

Professional Counseling Associates, LLC
Jennifer Kruse, LAMFT
2730 S. Val Vista Drive Bldg. 7 Ste. 135 Gilbert, AZ 85295
480-730-6222 x1207 office
jenniferkruse.pca@gmail.com

Informed Consent for Assessment and Treatment

As a counselor, I look forward to hearing my client's stories and assisting in the process of finding solutions and healing. In order to help you understand the responsibilities and expectations involved in the counseling relationship, please read and sign the following informed consent. At the close of our initial session, you may request a copy for your personal reference.

Credentials & Values

I completed my undergraduate degree in psychology from Arizona State University and Master of Science degree in Marriage and Family Therapy from Fuller Theological Seminary. I am licensed by the Arizona Board of Behavioral Health Examiners as a Licensed Associate Marriage & Family Therapist. I am under the supervision of Dr. Justin Smith, LMFT.

I work with couples, families, adults and teens who are looking to create change in an encouraging, solution focused environment. I believe everyone has a unique story and is worthy of being heard and understood.

Treatment Process

Your counseling will begin with the initial assessment phase so that I can get a good understanding of why you came to counseling, your background, and any other factors that may be relevant. While disclosing personal information may initially seem uncomfortable, most people appreciate the chance to talk to someone about their situation and find some relief just talking about their concerns, even during the assessment phase. It also creates a space for us to build a safe, trusting therapeutic relationship. We will then work together to establish goals and develop a treatment plan. It is important that you actively participate in sessions for counseling to be the most successful. We will routinely review your progress and treatment goals. You have the right to refuse any recommended treatment or to withdraw from counseling at any time. I reserve the right to refer a client to another therapist, or appropriate resource at any time, if his or her needs in therapy are not a good match for my skills or experience. I care for you to have the highest level of care possible.

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 a client, 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. Such conversations can be surprising places for therapeutic growth and healing.

Our Relationship

I am committed to providing a safe environment in which my clients experience the freedom to explore their own beliefs, thoughts, and feelings to make their own choices regarding their life and relationships. My desire is to support and not hinder this process. I believe that all individuals have an unwavering God-given value which drives my work, and strive to create a non-judgmental atmosphere of trust and acceptance. If desired, I have been trained in integration of professional counseling and Christian faith, and will build it into your treatment plan.

The counseling relationship is exclusively for your therapeutic work. In other words, it is inappropriate for a social relationship between the counselor and the client. The purpose of these boundaries is to ensure that you and your therapist are clear in your roles for treatment and that your confidentiality is maintained. Therefore, if I see you in public, I will not acknowledge you unless you engage with me first to maintain your confidentiality. I also do not friend/follow or accept friend/follows from personal accounts on social media platforms.

Purpose & Limitations of Counseling

Counseling has been shown to have many benefits including better relationships, solutions to specific problems, and significant reduction of distress. During counseling, you may experience uncomfortable feelings or distressing thoughts. While counseling works to alleviate distressing thoughts and feelings, sometimes they get worse before they get better. Counseling 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 counseling will yield positive or intended results. In the case of marriage counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

Confidentiality & Client Records

All communications between counselor and client, including records, are confidential and will always be held in strictest confidence. There are numerous exceptions to confidentiality defined in the state and federal statutes; the most common are: real or potential life-threatening emergencies, when the court issues a subpoena, or when child or vulnerable adult abuse and/or neglect is involved. It is at the counselor's discretion to breach confidentiality if I think you are a danger to yourself or others.

As a client of Professional Counseling Associates, your case will be reviewed and discussed with my supervisor in a confidential manner on a routine basis. I strongly believe that a collaborative team approach to counseling can lead to a greater level of therapeutic care. If you have any questions or concerns, my direct supervisor Dr. Justin Smith can be reached by calling the phone number listed above.

Apart from these limitations or restrictions, your personal records and counseling relationship is confidential. Request for Records - Our agency requires a signed written notice before copies of records or in order for records to be sent to another party. Our agency has up to 10 business days to fulfill the request. The fee for copying a chart is \$20 for the first twenty pages and \$0.25 for each additional page.

Financial & Insurance

Payment is expected at the time of service. 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 initial assessment and regular session fee is **\$125.00** for a 45-55 minute session. **I ask that you notify me a minimum of one business day prior to your appointment. Our office does not do reminder calls, so please make note of the date and time of our sessions. You will be financially responsible for no-show or late cancellations.** In addition to the basic session and assessment fees, there may be other fees for additional services such as testing, telephone or electronic counseling, books and materials, etc. There will be a \$35.00 fee for checks that are returned as non-sufficient funds or non-payable. I reserve the right to change my fees with 30 days notice.

Based on the 2022 federal legislation called the "**No Surprises Act**," you are entitled to a good faith estimate of the total costs of these services. Of course, the estimated total cost of services is dependent upon many things, such as the type of services engaged in, the themes and issues the client wishes to address with psychotherapy, the number of issues and/or symptoms addressed, the severity of any symptoms, any changes in symptoms or additional issues addressed over the course of the psychotherapy services, the identified goals set by you, the client, and any other unique circumstances for you related to recommendations made by the provider. The hourly rate for psychotherapy services is \$100.00. Typically, individuals choose to continue in psychotherapy for ten sessions or longer, and the sessions are often once per week or once every other week. Some clients experience relief of symptoms or meet goals sooner and this is considered brief therapy. Others may seek to continue in psychotherapy or related services for a longer period of time. The choice for brief therapy or longer-term services is voluntary and there is no right or wrong answer - it is up to you (or the parents or legal guardians of the minor client). Of course, it is difficult for the provider to give an exact estimate of what the total cost of services might be at the beginning of the process, as assessment and treatment has not started yet, but the federal No Surprises Act dictates that best efforts are to be made toward this end. Thus, please calculate the hourly rate for the type of services you are seeking with the initial number of hours you expect to engage in (and please feel free to discuss this directly with me if you have questions). Also please know that the ultimate cost for services may be different than the initial estimate, especially after more is known about you and your situation, and as treatment ensues, as

this good faith estimate is not a contractual agreement that guarantees a certain total cost or expected payment - it is just an estimate of possible costs. As services continue, the good faith estimate may change. For example, some clients may choose to remain in services longer than initially anticipated because they continue to experience benefits from counseling; other clients may discontinue services earlier than expected because they experience relief from symptoms or certain issues are resolved. There also may be other reasons that clients extend or discontinue services, as each client's situation is unique. As the client, you also have the legal right to ask questions and dispute any invoices or costs that you do not agree with or believe are excessive when compared to the good faith estimate. Please talk to me or the office staff if you have questions about the fees and the possible duration of services to meet your unique and desired goals. Also, at any time, you can request a full ledger of all services provided, as well as fees invoiced and paid, from our office.

I do not bill insurance companies. If you are using an insurance program, I will supply you with a superbill that you can turn in to your insurance company for possible reimbursement. In all cases, however, payment for services is due at the time of service and is ultimately the responsibility of the client, not the insurance company. You have the right to be informed of all fees that you are required to pay and our refund and collection policies. Please discuss these with us if you have any concerns.

Emergency & Availability

Our 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 Helpline: 602-254-4357; ValueOptions: 602-222-9444).

During the course of treatment, it is likely that you will obtain my email address and phone number. Established clients with an urgent need to make contact may call me, but an immediate response is not guaranteed. Communication via email or phone, outside of scheduling an appointment, is considered billable time. I will prorate the amount and create a super bill for such services. Texting is not a confidential or private means of communication, and can be easily misconstrued so therefore, **I ask that all correspondence via texting be limited to appointment scheduling only.**

Consent for evaluation and treatment.

I voluntarily consent for assessment and treatment under the terms described in this consent document. I understand that I may revoke this consent at any time with either written or direct verbal communication. 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: _____

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

Therapist Name: _____

Therapist Signature: _____ Date: _____