**Melissa Koch, MA, LPC**

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**PRACTICE POLICIES AND INFORMED CONSENT FOR COUNSELING SERVICES**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SERVICES AND STAFF:** Melissa Koch, MA, LPC is a licensed professional counselor in the state of Missouri. Ms. Koch practices, individual, couples, family, and group counseling with adults and adolescents. Ms. Koch is a member of the American Counseling Association.

**APPOINTMENTS:** Individual sessions are 50 minutes; families may be 50-80 minutes; group sessions may be 90-120 minutes. If Ms. Koch is late to an appointment, the complete 50 minutes will be allowed. If the client is late, the appointment will end at the scheduled time.

**WAITING ROOM:** You are asked to remain in the waiting room until your counselor comes to greet you. Please note: Children are not to be left unattended in the waiting room.

**CANCELLATION POLICY:** Cooperation and courtesy are important to the therapeutic process. When you schedule an appointment, that time is reserved for you. It is your responsibility to schedule and cancel appointments. If you fail to appear for the scheduled appointment, or fail to give 24-hour notice of your cancellation, you will be changed a **cancellation fee equal to your normal session fee.**

**PROFESSIONAL FEES:** Session fees are $100.00 per 50-minute session for individuals and $140.00 per 80 minute sessions for families. Ms. Koch will provide at least 30 days’ notice before any fee increase. *If the fee represents a financial hardship for you, please discuss this with Ms. Koch.*

Session payments are expected at the time services are rendered (at the end of each session). Acceptable forms of payment are cash, check, and credit card. **Checks are to be made payable to: Melissa Koch, LPC.** If a check is returned for any reason I agree to replace the payment and return any check fees incurred by Melissa Koch, LPC.

**Insurance:** At this time, Ms. Koch is not a member of any health insurance plans or panels. If requested, Ms. Koch will supply you with an invoice for services and standard forms with diagnostic and procedure codes for billing purposes, including the times/dates of appointments, fees, and payments made.

**LEGAL PROCEEDINGS:** If you become involved in legal proceedings that require Ms. Koch’s participation, you will be expected to pay for her professional time, including preparation and transportation, even if she is called to testify by another party. Due to the extensive time investment of legal involvement, Ms. Koch charges $200 per hour for preparation, transportation to, and attendance at any legal proceeding. This fee will be charged from when the therapist leaves her residence, the duration of court proceedings and until the time the therapist returns to her residence. You will be required to pay the estimated fee prior to the court date. Any amount collected in excess of the actual time spent will be refunded to you.

**CONFIDENTIALITY:** Confidentiality is the foundation for counseling. Developing trust and confidence in those who listen and help you is paramount to a successful therapeutic experience. All communications between client and therapist are considered confidential except where legal demands take precedence. No information will be released without your written consent unless mandated by law. In these cases, Ms. Koch will only release information that is necessary to appropriately carry out her legal responsibilities.

**Exceptions to Confidentiality:**

1. If there is good reason to suspect, or evidence, that you may **present a danger to yourself or others**, legal and ethical standards require that steps be taken to ensure the safety of those in danger. Most of the time, this can be done within the privacy of the office; however, the potential victim, or even the police must be notified.
2. If there is good reason to suspect, or evidence of, **abuse and/or neglect toward children or dependent adults**. Missouri Law requires therapists to report any suspected cases of child abuse to the Division of Family Services.
3. In response to a **court subpoena/order**.

**PRIVACY:** Ms. Koch may offer outdoor or telephonic sessions. I am advised that these forms of communication are not HIPAA compliant, which means that these methods of contact and counseling do not protect my privacy. I understand that it is my right to reject such services. I am advised that Ms. Koch keeps a Facebook, Twitter handle, and Instagram accounts. Due to the nature of the therapeutic relationship, I understand that Ms. Koch cannot “follow” or “friend” me, nor “like” my posts. I understand that her failure to “follow” or “friend” or “like” me via social media is not reflective of her perception of me, but of laws and professional ethics.

**EMERGENCY CONTACT:** Emergencies are urgent issues requiring immediate action. While Ms. Koch is usually accessible during normal business hours, she does not answer the phone when she is with a client. If you are experiencing an emergency, go to the nearest Emergency Room, call 911, or call Behavioral Health Response (314-469-6644).

**NON-EMERGENT CONTACT:**

**Phone**: Calls to Ms. Koch’s main office (314-328-9228) are generally answered by voicemail. You may leave a message on her voicemail at any time, and your call will be returned as soon as possible within 24 hour (except for weekends) of receiving it. Ms. Koch will make every attempt to inform you in advance of any planned absences and provide you with a name and phone number of the therapist covering her practice. For the main office number, Ms. Koch uses Google Voice and receives an electronic transcript of all phone messages. If you have concerns about Google’s privacy policy (<https://www.google.com/policies/privacy/>) or would otherwise prefer not to communicate with her through that service, Ms. Koch would be happy to provide you with a number that does not go through Google Voice.

**Electronic contact (email/text):** You are cautioned that when communicating through email, text-message, or other electronic means, confidentiality and/or privacy cannot be guaranteed. Communication through these avenues should be limited to scheduling/administrative matters. Email/text communication is not to be used to provide/receive treatment services or take the place of therapy sessions.

**RISKS AND BENEFITS OF THERAPY:** Therapy has both benefits and risks. **Risks** sometimes include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness. Discussing unpleasant aspects of your life is often necessary in therapy. The therapeutic process often involves change (or at least considering change), which may feel threatening not only to you, but also to others close to you. **However**, therapy has been shown to have **benefits** for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills of managing stress, and resolutions to specific problems. But, there is no guarantees about what will happen. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things that are discussed outside of sessions.

**TERMINATION**: Ending a therapeutic relationship can be difficult. It is important to have a termination process in order to achieve some closure. Ms. Koch may terminate treatment after appropriate discussion if I determine that the psychotherapy is not being effectively used or if you are in default on payment.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

**REFERRALS:** If Ms. Koch believes that your concerns are beyond her scope of competence, you will be given referrals to resources more appropriate to your needs and goals. If Ms. Koch’s services are abused or misused in any manner (i.e. noncompliance with treatment, frequent missed appointments, delinquent payment, etc.), Ms. Koch reserves the right to deny treatment and appropriate referrals will be given.

**THERAPIST’S INCAPACITY OR DEATH**

In the event that Ms. Koch, LPC is unable to continue facilitating therapy sessions, due to an illness, death, or other emergency situation, it will be necessary for another mental health professional to take possession of her files, records, and access to my contact and treatment information. Ms. Koch gives permission to allow Julie Mattingly, LPC to take possession of her files and records. I am aware that I can request portions of, or my entire file be transferred to a mental health professional of my choosing.

**I CONSENT TO THE POLICIES ND PROCEDURES PUT FORTH BY THIS DOCUMENT. I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THIS INFORMATION.**

Client/Guardian signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HAVE DISCUSSED THIS INFORMATION WITH MY CLIENT:**

Counselor signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_