



FIGURE&GROUND
COUNSELING
LLC

Statement of Understanding /Consent to Treatment

24600 Center Ridge Road, Suite 125 | Westlake, OH 44145 | (216) 221-4697

Statement of Understanding

- Figure & Ground Counseling encourages people of all ages and mental health symptoms to identify needs, notice ways they interrupt themselves and foster creative insight into learning and growing. By definition, growth is a time of shift, tension, conflict or even pain.
- Therapy is a chance to revisit old patterns, stuck energy and unresolved emotions in a live, nurturing and possibly playful environment that down regulates stressful symptoms (i.e.,g anxiety, depression, rumination) and fosters more distress tolerance, less negativistic thoughts, greater capacity to allow emotions, and mindful pausing that leads to new patterns, new stories, a new Gestalt.
- Therapy is a collaborative approach, learning your what treatment approach works best for your unique needs. As the consumer, let Jessie Moncrief, MSSA, LISW-S or her staff at Figure and Ground Counseling, LLC, know what works for and what does NOT work
- Therapy is a co- created, co-influenced approach to life where we simultaneously and consistently impact one another. This is an environment of non-judgment and inclusion. Please check on any experience that felt otherwise.

Consent to Treatment

Consent to Treatment _____ By signing my initials, I consent to treatment as described below.

- I do hereby seek and consent to take part in professional psychotherapy/mental health counseling with Jessie Moncrief, MSSA, LISW-S
- I understand that the first few sessions or appts are spent gathering diagnostic information, gathering history and asking questions.
- I understand that presenting problems will be gathered and discussed to develop a treatment plan with the therapist and regular reviewing of our work toward meeting goals are in my best interest.
- I agree to play an active role in this process.
- I understand that the nature of the material will bring up difficult emotions, an expected result, that I will work to cope with in new ways.
- I understand that there are no guarantees made as a result of psychotherapy services provided by Jessie Moncrief, MSSA, LISW-S and will address when my needs are not being met. I have the right to end psychotherapy services at any time, for any reason. However, I will make every effort to discuss my concerns with Jessie Moncrief, MSSA, LISW-S before ending services.

Reasons for Termination _____ By signing my initials, I have read and agree to the policy for termination below:

- I understand that I may terminate treatment at any time, but will consider discussing this matter with Jessie Moncrief, MSSA, LISW-S first. There may be potential for change or resolution.
- I understand that if my account is 30 days past due, a financial plan and contract will be signed. I understand that if my account is 60 days past due, this may result in termination.
- I understand that if Jessie Moncrief, MSSA, LISW-S does not feel she has the speciality, skills, or scope of practice that best meets my treatment needs, she will offer me a referral.
- I understand that if I am not making steps towards meeting treatment goals, Jessie Moncrief, MSSA, LISW-S will discuss barriers, capacity, additional resources and then taking a break or terminating.

Rights and Risk _____ By signing my initials, I understand the rights and risks named below.

- I may ask questions about any aspect of the counseling process.
- If I have been referred by a court or state agency, I have the right to divulge only what I want to be included in a report.
- Psychotherapy is most effective when I am open and can speak honestly about my emotions and life experiences.
- I understand that psychotherapy may include talking about emotionally provoking subjects and scenarios.

Emergencies:

Please contact me in case of an emergency at (216) 221-4697

If you can not reach me, PLEASE try the following numbers:

Frontline Service at (216) 623-6555

National Suicide Prevention Line at 1-877-273-TALK (8255).

United Way (info on resources) 211

Child Abuse Hotline (216) 696-KIDS

Domestic Violence Hotline (216) 391-HELP

Rape Crisis Center (216) 619-6192

IF YOU ARE IN IMMEDIATE DANGER, PLEASE CALL 911 OR GO DIRECTLY TO THE NEAREST EMERGENCY ROOM

Signed Understanding of and Consent to Treatment

I have read, understand and agree to the above policies . I have been offered a copy of these policies to take with me if desired. I hereby authorize Jessie Moncrief, MSSA, LISW-S to release any information acquired in the course of my therapy to my insurance company (if client is a minor, parent or guardian sign). I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with *Ohio State Law* will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required. I have read and/or received a copy of *Jessie Moncrief's Privacy Policy*

Client(s) Signature(s) _____

Date: _____

Therapist Signature _____

Date: _____

Adult/Guardian Signature (if applicable) _____

Date: _____