
ASHLEY HUDSON, LCSW, LLC

2039 Regency Road, Suite 1
Lexington, KY 40503
859-492-1090 (phone)
859-202-3640 (fax)
ashleyhudsonlcsw@gmail.com

Informed Consent and Permission to Treat

Client Name: _____

1. Qualifications and Credentials

Ashley Hudson is a Licensed Clinical Social Worker (LCSW) in the state of Kentucky. Ashley has a Master of Social Work and a Bachelor of Science in Psychology, both degrees from the University of Kentucky.

2. Therapeutic Process

For the first 1-3 sessions, we will explore your presenting concerns and work together toward identifying your goals and develop a plan to reach them. Subsequent sessions will be focused on working toward these goals, and assessing at each session if any adjustments need to be made in order to ensure that our work together is beneficial to you. The duration of therapy needed to reach these goals will vary and depend upon the complexity and severity of clients' needs.

3. Fees

Fees are **\$100** per 50 minute session. Accepted methods of payment are cash, check, and credit card. There will be a \$50 fee charged for checks that are returned for insufficient funds. Services thereafter will be on a cash or credit-card only basis.

Ashley accepts most major health insurance plans, including: Anthem, Aetna, Baptist Health, Bluegrass Family Health, Cigna, Medicare, Optum, and United Behavioral Health.

4. Sessions

Sessions will last approximately 50 minutes and will begin and end on time. If you arrive late for a session, your session time will be shortened and your normal fee will be expected. Your appointment time has been reserved just for you, therefore we ask that you **give 24 hours notice (by phone or email) if you need to change or cancel your appointment. If you do not provide 24 hours notice of cancellation, you will be required to pay a \$75 fee.** If you are unable to give 24 hours notice of cancellation due to an emergency situation, please call Ashley to discuss the situation with her.

I understand that my contract with my insurance provider may or may not cover some services. All insurance policies are not the same. Ashley Hudson, LCSW, LLC is not responsible or able to know every policy available. It is your responsibility to verify applicable coverage prior to receiving services. If you seek care outside of the contract terms, you may be responsible for all charges that are incurred.

5. Benefits and Risks of Therapy

Participation in therapy can result in a number of benefits to you, including improved interpersonal relationships, achieved treatment goals, and resolved issues that led you to seek therapy. While there is no guarantee of success in therapy, your willingness and effort to make changes toward your desired outcome is correlated to your success in therapy. However, while change can sometimes be quick and easy, it is more often gradual and even difficult. The therapeutic process may involve discussing relational, emotional, psychological, and/or spiritual issues that are at times distressing. There is no guarantee that therapy will yield positive or intended results. Moreover, you have the right to discontinue therapeutic services at any time. In addition, this is a shared office space, so there is a risk of someone overhearing your name. Ashley will do her best to keep this from occurring, and will inform you in the event that this information is disclosed.

6. Confidentiality

As your therapist, Ashley will keep everything you say completely confidential; however, there are situations where the law requires her to report incidents to the proper authorities. They include:

- You disclose an intention or plan to harm yourself or Ashley determines that you are a danger to yourself.
- You disclose an intention or plan to harm another person or Ashley determines that you are a danger to others.
- You disclose information about the abuse or neglect of a child, elderly or disabled person.
- Ashley is ordered by a judge to disclose information even after asserting professional privilege.
- You file a complaint or lawsuit, and while defending herself, Ashley may disclose personal information.
- You direct Ashley to communicate with someone else and you sign a "Release of Information" form.

To further protect your confidentiality, Ashley will not reveal your identity as a client to others. Therefore, she will not address you if she meets you somewhere in public and will decline any social invitations. Once Ashley becomes your therapist, she will always remain in that role. These guidelines are not meant to be discourteous in any way. They are meant for your long term protection.

A Note to Couples: When working with couples, Ashley treats the couple relationship as her client. Therefore, any and all disclosures need to be made within the couple session with all parties present. If any pertinent information is revealed within an individual session that will affect our work together in couple's therapy, it's important to acknowledge that Ashley will not keep such information hidden or secret from either spouse.

By signing this consent, you agree to the use of a third party dual password protected program, Therapy Appointment.com to have access to client scheduling, medical records, and insurance billing information. You also consent to release any personal or clinical information required to process claims with your insurance provider.

7. Termination

Termination of therapy most often occurs when the client and therapist both agree that treatment goals have been met. Before terminating, Ashley will discuss with you how to maintain your met goals beyond her office, as well as how to identify when you might be in need of future services.

Termination of therapy may also occur for the following reasons:

- If a client is unable or no longer desires to continue therapy for any reason. Please communicate this with Ashley as soon as possible so that she can prepare for your last session together and prepare referral sources as needed.
- If our work together is no longer progressing toward mutually agreed upon treatment goals. In such cases, we will discuss how to proceed and appropriate referrals will be provided for you.
- If Ashley determines that your needs extend beyond her level of competency. If this occurs, she will discuss this with you and prepare appropriate referral sources so that your needs can best be served.
- If a client incurs an outstanding debt and becomes unable to pay for sessions within a reasonable time. If your financial situation changes, please let Ashley know as soon as possible so that she can work with you toward a reasonable solution.
- If a client verbally or physically threatens, harasses, or commits violence to Ashley, her family, or her office.

8. Emergencies

Ashley does **NOT** provide emergency or crisis services. In the event of an emergency or crisis, **immediately** call 911 or go to the nearest emergency room.

9. Child Care and Safety on the Premises

No provision is made for child care at this office. If your child is not participating in a session, it is your responsibility to make other arrangements for his/her care while you are in session. Ashley Hudson, LCSW, LLC, and Ashley Hudson, LCSW are not responsible for any accidents or injuries to children who are unsupervised by their parents on the property.

10. Communication

The preferred method of communication is via phone. If you need to contact Ashley to schedule, reschedule or cancel an appointment, or to address an urgent matter, please leave her a message at 859-492-1090. She will return your call as soon as she is able, normally within 24 hours.

Although Ashley uses a firewall and password protection on her computer and phone, her emails and text messages are NOT encrypted, therefore she cannot guarantee confidentiality of email or text communication. If you choose to communicate with Ashley via email or text, it will be assumed that you have made an informed decision concerning the risks of these forms of communication.

11. Legal

It is Ashley’s policy not to testify in custody, divorce or any legal proceedings. If you become involved in legal proceedings, it is Ashley’s policy to remain an outside professional party to help you walk through this stressful time in your life. Moreover, in order to protect client confidentiality and help maintain a positive therapeutic relationship between us, **Ashley asks that you and your attorneys not subpoena or request copies of her records, or involve her in court proceedings.** If you become involved in legal proceedings that mandate Ashley’s participation, you will be expected to pay for her professional time and services even if she has been called to testify by another party concerning you. **Because of the difficulty of legal involvement and the interruption to her regular practice, the charge is a \$700 flat fee and \$300 per hour for any and all court or legal related matters, with a \$1000 minimum.**

12. Signatures

Please sign below, acknowledging that you have read, understand and agree to all the above terms and policies listed in this Informed Consent and Permission to Treat

I, with my signature, authorize Ashley Hudson, LCSW, LLC to provide mental health care for me, or to this client for which I am the legal guardian. I consent to release any personal or clinical information required to process claims to my insurance provider. I authorize any payments made by my insurance provider to be paid directly to Ashley Hudson, LCSW, LLC.

By signing this Informed Consent and Permission to Treat, I hereby authorize the clinician at Ashley Hudson, LCSW, LLC to assess, diagnose, and treat mental health problems for myself, my family, and/or my child.

By signing this informed consent, I agree not to ask for court testimony/evaluations from Ashley. I also agree to instruct our attorneys not to subpoena Ashley or refer to Ashley in a court filing.

Client Signature: _____ Date: _____

If applicable:

Parent/Legal Guardian Signature: _____ Date: _____

Ashley Hudson, LCSW Signature: _____ Date: _____