

SONYA L. FONTAINE LPC, PLLC

INFORMED CONSENT AND PRACTICE POLICIES

3500 S Boulevard Ave., Suite 12B, Edmond, OK 73013
Phone: 405-826-7078 | Email: sonya@fontainecounseling.org

Client name: _____ Date of birth: _____

1. Counseling services, choices, and consent

Sonya L. Fontaine, LPC, provides professional counseling. Together, we will discuss your concerns, relevant history, treatment goals, and appropriate approaches. Sonya will explain recommended services and assessments, reasonable alternatives, and relevant risks and benefits. Ask questions whenever you need clarification.

Counseling may support greater understanding, coping, and changes in relationships or behavior. It can also bring up uncomfortable emotions or memories, and relationship changes may be difficult. Results cannot be guaranteed. You may decline a particular intervention, request a change in approach, or end counseling. We will discuss concerns, alternatives, and referrals as appropriate.

Christian perspectives and prayer are optional and will be included according to your preferences. Declining or changing these preferences will not reduce your access to counseling. Your cultural background, values, and beliefs will be respected.

2. Confidentiality and its limits

Your counseling information is confidential, subject to applicable law. Sonya uses reasonable safeguards for records and communications. Information may be used or shared as legally permitted for treatment, payment, and practice operations, subject to any additional protections that apply. Your separate Notice of Privacy Practices explains these practices and your privacy rights.

Confidentiality has exceptions. These may include legally required reports of suspected child abuse or neglect or abuse, neglect, or exploitation of a vulnerable adult; disclosures permitted or required to address serious safety threats; legally required disclosures; and authorized oversight. Only information appropriate to the applicable purpose and law will be disclosed.

A subpoena or other legal request will be evaluated under applicable law, including relevant privilege and confidentiality protections. Receipt of a request does not mean all records will automatically be released. Sonya may seek legal consultation and discuss the request with you when appropriate and legally permitted.

When professional consultation is needed, identifying details will be limited where feasible and consultation will follow applicable confidentiality requirements. If insurance is used, the insurer may receive diagnosis, service, and other information needed for claims or review, as legally permitted.

3. Releases and clinical records

Disclosures requiring your authorization use a separate release-of-information form specifying the information, recipient, purpose, and expiration. Signing this consent does not authorize unrestricted sharing with family, employers, attorneys, schools, or agencies. Separately maintained psychotherapy notes and other specially protected records may require additional authorization or protections.

You may request access to eligible records, amendments, reasonable confidential communications, and other privacy rights described in the Notice of Privacy Practices. Some record categories and requests are subject to legal exceptions. Contact Sonya with questions or requests.

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4. Communication and electronic privacy

Phone, email, and any agreed scheduling texts are for scheduling and brief administrative matters unless another arrangement is discussed. They do not substitute for counseling sessions. Messages are not continuously monitored and are not suitable for urgent needs. Please provide safe contact instructions and tell Sonya when your contact information or preferences change.

Unsecured email and ordinary text messages can be intercepted, misdirected, or accessed by others who share your device or account. Even deleted messages may remain stored. Sonya will apply reasonable safeguards and limit sensitive content. You may request another reasonable communication method. Your choice does not waive Sonya's privacy obligations or authorize disclosures to other recipients.

Office hours: Tuesday, Wednesday, and Thursday, 9:00 a.m. to 5:00 p.m.

5. Emergencies and safety concerns

This practice does not provide 24-hour crisis response. For immediate danger or a medical emergency, call 911 or go to the nearest emergency department. For suicide or mental health crisis support in the United States, call or text 988. Do not wait for an email, text, or voicemail response when immediate help is needed.

Tell Sonya directly about current suicidal thoughts, self-injury, thoughts of harming others, or unsafe relationship situations. A positive questionnaire response will be followed by a clinical discussion and assessment. If needed, we will discuss a safety plan, additional support, or a higher level of care. An emergency contact may be contacted when permitted or required by law; listing that person does not authorize routine release of counseling information.

6. Appointments, fees, and cancellations

Appointments are reserved for you. If you arrive late, the session may still end at the scheduled time. Please provide at least 24 hours' notice to cancel or reschedule. A late cancellation or missed appointment is charged \$145. The first-time or emergency exception fee is \$50. Payment is due at the time of service.

Session length	50 minutes
Individual session fee	\$145
Couples session fee	\$145
Required cancellation notice	24 hours
Late-cancellation / missed-appointment fee	\$145
First-time / emergency exception fee	\$50
Payment due	At the time of service

Cancellation and missed-appointment charges will follow applicable law and payer contracts; they are generally not covered by insurance. Any additional service, record, or administrative charge will be disclosed and discussed in advance.

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7. Insurance, payment, and ending services

If you use insurance, verify coverage and network status. You are responsible for amounts properly assigned to you under your benefits and applicable payer agreements, including copays and deductibles. Coverage or reimbursement cannot be guaranteed. You will not be charged amounts prohibited by law or payer contracts. Discuss financial concerns promptly; any payment arrangement must be agreed upon.

You may end counseling at any time. Sonya may recommend referral or end services when appropriate, such as when your needs exceed the practice's scope or services are no longer beneficial. Ending services, including for unresolved payment or attendance concerns, will involve appropriate notice, discussion, and referrals when needed, consistent with professional obligations and continuity of care.

8. Minors, couples/families, and legal matters

For minors or clients represented by another legally authorized person, authority to consent must be verified. Parent/guardian participation, access to records, and the client's privacy will be discussed according to applicable law and the clinical situation. Custody or other authority documents may be requested.

Before couples or family counseling, the participants and Sonya will clarify who the client is, how records and individual communications are handled, confidentiality within treatment, and any policy about information shared separately. Each participant will complete appropriate paperwork. These terms require a separate discussion or written agreement; this form does not create a blanket no-secrets policy.

Routine counseling is not a custody evaluation or other forensic service. Signing this consent does not authorize testimony, expert opinions, or release of records for a legal proceeding. Legally compelled obligations will be handled according to applicable law.

9. Questions, concerns, and complaints

You may ask questions, raise concerns, request treatment changes, or exercise privacy rights without retaliation. Discuss concerns with Sonya if you wish. To verify **Sonya L. Fontaine's LPC license number 1458** or ask about filing a professional-conduct complaint, contact the **Oklahoma State Board of Behavioral Health Licensure at 405-522-3696** or **oklahoma.gov/behavioralhealth**. You may also contact the U.S. Department of Health and Human Services Office for Civil Rights for a HIPAA concern. Further privacy complaint information is in your separate Notice of Privacy Practices.

10. Optional choices - check your preferences

Christian perspectives in sessions: ☐ Yes ☐ No ☐ Discuss first

Prayer in sessions: ☐ Yes ☐ No ☐ Discuss first

Permitted administrative contact: ☐ Calls ☐ Voicemail ☐ Scheduling texts

Unsecured email: ☐ Yes, after considering the risks ☐ No

Safe contact instructions: _____

Preferences can be changed by notifying Sonya. These selections do not authorize sharing counseling information with third parties.

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11. Acknowledgment and consent to counseling

I have reviewed this consent and the completed practice-policy terms, had an opportunity to ask questions, and understand the benefits, risks, alternatives, confidentiality limits, fees, communication practices, and emergency procedures. I voluntarily consent to counseling. I understand consent is an ongoing discussion and I may withdraw consent or change optional preferences.

Client printed name: _____

Client signature: _____ Date: _____

Parent / guardian / authorized representative, if applicable:

Printed name / relationship: _____

Authority verified: _____

Signature: _____ Date: _____

Sonya L. Fontaine, LPC: _____ Date: _____

Separate Notice of Privacy Practices: ☐ Received ☐ Not yet received

Optional receipt acknowledgment - signature: _____ Date: _____

Acknowledging receipt is not consent to additional disclosures. Staff documentation if no acknowledgment:
