additional information about EMDR from his/her clinician or other trusted sources to make an informed decision. The client

understands that participation in EMDR, or any other treatment approach, is entirely voluntary, and he/she has the right to choose whether to engage in or continue with this therapy.

Boundaries and Confidentiality

Maintaining clear and professional boundaries is essential for creating a safe and effective therapeutic environment. Therapy sessions are focused on the client's treatment and well-being. Therefore, the therapist will maintain strict professional boundaries and will not engage in any personal relationships outside of the therapeutic context. Communication outside of scheduled sessions will be limited to necessary, professional matter. For emergencies, the client should contact his/her treatment team at his/her healthcare facility and/or the appropriate crisis resources which are listed in this document under *Emergency*.

To ensure the highest quality of care, the therapist will share relevant information with the client's treatment team at the healthcare facility in which the client resides. The information and content shared in therapy will remain confidential, except as noted above and in the next section: *Exceptions to Confidentiality and Privilege*.

Exceptions to Confidentiality and Privilege

Therapy is confidential, with exceptions as required by Kansas law, including but not limited to:

- Suspected abuse or neglect of children, elders, or vulnerable adults.
- Threats of harm to self or others.
- Court orders or subpoenas.
- Disclosures necessary for billing or insurance purposes.

Health Insurance

The client is aware that most insurance companies require Mokscare to provide them with a clinical diagnosis for benefits to pay for services. At times, Mokscare clinicians are required to provide additional clinical information from the medical record. Although insurance companies claim to keep such information confidential, Mokscare and the clinicians have no control over what the insurance companies do with said information. It is important to remember that the client always has the right to pay out-of-pocket for services to avoid issues related to the above. The client is responsible to inform Mokscare of changes in their financial status, insurance, or medical assistance eligibility. Without proper advanced notice, the client may be responsible for charges incurred if their coverage has changed and/or lapsed.

Billing and Payments

The client will be expected to pay for each session prior to any services received. If utilizing health insurance, the client will be expected to provide any deductible or co-payments prior to

the session. The client understands full payment of fees is his/her responsibility. Therefore, it is important that the client understands what his/her health insurance plan covers.

Copays & Co-insurance

The signature below acknowledges that the client understands and agrees to be responsible for any applicable copayments. If the client is utilizing health insurance benefits, he/she recognizes that he/she is responsible for any amounts not covered by his/her insurance plan.

Account Balance Maximum

If the client's account reaches an outstanding balance of $500 and no payments have been made or received toward the account, additional counseling services will be suspended. Services will remain suspended until the client begins making payments toward their account. If no payments are made, services will remain suspended and/or clients may be referred to alternate providers for services.

Collections

If the client's account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Mokscare retains the right to use legal means to secure payment. This may involve engaging a collection agency or pursuing resolution through small claims court. In most collection situations, the only information released regarding the client's treatment is his/her name, the nature of the services provided, and/or the amount due. Accounts turned over to collections may be subject to future requirements such as providing a retainer for future services.

Technology and AI in Clinical Care

As part of Mokscare's commitment to delivering high-quality care, the therapist may incorporate AI-based tools or technologies into the treatment process. These tools are intended to support clinical decision-making, enhance therapeutic outcomes, and streamline administrative procedures. Rest assured that any data collected through AI systems will be managed in strict accordance with confidentiality and privacy regulations. The use of AI will complement, not replace, the direct therapeutic relationship and the professional judgment of the therapist, serving as an additional resource to support your care. Should the client have any questions or concerns regarding the use of AI in your treatment, please feel free to address them with the therapist at any time.

By signing this informed consent, the client acknowledges that he/she has been informed of the potential use of AI in his/her treatment and the client agrees to its use as outlined.

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Emergency
In the event of a mental health emergency, the client, his/her guardian, or his/her Durable Power of Attorney (DPOA) should contact local emergency services, the crisis hotline, or visit the nearest emergency room. The therapist's availability outside scheduled sessions will be limited.

Crisis Hotline: 988
Emergency Services : 911

Consent
By signing this document, the client, guardian, or their DPOA agrees to the terms outlined above. This consent remains valid for the duration of therapy unless withdrawn in writing.

Acknowledgment
I, the undersigned, have read and understood this Informed Consent for therapy. I agree to abide by its terms and give my consent for therapeutic services as the client.

Client Information:
Name: _____
Date of Birth: _____

Client/Parent/Guardian Signature: _____
Date: _____

DPOA Information (if applicable):
Name: _____
Relationship to Client: _____

Signature: _____
Date: _____

Therapist Information:
Name: _____

Signature: _____
Date: _____