

## **Informed Consent for Assessment and Treatment**

Thank you for trusting us at Professional Counseling Associates. This document outlines the counseling relationship and your rights as a client. Please feel free to ask any question about this document and counseling process prior to signing, if necessary. At the close of our initial session, if you feel our therapeutic relationship is a good fit for you, you may request a copy for your personal reference.

I am currently completing the practicum/internship portion of my master's degree in counseling, required to apply for full credentials. During this process, I will be under the direct supervision of Billie Moffit, MA, LPC, John Michael, Ph.D., LPC, and Raymond E. Branton, Psy.D. Your case may be reviewed and discussed with the supervisor(s) in a confidential manner on a routine basis. If you have any questions or concerns, the supervisor(s) can be reached by calling 480-730-6222. We reserve the right to refer a client to another therapist or appropriate resource at any time if his or her needs for therapy are not a good match for my skills or experience.

### **Treatment Process:**

Your counseling will begin with the initial assessment phase so that I can get a good understanding of your desired outcome for counseling, factors that brought you to counseling, background, family of origin 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 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 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. The goal is for 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-judgment 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. It is unethical and inappropriate for a social relationship between the counselor and the client. The purpose of these boundaries is to ensure clear roles for treatment and that 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 with or without marital counseling.

### **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. We also participate in a process where selected cases are discussed with other professional colleagues to facilitate continued professional growth and 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, 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.

### **Financial:**

Currently, the fee for an initial assessment is \$45 and the fee for 45-50-minute counseling session is \$45. In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, assessments, telephone counseling, books and materials, etc. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting any fees. There will be a \$25 fee for checks that are returned as non sufficient funds or non-payable. We reserve the right to change fees with a 30-day notice. You have the right to be informed of all fees that you are required to pay and our refund and collection policies. Please discuss any concern.

### **Insurance:**

Services will do not billed to insurance companies. If you are using an insurance program, we will supply you with a superbill that you can turn into your insurance company so they can reimburse you directly. 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.

**Availability of services:**

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 Help line: 602-254-4357, & ValueOptions: 602-222-9444).

Established clients with an urgent need to make contact may call me, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

**Appointments:**

Attendance at scheduled appointments is one of the keys to a successful outcome in counseling. I reserve 45-50 minutes for each appointment with a client. Appointments canceled without proper notice are 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 are financially responsible for appointments you fail to cancel in accordance with this policy.***

Appointment availability varies with the therapist's client caseload at the time. High demand appointment times are likely to be sporadic in their availability. We reserve the right to limit our commitments of high demand appointment times to any particular client in order to meet the needs of all our clients and balance our workloads.

**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.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Full name of minor: \_\_\_\_\_ DOB : \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_