

Informed Consent for Assessment and Treatment

I want to welcome you to our practice at Professional Counseling Associates. I am pleased you have chosen my services. In order to assist you in understanding the responsibilities and expectations involved in the counseling relationship I ask that you read and sign the following informed consent. At the close of your initial session, if you choose to continue counseling, you may request a copy for your personal reference.

I am currently licensed in Arizona as a Licensed Associate Counselor, under the direct supervision of **John D. Michael, PH.D, Billie Powell, MA, LPC, and Raymond E. Branton, Psy.D.**

Your case may be reviewed and discussed with the supervisor in a confidential manner on a routine basis. If you have any questions or concerns, my supervisor(s) can be reached by calling the phone number listed above. 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.

One of the distinctive aspects of my practice is my commitment to provide quality professional Christian counseling to those who desire such an emphasis. It is not essential that my clients share my Christian beliefs, but you have a right to know that my value assumptions are rooted in my faith in Christ. I am committed to providing a safe environment in which my clients experience the freedom to explore their own beliefs and make their own choices regarding life and relationships. My desire is to support and not hinder this process. The emphasis on quality counseling is based on professional training and is continually being expanded through ongoing involvement in the continuing education process through seminars, research, supervision, networking with other professionals, and personal reading and study. The Christian emphasis is based upon reliance on the Bible as the ultimate source of truth, and in the supernatural power of Jesus Christ and the Holy Spirit to transform lives. This does not imply that everything done in the counseling session will be of a “spiritual” nature, rather, this will be the framework upon which we will implement various techniques and tools as they appear to be most beneficial for the specific individual.

Financial. Payment is expected at the time the service is rendered. 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 an initial assessment is \$100.00 and the fee for a 50-minute counseling session is \$100.00. 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. There will be a \$25.00 fee for checks that are returned as non-sufficient funds or non-payable. We reserve the right to change our fees with 30 days 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 these with us if you have a concern.

Insurance. We do not bill 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, Value Options – 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. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve 50 minutes 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 financially responsible for appointments you fail to cancel in accordance with this policy.***

Appointment availability varies with the client load 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.

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 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 us, 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.

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 of 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. The purpose of these boundaries is to ensure that you and your therapist 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 us about it. It is never our intention to cause this to happen to our clients, but sometimes misunderstandings can inadvertently result in hurt feelings. We 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: _____

Signature: _____ Date: _____

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

Full name of minor : _____ DOB _____ Relationship: _____

Therapist: _____ Date: _____
Annalee Johnson, MA, LAC

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

Authorized Representative: _____ Date: _____

Therapist Name: _____