Kelley Armbruster, PHD, LISW-S, LLC
Individual, Family and Marital Counseling

7369 East Kemper Road, Suite B
Cincinnati OH 45249
Phone: (513)304-9044
Fax: (513) 672-0067
Email: drkelleyth3rapy@gmail.com
Website: www.armbrustertherapy.com

Consent to Treat Authorization/Fee Agreement

Welcome to my office. My name is Kelley Armbruster, PHD, LISW-S. I hold a doctoral degree in Clinical Social Work, and am a Licensed Independent Social Worker (Supervisor). I have been practicing for over 30 years. I provide counseling to individuals, families, couples and children. My areas of expertise are children and families of divorce, marital counseling, trauma work, depression and anxiety and play therapy. I have experience in a wide range of areas and settings. The purpose of the information in this packet is to inform you of the policies of my practice. To ensure that you have read, understood and agreed to these policies, your signature is required on the third page of this document.

Fees:

I require payment at the time of the service. I accept cash, check, or credit card for payment. I do not accept Health Savings Account Debit/Credit cards.

The types of services and fees I offer are as follows:

- Individual Psychotherapy (55-60 minutes): $155
- Family Therapy (60 minutes): $165
- Marriage Counseling (55-60 minutes): $155
- Co-parenting Counseling (55-60 min): $155 or (90 min): $230
  [co-parent counseling requires $1500 retainer by both parents prior to start of scvs]
- Court Work: $250 Per Hour [if testifying client will have to pay retainer of $1800] - See below info regarding testifying

The following additional services that may be necessary when receiving any of the above clinical services. (These services are charged at a prorated hourly rate):

- Paperwork completed outside of session
- Phone calls
- Text messages
- Emails
- Reading or writing emails
- Reading any reports (ie. psychological, legal, medical, or personal written narrative, etc.).

More complex clinical reports, professional opinions, treatment summaries, or recommendations, etc., are $250 per hour, including postage.

Court/Attorney Fees/Conferences with Third Parties:

In the event that I am subpoenaed or otherwise involved in proceedings because of my treatment of you, and/or it is required that I attend a conference with a third party regarding my treatment of you, you agree to pay for my time at a rate of $250 per hour in addition to other costs and expenses associated with the subpoena or proceedings, including, but not necessarily limited to, travel time and attorney fees, expenses and hourly billing will begin at the time the provider leaves the office, in addition to any time that I might spend preparing for the proceeding. If mileage is charged it will be at the Federal reimbursement rate in effect at the time I incur the mileage. I require a $1800.00 retainer 3-4 weeks prior to the court date to hold the court date and before I am able to testify or attend any court or other proceeding. If I do not receive the retainer I may not be able to attend, or I may have been subpoenaed for that date already. Paying the retainer guarantees me holding that date for your hearing date. In the event that my billing and costs reach or exceed $950, you agree to advance additional amounts in $500 increments, depending on what I determine to be expected costs and fees. By signing this form you accept the above information and are willing to pay the fees associated with legal proceedings.

I may be asked to provide clinical information to the court and/or the officers of the court with an interest in this case. Any such report may occur in writing or verbally, or could be delivered in the form of depositions, affidavits, or testimony. Any such report would be provided only to reflect the facts of the treatment and the clinical opinions regarding the response of each person to the treatment. No opinions will be given beyond clinically derived opinions relevant only to the treatment, and those opinions will be limited to opinions about treatment (unless providing forensic services). The appropriate release of information is required prior to any information being released.

Cancellation/No Show Policy:

Your session is reserved and failure to show, without notification in a 24-hour manner minimum, will result in a charge for a session. You will be required to pay the $155 session fee.

Emergencies:

If you leave a message for me, I am typically notified shortly of your call. If you are in an emergency situation you must call the 24- hour crisis hotline at 281-2273, or go to the emergency room so that you are safe and can receive the care you need. I try to return all non-urgent calls or text messages or emails calls within 24-48 hours.

Confidentiality:

I understand that all information I disclose to Dr. Armbruster is held in the strictest of confidence and **may not be released without my written consent EXCEPT AS REQUIRED OR ALLOWED BY LAW.** Some exceptions to confidentiality include, but are not necessarily limited to, situations where there is:

- A danger to yourself or another person, which requires or allows me to provide protection to you and/or the other person(s).
- Actual or suspected abuse or neglect of children/minors, developmentally disabled/mentally retarded individuals, and/or the elderly (Kelley Armbruster, PHD, LISW-S, BCETS, LLC, is mandated or allowed by law to disclose this information to the proper authorities and/or other appropriate agencies)
- Presentation of a valid court order.
- I may be required to send information on unclaimed funds to the appropriate state agency, and I may need to reveal information about you if I file a collection action for any account that has gone unpaid for 60 days. In all of these cases, I will reveal only the minimum amount of information necessary to accomplish each task.

The Process of Counseling/Therapy:

Possible benefits derived from therapy include:

A. More effective ways to deal with social, familial and occupational relationships
B. More personal adjustment and contentment
C. Better ability to cope with problems and stress
D. Better productivity.

I firmly believe that every individual seeking my assistance is capable of working though their emotional or mental health issues in order to achieve happiness. However, in order to accomplish this, clients will need to make a commitment to therapy so that the desired outcome is achieved. Therapy will many times involve some feelings of discomfort. These feelings can occur when you begin to work on changing your beliefs and/or behaviors. This discomfort is viewed as a stepping-stone to a more satisfying life.

You have the right to terminate services at any time and in that case I will be happy to provide you with the names of other therapists or you may obtain them from your primary care physician. Please discuss any problems that you are having with the therapy process with me. In addition, I reserve the right to terminate therapy with you if I feel that is most clinically appropriate under the circumstances

The Client, Guardian, or Responsible Party hereby gives permission to Kelley Armbruster, PHD, LISW-S, LLC to treat the client on the terms and conditions as set out in this agreement.

I/we fully understand the above agreement and freely agree to the above conditions:

_____ _____

Signature of Consenting Party
(Parent or Guardian for minor)

Date

_____

Name (Print)