



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

Services will be provided by **DaRon Stephens, LPC, LCADC, LMT**, Founder and Owner of **Chat N Relax Counseling & Consultation, LLC**. DaRon Stephens is a Licensed Professional Counselor, Licensed Clinical Alcohol & Drug Counselor, and a Licensed Massage & Bodywork Therapist.

### **Scopes of Services**

**Chat N Relax Counseling & Consultation, LLC** provides individual therapy to adults & adolescents in need of mental health and or substance use counseling. Couples counseling is also available. Family counseling involves a client and one to two additional family member(s) or loved one. Substance use evaluations are available for clients or consumers. Consultation services are available for schools, businesses, employers, and organizations. Massage & Bodywork Therapy services are also available. Please refer to Massage & Bodywork Therapy Treatment Informed Consent for additional information.

### **Appointments & Fees**

The first appointment, initial evaluation, is 60 minutes (1 hour). Follow up visits are 45 minutes. Couples counseling can vary between 45 to 60 minutes. Substance use evaluation appointment is 90 minutes. A sliding scale fee is available for clients who are **self-pay AND** who may have a hardship to pay standard fees. Financial statements and/or documentation may need to be provided in order to qualify for sliding scale. Massage & Bodywork Therapy fees are available on website and the Massage & Bodywork Therapy Service Fee document. Massage & Bodywork Therapy Services are **NOT** covered by insurances.

### **Late Payment Fee**

All payments, copayment & self-pay dues, must be made at the time of when services (in-office & remote/virtual) are rendered. ***As of 9/1/23, if you have not made your payment for services, you will be issued a \$5.00 late payment fee*** the following day after your session. This fee will be due at your next session; along with other fees, **past due** copayment/self-pay & **current** copayment/self-pay (if applicable).

*The fee will not apply to those who have made an approved payment arrangement with DaRon Stephens, LPC, LCADC, LMT.*

If no approved payment arrangement was made and/or full payment is not made within a week of your rendered services, your (or youth/minor's) case will be subjected to administrative termination due non-payment of fees.

### **Virtual Counseling Services**

Virtual (or Remote) counseling services are provided when: (1) DaRon Stephens, LPC, LCADC, LMT and client(s) collectively cannot be physically in office for sessions or (2) Virtual counseling services are provided exclusively as part of Chat N Relax Counseling & Consultation, LLC – Florida.

Please be aware of the **Emergency Policy** as it pertains to Virtual Counseling Services involving psychiatric emergencies:

- DaRon Stephens, LPC, LCADC, LMT will discuss your and/or loved one's awareness of local county screeners & emergency services.



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

- **Your local 911/police department will be called** by DaRon Stephens, LPC, LCADC, LMT for a wellness check if warranted due to no contact response and/or clear evidence of a psychiatric emergency.
- Your emergency contact **WILL BE CONTACTED** due to no contact response and/or clear evidence of a psychiatric emergency.

By signing below, you fully understand and is aware of the Virtual Counseling Services Emergency Policy.

**Late Arrival Policy** – Chat N Relax Counseling & Consultation, LLC understands that life happens and you may not arrive to your appointment on time, all the time. A call will be placed by DaRon Stephens, LPC, LCADC, LMT to your preferred phone number contact within 10 minutes of your scheduled appointment.

#### **Attendance Policy**

Two (2) or more missed/no show appointments in two (2) months or a 60 day, no rescheduled appointment from your previous missed/no-show session in a one-month timeframe will result you and/or your youth being administratively discharged from the practice immediately. What defines a missed/no show appointment?

**Missed** – DaRon Stephens, LPC, LCADC, LMT calls you 10 minutes into your scheduled appointment and you report you are not attending the session.

**No Show** – You did not show to your appointment with no contact prior to DaRon Stephens, LPC, LCADC, LMT stating you need to reschedule or cancel the appointment. *(Please keep in mind, you need to contact DaRon Stephens, LPC, LCADC, LMT 24 to 48-hours prior to your scheduled appointment to avoid late cancellation fee.)* If not in session within 15-minutes of your scheduled session, your session is considered a no show.

**This attendance policy will be strictly enforced** as of effective date of April 12, 2018. If you and/or your youth happen to be discharged from practice due to attendance, you will not be eligible to return no sooner than six (6) months from your closing date. Any questions, please let DaRon Stephens, LPC, LCADC, LMT know.

***It is your and/or the guardian's responsibility of a minor to contact DaRon Stephens, LPC, LCADC, LMT of Chat N Relax Counseling & Consultation, LLC of you and/or your minor's late arrival. No call prior to session or within 15 minutes of scheduled session time, will be documented as a no show and the no show fee will apply. The no show fee will be due at your next scheduled appointment.***

**For the x1 (once) a month client/consumer;** If you should cancel or reschedule your session, you must reschedule that session by the end of the current month unless otherwise specified/approved by DaRon Stephens, LPC, LCADC, LMT.

Failure to comply with this requirement will result in immediate closure of case by end of current/said month. *(DaRon Stephens, LPC, LCADC, LMT reserves the discretion to provide less or more time for the closing of the case.)*



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

#### **COVID-19 Exposure & Appointment Reschedule/Cancel**

You must contact DaRon Stephens, LPC, LCADC, LMT 48-hours (2 days) before scheduled session to cancel or reschedule your session in the event you may have been exposed to COVID-19.

If you should contact on the day of your appointment and cancel/reschedule your session because of exposure, ***the No Show/Late Cancellation Fee will apply***. No exceptions!

Please be mindful of your surroundings and exposure risk to avoid conflicting with your session. You **MUST** notify DaRon Stephens, LPC, LCADC, LMT of any exposure risk!

#### **Insurance**

Chat N Relax Counseling & Consultation, LLC is an in-network provider with **Aetna, Horizon BCBS of New Jersey, BCBS, Beacon Health (Carelton), Qualcare, Seton Insurance and United Healthcare/OPTUM/Oscar/Oxford** plans.

- Please be aware of your **DEDUCTIBLE** (if applicable). The deductible means the amount of your own financial responsibility for services that would have otherwise been covered by your insurance provider. Some insurance provider plans require a participant of the insurance provider to pay the deductible **before** the insurance plan covers any cost for services.
- Please be aware of any authorizations dates or sessions for service. Some insurance plans offer an unlimited amount of sessions while other may offer a set number of sessions.

Chat N Relax Counseling & Consultation, LLC is an **out of network, self-pay** provider with all other insurance providers. You will be provided a receipt at the conclusion of payment for your service to submit to your respective private insurance company for possible reimbursement. Please keep in mind, your insurance provider may reimburse you in full, partial or not at all depending on your personal out of network/pocket benefits plan.

#### **Insurance Authorization**

Chat N Relax Counseling & Consultation, LLC must use identifying information such as names, date of birth, address, session dates, etc. to insurance companies to inquire about and/or process claims, benefits, and/or changes in policy or generally anything that has to do with insurance. By signing below, you are acknowledging that you give consent for Chat N Relax Counseling & Consultation, LLC to use any or all of your identifying information that you provided on your demographic sheet to your insurance company which may ask for to verify your treatment participation.

#### **Primary/Secondary Insurance(s)**

You are expected to provide your **primary health insurance** for your counseling services (if applicable). In most cases, your primary health insurance alone is sufficient. If you happen to have a secondary health insurance plan, you must inform DaRon Stephens, LPC, LCADC, LMT at the time of booking your initial appointment. If you happen to gain a secondary health insurance plan after you have started services, you must also inform DaRon Stephens, LPC, LCADC, LMT as soon as possible.

If you happen to provide only your secondary health insurance plan without notification to DaRon Stephens, LPC, LCADC, LMT of your primary insurance health insurance plan, this action may result in you paying the overpayment of claims submitted to & paid by secondary insurance when it should have



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

been your primary insurance. In short, any monies from claims paid by your secondary instead of your primary, you will be responsible for the money returning the primary in addition to the penalty fee (see below). Depending on your secondary health insurance plan benefit detail, you may or may not be responsible for a general payment, copayment, and/or coinsurance payment for services.

**Failure to provide accurate primary/secondary health insurance information (if applicable) will result to an administrative penalty fee of \$100 to you and/or the administrative termination of your services at the discretion of DaRon Stephens, LPC, LCADC, LMT.**

### **Itemized Billing Statements**

***For HSA, out of network or self-pay client/consumers:*** Itemized Billing Statements are used by clients/consumers to submit to insurance company for possible reimbursement for health saving accounts, out of network benefits, etc. An Itemized Billing Statement is more detailed than the general receipt you receive after each session. An Itemized Billing Statement states session dates, charges, payment, etc. on company's letterhead. Itemized Billing Statements may and will be provided by **request only**. The request must be verbally, in writing in the form of personal note, letter, or release authorization. Itemized Billing Statements will be issued out on a monthly bases. For example, if you are requesting an itemized billing statement for the month of June, you will receive the June itemized billing statement at your first appointment in July. ***The fee for an Itemized Billing Statement is \$2.00.*** By signing below, you are acknowledging and aware of Itemized Billing Statement policy.

### **Letters**

At times, a letter verifying or summarizing your treatment/counseling at Chat N Relax Counseling & Consultation, LLC may be requested. There are two types of letter offered:

***Treatment Verification Letter*** - This type of letter provides the following information: Date of initial consultation, date of last and next appointment, and dates of no show appointments (if applicable). This letter will also include pending or current termination status (if applicable). This letter is **free of charge** and is not associated with the administrative fee. A copy of this letter will be in your and/or your youth's chart.

***Detailed Treatment Summary Letter*** – This type of letter provides all of the information stated in the Treatment Verification Letter and a limited detailed summary of your progress. This letter will also provide current status of your treatment, future treatment plan and/or recommendations or a summary of your services if your case is closed at time of request for this type of letter This letter is generally requested by third parties including but not limited to legal, DCP, etc. There is a **\$10.00 administrative fee** for **EACH** third party requesting the Detailed Summary Letter. Payment must be provided **PRIOR** to the letter being written, emailed, faxed, and/or mailed. A copy of this letter will be in your or youth's chart.

**All letters must be directed to a specific person and/or business/company.** There will be **NO** letter written with "To Whom it May Concern." All clients and/or their guardians (if applicable) must sign a release of information prior to request of letter. You must provide all contact information of the person/business requesting letter at time of signing the release. The letter may take up to 30 days to fulfill request. Any questions regarding letters, please let DaRon Stephens, LPC, LCADC, LMT know as soon as possible.



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

#### **Confidentiality & Privacy**

**Chat N Relax Counseling & Consultation, LLC** takes confidentiality and your privacy very seriously! Your therapy sessions and/or protected health information (PHI) are protected by HIPAA (Health Insurance Portability and Accountability Act of 1996) and HITECH (Health Information Technology for Economic and Clinical Health Act of 2009). **Chat N Relax Counseling & Consultation, LLC** promises confidentiality of your treatment and/or service however, confidentiality ***will be broken in the event of serious or foreseeable harm to self or others, serious/significant public safety concern and/or when legal requirements, state and/or federal, demands confidentiality to be revealed.*** Please refer to HIPPA, Client's Rights, and Notice of Privacy Practices forms regarding confidentiality acknowledgement. If approved for sliding scale fee, please do not disclose your sliding scale fee to anyone. Your sliding scale fee is part of your PHI (Personal Health Information). Disclosure of your sliding scale fee outside of **Chat N Relax Counseling & Consultation, LLC and yourself**, may result in immediate cancellation of agreed sliding scale fee with no notice.

#### **Minors/Adolescents**

Clients or consumers 17 years old or younger must be accompanied by an adult or adult guardian to therapy session. Each counseling therapy session will be held alone with minor unless minor would like to include parent(s) or guardian(s) in therapy session. **Chat N Relax Counseling & Consultation, LLC** services adolescents from 15 to 16 years and older. Confidentiality is critical to assist adolescent with their issue or concern. DaRon Stephens, LPC, LCADC, LMT ask that parent(s) and/or guardian respect the privacy of their adolescent in therapy. DaRon Stephens, LPC, LCADC, LMT will assist adolescent with disclosing and/or answer any questions the parent(s) or guardian(s) may have regarding their issue or concern that prompted therapy intervention. DaRon Stephens, LPC, LCADC, LMT will inform parent(s) or guardian(s) of any immediate concerns such as harm to self and/or others, physical abuse, sexual abuse, and/or any event that is endangering the adolescents' mental health and over all wellbeing.

#### **Treatment Modality**

DaRon Stephens LPC, LCADC, LMT practices CBT (Cognitive Behavioral Therapy), PCT (Person Centered Therapy), Motivational Interviewing, and SFBT (Solution-Focused Brief Therapy) modalities. A mixture of all the modalities may be used to assist co-occurring dual diagnoses (mental health & substances use) issues.

#### **What to expect?**

It may not have been easy for you to contact **Chat N Relax Counseling & Consultation, LLC** for therapy. Therapy is meant to be a comfortable and relaxing to help you process and breakthrough whatever may prompted you to call for services. Therapy at times may be uncomfortable for you due to unresolved and/or subconscious issues that may arise during therapy. Although uncomfortable, the process can be therapeutic if you are open and embrace the not so comfortable moments that challenges you to work towards the change you are seeking. At **Chat N Relax Counseling & Consultation, LLC**, I will do my best to make sure you are very comfortable with the counseling process. Counseling requires a verbal exchange of information, a conversation between myself (therapist) and you/your loved one (client). ***You are required to come to your sessions prepared to talk and share.*** Talking & sharing is the only way we can work, discuss, and/or think about whatever may be troubling or concerning to you.



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

#### **Benefits & Risks**

The benefits of therapy could be life changing for some people. Life changing in a positive way. Some people grow and learn so much more about themselves they did not know or was not aware of prior to starting therapy. Please keep in mind that your personal therapy experience will be unique to you and may not produce the positive life changing result you may be seeking. In addition, there are times when therapy may pose a risk to some people. Some of the risk that may be involve with therapy consists of emotional discomfort, anger, sadness, fear, anxiety, etc. You may be challenged to think about your situation differently. This may cause you some stress.

#### **Treatment Participation**

Therapy needs to be consistent in your life for a period of time if you expecting any change at all, whether minimal or otherwise. For the first three (3) months or so, attending therapy (once) x1 a week or (once) x1 every two weeks would be highly recommended unless your particular reason for therapy requires more or less frequency of attendance. **Chat N Relax Counseling & Consultation, LLC** understand external factors may affect your consistent participation such as financial, general scheduling, etc. It would be best to resume consistent therapy attendance as soon as you can to address personal issues, concerns, etc. for your overall mental health.

#### **Case Closure. Completion of Services & Termination**

There are seven (7) types of situations you should be aware of regarding the ending, completion, or termination of your services with **Chat N Relax Counseling & Consultation, LLC**.

- **Case Closure** – The voluntary closing of your case may involve seven (7) scenarios.
  - You did not schedule a follow up session within thirty (30) days of initial assessment.
  - You decide that you would no longer like to continue counseling.
  - You have not attended a counseling session in three (3) months.
  - You missed/no showed two (2) or more times in two (2) months/60-day period.
  - No follow up or contact to reschedule within 2-4 weeks of canceling/no-show session.
  - You are administratively terminated due to non-compliance/violation of Treatment Compliance/non-compliance of Attendance Policy
  - Failure to respond to correspondence by DaRon Stephens, LPC, LCADC, LMT

**Applies to all clients;** If no follow-up to DaRon Stephens, LPC, LCADC, LMT's correspondence to you by text message, email, or phone call within 24-hours, said appointment, offer, or business matter will be voided. If 48-hours should pass and no response or update from you, your case may be closed within one week for failure to respond to correspondence.

In the event you voluntarily choose to discontinue services at **Chat N Relax Counseling & Consultation, LLC**, you must inform DaRon Stephens, LPC, LCADC, LMT **verbally or in writing** that you wish to discontinue services with your printed name, signature and date on the document. You may give a brief explanation as to why you're discontinuing services at your discretion. In the event you have not had a session in three (3) months, had multiple canceled appointments, *and/or no response to the counseling reengagement correspondence letter sent to your home or follow up within 2-weeks to reschedule after canceling session*, **DaRon Stephens, LPC, LCADC, LMT reserves the right to close your casefile with no notice to you.** If you should choose to return to counseling after your casefile has



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
DaRon Stephens, LPC, LCADC, LMT  
1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
(P) 201-675-1083

### **TREATMENT INFORMED CONSENT**

*(Please print and keep for your personal records)*

been closed, you will have to complete a full intake at your next scheduled appointment if it has been at least 1-year since last contact.

- **Completion of Services** – There is a beginning and an end to counseling services for some clients. You (the client or guardian) and DaRon Stephens LPC, LCADC, LMT may mutually agree that your presenting concern(s) have been addressed and you are off to a better you. If appropriate, you may decide to voluntarily discontinue services “*as completed*” at **Chat N Relax Counseling & Consultation, LLC**.
- **Termination** – “Termination” at **Chat N Relax Counseling & Consultation, LLC** involves immediate administrative discharge from the practice. Some significant examples of being terminated from the practice involves but not limited to:
  - **Any violent act towards or directed to counselor and/or office property**
  - **Any direct physical harm to counselor**
  - **Any verbal or terroristic threats directed to counselor**
  - **Any explicit plan expressed directly or indirectly to do harm to counselor**
  - **Any client’s family member verbal or physical threats to counselor**
  - **Non-payment of fees**
  - **Pursuit of legal action or legal threat towards Chat N Relax Counseling & Consultation, LLC, DaRon Stephens, LPC, LCADC, LMT**
  - **Proven possession and/or concealing of illegal drugs on office premises**
  - **Non-compliance with Attendance Policy / Treatment Compliance**
  - **Failure to respond to ANY correspondence by DaRon Stephens, LPC, LCADC, LMT**

*DaRon Stephens, LPC, LCADC, LMT owner of Chat N Relax Counseling & Consultation, LLC reserves the right to terminate a client’s case with little to no notice to client and or guardian in the event if any of the above situations applies. The termination & reason will be documented in client’s casefile. Referrals to continue services with another provider will be mailed to home address on file.*

### **Limitations**

Some limitations are present in the therapy process. For example, you may be mandated to treatment for mental health and/or substance use counseling. You may not have a choice to **not** sign a release of authorization to disclose treatment updates to the mandating entity. Limits to confidentiality are also noted as per state, federal, and ethical regulations as noted in **Chat N Relax Counseling & Consultation, LLC’s** client’s right’s form.

### **Emergency Situation**

Life is unexpected. There are times an emergency may arise and a close loved one may have to be contacted regarding what happened and where you are being sent to address the emergency. You are asked to provide at least **one emergency contact** on your client information form and check the box giving authorization for **Chat N Relax Counseling & Consultation LLC** to contact your emergency contact in the event of an emergency. You would also be required to sign the form.



CHAT N RELAX COUNSELING & CONSULTATION, LLC  
 DaRon Stephens, LPC, LCADC, LMT  
 1130 State Route 34, Suite 4, Aberdeen, NJ 07747  
 (P) 201-675-1083

**TREATMENT INFORMED CONSENT**  
*(Please print and keep for your personal records)*

**Contact Information**

**Chat N Relax Counseling & Consultation, LLC** is located at 1130 State Route 34 Suite 4, Aberdeen, NJ 07747. The phone number to contact **Chat N Relax Counseling & Consultation, DaRon Stephens, LPC, LCADC, LMT** is (201) 675-1083. You are free to contact **Chat N Relax Counseling & Consultation, LLC** and/or DaRon Stephens, LPC, LCADC, LMT anytime. If by any chance your phone call is not answered, please feel free to leave a message on the confidential voicemail of DaRon Stephens, LPC, LCADC, LMT and your call will be returned within 24 to 48 hours.

**End of Life/Questions about Your Treatment & Records?**

As noted above, life is unexpected. In the event of the death or incapacitation of DaRon Stephens, LPC, LCADC, LMT you will be contacted by a **licensed clinical therapist** entrusted by DaRon Stephens, LPC, LCADC, LMT to arrange linkages to another provider and/or provide a summary report of your time in treatment **Chat N Relax Counseling & Consultation, LLC** as per company policy, state & ethical regulations. You may deny referrals and/or treatment summary if you wish. If you should have any questions at all regarding your continuation of care, please email [chatrelaxrecords@gmail.com](mailto:chatrelaxrecords@gmail.com) and one of my record coordinators will respond to your question/request within 30 to 60 days after it was received.

**Complaint?**

If you have any questions, grievances, or disagreements regarding any aspect of your treatment, you may discuss your concerns at any time during session or call DaRon Stephens, LPC, LCADC, LMT at (201) 675-1083. If you feel your question, complaint, grievance, etc. is not addressed appropriately, ethically, and/or professionally, you may contact the Department of Consumer Affairs below to report any complaints or grievances.

Division of Consumer Affairs  
 State Board of Marriage and Family Therapy Examiners

Professional Counselor Examiners Committee  
 P.O. BOX 45044  
 (973) 504-6582

Alcohol and Drug Counselor Committee  
 P.O. BOX 45040  
 (973) 504-6582

\_\_\_\_\_  
 Client's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (If minor)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 DaRon Stephens, LPC, LCADC, LMT

\_\_\_\_\_  
 Date