Welcome to Abounding Grace Counseling, LLC and thank you for choosing me, Lauren Queen, MA, LPC, LCPC to be your counselor. Counseling is a professional relationship, but one that engages personal connection and vulnerability based on earned trust. It is an honor to work with you, and I am looking forward to beginning this process with you! A therapeutic relationship is unique in that it is highly personal, yet also a contractual agreement. As such, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect. This Informed Consent for Psychotherapy document supersedes all prior versions of the Informed Consent for Psychotherapy document. Please read and indicate that you have reviewed, understand, and agree to this information by signing and dating each page of this document.

The Therapeutic Process

You have taken a very positive step by seeking therapy; the potential benefits are numerous! My goal is to get to know you and the areas in your life you feel are no longer working for you. I then seek to collaborate with you to improve these areas while providing a safe atmosphere to do so. The outcome of your treatment largely depends on your willingness to engage in this process, which may at times result in considerable discomfort. Processing unpleasant events can bring on strong emotions. A situation may become more difficult before improvement is noticed; please speak with me about any concerns that arise. While I cannot promise any particular outcome from a therapeutic relationship or that your behavior or circumstances will change, I will do my very best to understand, equip, and support you in the therapeutic process.

Philosophy of Counseling

While I employ different counseling techniques/theories throughout counseling based on each client's needs, I lean heavily on Client-Centered and Eye Movement Desensitization & Reprocessing (EMDR) Therapy principles and practices. You will be encouraged toward exploration and growth, appropriately challenged about unhealthy thoughts and behavioral patterns, and be supported toward positive change and healthy decision-making. For clients who are interested, I also offer Animal Assisted Therapy with Tucker, my Golden Retriever. Although I am a Christian counselor, I recognize that not all clients share this faith and may or may not be open to exploring their spirituality. I encourage my clients to initiate a dialogue in our counseling session(s) about their beliefs and how they would (or would not) like to incorporate them into our counseling.

Services Rendered

Abounding Grace Counseling, LLC (AGC, LLC)/Lauren Queen, MA, LPC, LCPC provides access to services without discrimination. I am a National Board Certified Licensed Professional Counselor who provides individual counseling for women ages 18 and older. I specialize and am certified in Eye Movement Desensitization and Reprocessing (EMDR) Therapy. I am also certified in Exposure and Response Prevention (ERP) Therapy. I do not provide couples/marriage counseling, nor do I provide group therapy. While I primarily work with clients individually, there may be times when it would be beneficial to have others involved in your counseling (e.g. to educate a family member about ways they can help support you). I am not trained to treat medical issues, nor am I trained to treat all psychological issues. Thus, there may be times when I will need to refer you to another medical, psychological, or psychiatric professional.

The first few therapy sessions are a time for both of us to discuss and assess the issues that you would like to address. During this time, we will determine whether or not the therapeutic relationship is a good fit. At times it may be in the client's best interest to be referred to another provider for more specialized care (e.g. a substance abuse or eating disorder specialist). Therefore, seeing Lauren Queen, MA, LPC, LCPC for an initial therapy session is not a guarantee that future therapy services will be provided.

BY SIGNING THIS DOCUMENT, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

_____ _____

Client Signature **Date**

Abounding Grace Counseling, LLC • 232 Vance Road, Suite 104A; Valley Park, MO 63088
Phone: 314-910-7601 • Fax: 314-474-0107 • Email: lauren@counselorqueen.com

Using Insurance

Abounding Grace Counseling, LLC submits insurance claims to in-network insurance companies only. It is your responsibility to know and verify all your mental health benefits prior to your first appointment; this includes co-pays, co-insurance, deductibles, authorization requirements, etc. Please know that the insurance company(ies) quotation of benefits is not a guarantee of payment and that you are responsible for any fees/services rejected by your insurance plan. You are responsible for the co-payment(s), deductible, and non-covered expenses as determined by your insurance plan. Your co-pay or contracted deductible rate will be due at the time of service. If your insurance coverage/plan changes, you must contact me with this information prior to your next visit so we can determine if your visit will be covered and what benefits/payments apply.

If you choose to see Lauren Queen, MA, LPC, LCPC and I am not in your insurance network, you are required to make full payment at the time of service. You may access a copy of your paid bill through your client portal, which you can submit to your insurance for out-of-network reimbursement if desired.

Client Responsibilities

In receiving services from Abounding Grace Counseling, LLC, you have responsibilities to:

1. Be open and honest in communicating information that relates to the issue(s) you present.
2. Actively work to identify and solve the presenting issue(s).
3. Understand and accept full responsibility for your behaviors during your counseling work, both in and out of session. Abounding Grace Counseling, LLC is released from any liability related to your behavior and any resulting consequences.
4. Notify me of any changes that may arise during our time together (e.g. safety concerns, significant life events, emergency contacts, medical issues/medications, demographic information, financials, etc.)
5. Read and understand my Informed Consent, Practice Policies, HIPAA Notice of Privacy Practices & Client Rights, Fee Agreement, and Payment Authorization documents; ask for clarification regarding any items you do not understand.
6. Abide by my Illness Policy located in my Practice Policies document.
7. Know your health insurance policy provisions (if using insurance). If you are covered by more than one insurance policy, you must provide information on all policies. If it is determined you have two policies and did not share this information, you are responsible for payment if a primary or secondary carrier requests a refund based on lack of properly processing the insurance policies. You will also be charged at $125.00 per hour for the time spent by the provider to address/correct the billing issues.
8. Be considerate and respectful by keeping scheduled appointments and providing a minimum 24-hour notification of cancellation. If you call to cancel without a 24-hour notification or miss your appointment, you are responsible for paying the cancellation/"no show" fee, which will be charged to your credit card on file unless other arrangements have been made (please call if an emergency arose so that we can discuss). This cancellation/no show fee is $60.00.
9. Pay outstanding balances by authorizing payment as per the Fee Agreement.
10. Inform me of any concerns, criticisms, or suggestions in a timely fashion so that they can be addressed and brought to resolution. Your satisfaction is very important to me!

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Confidentiality

Your right to privacy and confidentiality is of utmost importance to me. The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person(s). By law and professional standards there are limitations to a client held privilege or confidentiality, including the following:

1. If a client threatens or attempts to commit suicide or otherwise conducts themselves in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and #4.
6. If a court of law issues a subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

In each of these situations, you understand and consent to the release of confidential information as the therapist deems appropriate.

At times I may need to consult with other professionals in the areas of their expertise in order to provide the best treatment for you. You agree and consent that information about you may be shared in this context without using your name.

In the event that client invoices are unpaid for more than 60 days, and if the therapist uses a third party collection service to seek payment from you, you consent to the release of some of your protected information including your name and contact information with a collection agency.

In order to use your health insurance for counseling sessions, identifying data such as your name, date of birth, mental health diagnosis, session dates/times, session type (e.g. individual, family) must be submitted to your insurer(s). You consent to the sharing of this information so that insurance claims can be made. Occasionally insurance companies conduct audits of my files and I am required to comply with their request(s). Although these instances are rare, I will always discuss this with you prior to releasing your information. However, as a condition of the services being provided, you consent to the therapist's compliance with any insurer audits that may involve your file.

Unexpected Therapist Absence

While it is my hope that I never have an unexpected absence from my practice, in the event I do experience an unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. This would include tasks such as processing insurance claims, charging any outstanding balances to your credit card on file, coordinating therapy and/or resources for you while I am out of the office, and any other tasks that would be clinically appropriate in this type of situation. The Executor of my Professional Will is Courtney Cannes, and the Secondary Executors (i.e., the individuals who would take on the Executor role if the named Executor is unavailable) are Shelley Keeven and Luke Queen. You authorize the Executor and Secondary Executors to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

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