

# Client Consent Form

ADE, Inc

Dr. Martha H. Ireland

165 Topside E.

Hardeeville, SC 29927

Phone: (703) 722-2324

Email: [info@irelandphd.com](mailto:info@irelandphd.com)

**IMPORTANT INFORMATION AND CLIENT CONSENT:** Please read and sign at the end stating you have fully read and understand the information below.

**CLIENT/THERAPIST RELATIONSHIP:** You, ADE, Inc and Dr. Ireland have a professional relationship existing exclusively for therapeutic treatment. This relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Your therapist can best serve your needs by focusing solely on therapy and avoiding any type of social or business relationship.

**AVAILABLE SERVICES:** ADE, Inc. (Altering Disordered Eating) offers individual counseling services. Martha Ireland, PhD, RN, CS, CEDS-S, CCTP, BC-TMH is a doctor of pastoral psychology, a licensed psychiatric clinical nurse specialist, a certified eating disorder specialist, and a certified clinical trauma professional. Effective psychotherapy is founded on mutual understanding and good rapport between client and therapist. Please direct any questions or concerns you may have to Dr. Ireland.

**RISKS AND BENEFITS:** Counseling and psychotherapy are beneficial, but as with any treatment, there are inherent risks. During counseling, you will have discussions about personal issues which may bring to the surface uncomfortable emotions such as anger, guilt, and sadness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Some of the possible benefits are improved personal relationships, reduced feelings of emotional distress, specific problem solving and desired behaviors changes. Dr. Ireland cannot guarantee these benefits, of course. It is her desire, however, to work with you to attain your personal goals for counseling and/or psychotherapy.

**COUNSELING:** Your first visit will be an assessment session in which you and Dr. Ireland will determine your concerns, and if both agree that Dr. Ireland can help facilitate you meeting your therapeutic needs, then another session will be scheduled. It may take up to 3 sessions to develop a complete plan of treatment. Should you choose not to follow the plan of treatment provided to you by Dr. Ireland, services to you may be terminated.

The goal of ADE, Inc is to provide the most effective therapeutic experience available to you. If at any time you feel that you and Dr. Ireland are not a good fit, please discuss this matter with her to determine if transferring to a more suitable therapist is right for you. If you and Dr. Ireland decide that other services would be more appropriate, she will assist you in finding a provider to meet your needs.

Wellness is more than the absence of disease; it is a state of optimal well-being. It goes beyond the curing of illness to achieving health. Through the ongoing integration of our physical, emotional, mental, and spiritual self, each person can create and preserve a whole and happy life. ADE, Inc. and

referrals to other adjunct disciplines are designed to provide ADE, Inc. clients with an integrated solution for their mind, body, spirit, and life to enhance their lives and resolve issues.

**APPOINTMENTS:** Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. More frequent sessions or an intensive outpatient schedule are available if determined appropriate by Dr. Ireland. If you must cancel or reschedule your appointment, we ask that you call or text our office at 703-722-2324 (please DO NOT email to cancel or reschedule as email is not checked frequently) at least 48 hours in advance or you will be responsible for the full fee of the scheduled appointment. Insurance companies do not provide reimbursement for missed appointments.

**FEE SCHEDULE:**

Diagnostic & Evaluation Session (1st Visit)	\$280
Regular Session: Onsite or Virtual (50 minutes)	\$185
Sessions Lasting Longer than 50 Minutes	\$3.70 per Minute
Clinical Phone Calls and Emails	\$3.70 per Minute
Written Reports (Insurance Companies, Supervisors, etc.)	\$3.70 per Minute
Returned Check Fee per Check	\$45
A reasonable fee will be charged for copies of records requested by the Client	

**PAYMENT/INSURANCE FILING:** Please note, ADE, Inc. does not bill insurance companies, and expects full payment at the time of service. For virtual sessions, ADE, Inc. requests that payment be made before your session begins and this can be done online, via PayPal, at [www.irelandphd.com](http://www.irelandphd.com). For in person sessions, if pre-paying online, please bring a printout showing verification of payment made to your scheduled session. ADE, Inc. will provide you with a monthly statement for services rendered. The monthly statements may be used by the client to file with their own insurance company. Monthly payment arrangements are available if needed for clients who have established a payment record for three months.

**EMERGENCIES:** You may encounter a personal emergency which will require prompt attention. In this event, please contact the office regarding the nature and urgency of the circumstances. Dr. Ireland will make every attempt to schedule you as soon as possible or to offer other options. Because clients may be scheduled back-to-back, it is not always possible to return a call immediately. However, Dr. Ireland or a staff member will make every effort to respond to your emergency in a timely manner. If your emergency arises after hours or on a weekend, or you are unable to wait for a return call, please follow the directions on the office voice mail. If you are experiencing a life-threatening emergency, call 911, call the National Suicide Prevention Lifeline at 1-800-Talk/1-800-273-8255, call or text 988, or have someone take you to the nearest emergency room for help.

**CONFIDENTIALITY:** ADE, Inc. follows all ethical standards prescribed by state and federal law. ADE, Inc. is required by practice guidelines and standards of care to keep records of your counseling. These records are confidential with the exceptions noted below and in the Notice of Privacy Practices provided to you. Discussions between Dr. Ireland and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: child abuse; abuse of the elderly or disabled; abuse of patients in mental health facilities; sexual exploitation; AIDS/HIV infection and possible

transmission; criminal prosecutions; child custody cases; suits in which the mental health of a party is in issue; situations where Dr. Ireland has a duty to disclose, or where, in Dr. Ireland's judgment, it is necessary to warn or disclose; fee disputes between ADE, Inc. and the client; a negligence suit brought by the client against ADE, Inc. and/or Dr. Ireland; or the filing of a complaint with the licensing or certifying board. If you have any questions regarding confidentiality, you should bring them to the attention of Dr. Ireland where you and she can discuss this matter further. By signing this Information and Consent Form, you are giving consent to ADE, Inc. and Dr. Martha Ireland to share confidential information with all persons mandated by law and with the agency that referred you and the insurance carrier responsible for providing your mental health care services and payment for those services, and you are also releasing and holding harmless ADE, Inc. and Dr. Ireland from any departure from your right of confidentiality that may result.

**CONFIDENTIALITY OF EMAIL AND CELL PHONE COMMUNICATIONS:** Therapeutic encrypted email communication is available via Dr. Martha Ireland's Microsoft Office 365 HIPAA compliant email using the email address info@irelandphd.com. Please be aware that if you email to share therapeutic information or journal entries between sessions, Dr. Martha Ireland may not have the opportunity to review the information until your next scheduled session. A reasonable attempt will be made to read and respond to emails received within 24 to 48 hours.

Please be aware that although the use of mobile devices for calls and texts in healthcare is not prohibited by HIPAA, you must either expressly consent to receiving cell phone calls and text messages (providing a phone number to Dr. Martha Ireland constitutes express consent), or if you call or text Dr. Martha Ireland your express consent is implied. You do have the right to rescind your consent to receive voice calls and text messages; should you wish to do so; this should be sent in writing to Dr. Martha Ireland. The rule regarding HIPAA and patient telephone calls and text messages allows use of both for the provision of medical treatment, health checkups, and appointment reminders.

Please be sure that you have completed and signed the ADE, Inc. Permission to Contact form.

**DUTY TO WARN/DUTY TO PROTECT:** If Dr. Ireland believes that I (or my child if child is the client) am in any physical or emotional danger to myself or another human being, I hereby specifically give consent to ADE, Inc. and Dr. Ireland to contact any person who is in a position to prevent harm to me or another, including, but not limited to, the person in danger. I also give consent to ADE, Inc., and Dr. Ireland to contact the following person(s) in addition to any medical or law enforcement personnel deemed appropriate:

Name:

Telephone Number:

_____	_____
_____	_____
_____	_____
_____	_____

**INCAPACITY OR DEATH:** I understand that, in the event of the death or incapacitation of Dr. Ireland, it will be necessary to refer my case to another therapist and for that therapist to have possession of my treatment records. By my signature on this form, I hereby consent to another licensed mental health professional, recommended by Dr. Ireland or ADE, Inc., to take possession of my records and deliver those records to the recommended therapist and/or another therapist of my choosing.

**CONSENT TO TREATMENT:** By signing this Client Information and Consent Form as the client or guardian of said client, I acknowledge that I have read, understand, and agree to the terms and conditions contained in this form. I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me. I am voluntarily agreeing to receiving mental health assessment, treatment, and services for me (or my child if said child is the client), and I understand that I may stop such treatment or services at any time. **NOTE:** If you are consenting to treatment of a minor child, if a court order has been entered with respect to the conservatorship of said child or impacting your rights with respect to consent to the child’s mental health care and treatment, ADE, Inc. and Dr. Ireland will not render services to your child until she has received and reviewed a copy of the most recent applicable court order.

\_\_\_\_\_  
Signature—Client/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature—Spouse/Partner/Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Martha Ireland PhD, RN, CS, CEDS-S, CCTP, BC-TMH

\_\_\_\_\_  
Date

**I hereby authorize the release of necessary medical information/records for continuity of care.**

\_\_\_\_\_  
Client/Parent

\_\_\_\_\_  
Date