



Informed Consent for Assessment and Treatment

Welcome to my counseling practice. I am committed to getting you whatever your outcome is for our time together. A counseling situation offers a unique relationship between the two of us. In order that we start our relationship in a healthy way, I have put together this document to ensure that there are no misunderstandings about the various aspects of the counseling and psychotherapy services.

Background and Services: I am a licensed clinical social worker in an independent private counseling practice. My credentials include a master's degree in education and a master's degree in social work. I am licensed by the Arizona Board of Behavioral Health Examiners. In addition, I am a certified "Active Parenting Instructor". I am also certified to use Eye Movement Desensitization and Reprocessing (EMDR).

I offer counseling and psychotherapy services to individuals, couples, and families in the areas of mental health, relationship issues, communication skills and adjustment. I also teach Active Parenting skills workshops. Clients that present in counseling with sexually abusive or violent behaviors or certain personality disorders as their primary problem will be referred to other professionals or programs that specialize in these areas. I reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for my skills or experience.

Financial: Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for a 45-50 minute counseling session is \$150 and for a 75-80 minute session is \$225. In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, telephone counseling, books and materials, etc. The basic fees are posted in my office, and fee information for those not listed is available upon request. I reserve the right to change my fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with me if you have a concern.

Insurance: I am a preferred provider for a number of health plans in this locality. If you are using one of these plans to pay for your treatment the terms that govern the plan will apply (i.e. co-payments, deductibles, insurance filing, etc.). If you are using another insurance program, I will supply you with a super bill that you can turn into your insurance company so they can reimburse you. In all cases however, payment for services is ultimately the responsibility of the client, not the insurance company. Once again, please discuss this with me if you want to use this payment option.

Your insurance company or managed care company may limit the number of sessions based on their assessment of medical necessity or other factors. Their determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions or you exhaust

the sessions that your insurance will provide, you understand that you will have to pay for the additional services rendered

Using a third party to pay for the counseling implies that some information will be released in order to obtain payment for the services.

Availability of services: My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, ValueOptions – 602-222-9444). A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments: Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve an hour or more for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. ***You will be billed for appointments you fail to cancel in accordance with this policy. Currently, the fee billed for this is \$150. Repeated late cancellations or missed appointments will be billed at the full fee of \$150 and may result in termination of treatment. In addition, if you arrive more than 15 minutes late to an appointment I cannot bill the insurance company for a full session and you will be expected to make up the difference. Please note that these are personal financial obligations that you are responsible for; not the obligations of your insurance company***

Appointment availability varies with the client load at the time. High demand appointments (off hours, late afternoons) are likely to be sporadic in their availability. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

Privacy, confidentiality, and records: Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved. I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against me, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex.

Purpose, limitations, and risks of treatment: Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not

originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

Treatment process and rights: Your counseling will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences or such refusal or withdrawal.

Our relationship: The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Consent for evaluation and treatment: Consent is hereby given for evaluation and treatment under the terms described in this consent document. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Signature: _____ Date: _____

In the case of a minor child, please specify the following:

Full name of minor: _____ DOB _____ Relationship: _____

For office use only - verification that client has read and understands informed consent document

Authorized Representative: _____ Date: _____