

# Informed Consent

*Jonathan Morgan, LPC-MHSP/1100 Market Street, Floor 7/Chattanooga, TN 37402/(423) 521-8020*

The following information has been provided so you, the client, can make informed and educated decisions regarding every aspect of the counseling experience. Please review the following information before making a decision to enter into the counseling relationship:

- Jonathan D. Morgan, Licensed Professional Counselor – Mental Health Service Provider. Master’s degree of Education received from the University of Tennessee at Chattanooga. Tennessee license #2627.
- I am not affiliated with any other person or counseling service. I answer all e-mails and phone calls. No information will be disseminated outside of my office unless you sign a “Release of Information” requesting me to do so (see Limits of Confidentiality).
- Sessions are billed at \$125.00 per clinical hour (60-minutes). Longer sessions are available upon request/necessity (additional time is prorated on a \$125.00 hour).
- Cash, check or credit cards all accepted for payment. Payment is due by the end of every session. Please note that I do not accept any insurance plans or policies. Past due accounts will need to be settled before any additional appointments are scheduled.
- I expect you and myself to attend and be on-time for every session we have scheduled. I understand that emergencies arise so, if something happens and you cannot attend a scheduled session, please let me know as soon as possible. Please note that you are responsible for the full hourly fee (\$125.00) if you do not show up for a session and do not notify me ahead of time.
- The goal of counseling is to openly and honestly discuss both past and present issues that are negatively affecting your life. I commit to remain honest, supportive, non-judgmental, transparent, genuine, challenging and compassionate. I expect you to be honest, willing and committed to long-term change to the best of your ability at the time we meet. Please note there will be times when the pain of past & present events will surface, causing a temporary feeling of discomfort. This is often necessary to fully experience growth and change.
- I most closely follow the Cognitive Behavioral model of counseling, meaning I believe strongly in the awareness of our thoughts, our emotions and our actions, specifically noting how they influence and affect each other.
- Confidentiality is the cornerstone for an effective counseling relationship; however, your personal safety and the safety of those around you are my greatest priority. Please note the following Limits of Confidentiality: threat of harm to self; threat of harm to someone else; any knowledge of child or dependent elder abuse; prenatal exposure to alcohol or drugs; all clients age 15 and younger. (Please also note that in the state of Tennessee, all clients age 16 and older are considered adults regarding mental health treatment. Clients age 15 and younger do not have legally protected confidentiality.)
- Neither the client nor the counselor is under any obligation to remain in the counseling relationship and either is free to terminate this experience at any time. If the counseling relationship is terminated, I will make a referral to another counselor or treatment facility if needed.
- A copy of your HIPAA rights & my privacy practices is available inside my office and on my website. A paper copy of this policy is available upon request.
- In the event of an emergency do not call my office number - please call 911 or RESPOND (423) 499-2300 or go to your nearest emergency room.

Please note by signing this form, you acknowledge the above information was explained verbally and you fully understand all information provided.

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Name

Date