Professional Counseling Associates
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INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Welcome. As your Licensed Marriage and Family Therapist, I look forward to hearing your story and partnering with you in the process of growth, healing, and meaningful change. Counseling is a collaborative process, and this document is intended to help you understand the nature of our professional relationship, your rights as a client, and the expectations and responsibilities involved in counseling. Please read this document carefully and ask any questions you may have. You may request a copy of this document for your records.

Credentials & Professional Philosophy

I earned a Bachelor degree in Psychology from Arizona State University and a Master of Science degree in Marriage and Family Therapy from Fuller Theological Seminary School of Psychology. I am licensed by the Arizona Board of Behavioral Health Examiners as a Licensed Marriage and Family Therapist (LMFT #16525).

I provide counseling services to individuals, couples, families, and adolescents who desire greater emotional health, stronger relationships, and meaningful personal growth. My approach is collaborative, relational, and solution-focused. I strive to create an environment where clients feel safe, respected, understood, and empowered to make changes aligned with their goals and values.

As a Marriage and Family Therapist, I view concerns through a systemic lens, recognizing that people are influenced by relationships, family experiences, life transitions, culture, and personal beliefs. I believe every individual has inherent worth and possesses strengths that can be utilized in the healing process.

Treatment Process

Counseling begins with an assessment phase designed to help me understand your concerns, personal history, strengths, goals, and relevant background information. This process helps establish a foundation for effective treatment and a trusting therapeutic relationship.

Together, we will identify goals and develop a treatment plan tailored to your unique needs. Active participation both during and between sessions often contributes significantly to therapeutic success. Progress and treatment goals will be reviewed periodically throughout treatment.

You have the right to decline recommendations, request modifications to treatment, or discontinue counseling at any time. Likewise, I reserve the right to refer clients to another provider when I believe another professional or specialty service may better meet the client's needs.

If at any time you feel misunderstood, dissatisfied, or concerned about any aspect of treatment, I encourage you to discuss it directly with me. Addressing concerns openly often contributes to growth and strengthens the therapeutic relationship.

Therapeutic Relationship & Professional Boundaries

The counseling relationship exists solely for therapeutic purposes. To protect your privacy and maintain appropriate professional boundaries, social, business, or dual relationships between therapist and client are not appropriate.

If I encounter you in public, I will not initiate contact in order to protect your confidentiality. You are welcome to acknowledge me if you choose.

I do not accept friend requests, follows, or other personal connections through social networking sites. Professional boundaries extend to all social media platforms.

Faith Integration

I respect and support the diverse beliefs and values of all clients. For clients who desire it, I have training in the integration of Christian faith and professional counseling and can incorporate faith-based principles into treatment. Such integration will only occur at the client's request and with mutual agreement.

Benefits and Risks of Counseling

Counseling has been shown to provide many benefits, including improved relationships, increased self-awareness, symptom reduction, healthier coping skills, and enhanced overall well-being.

At times, counseling may involve discussing difficult experiences, emotions, or relationship conflicts. As a result, clients may temporarily experience increased discomfort, sadness, anxiety, anger, grief, or frustration. While counseling often leads to positive outcomes, no specific results can be guaranteed.

In couples and family therapy, discussions may increase awareness of relationship challenges and occasionally intensify conflict before improvement occurs. Counseling may lead to significant life decisions regarding relationships, employment, education, health, spirituality, or other areas of life.

Confidentiality and Client Records

Information shared during counseling is confidential and protected by state and federal law.

Exceptions to confidentiality include:

- Suspected abuse, neglect, or exploitation of a child, elder, or vulnerable adult.
- Serious threats of harm to self or others.
- Court orders, subpoenas, or other legal requirements.
- Situations otherwise required by law.

To ensure quality care, I may occasionally consult with other licensed mental health professionals regarding clinical issues. During such consultations, every effort is made to protect your identity and confidentiality. Consulting professionals are bound by the same ethical and legal standards of confidentiality.

For couples and family counseling, information disclosed by one participant may be clinically relevant to the treatment process. Therefore, I generally maintain a "no secrets" policy when working with relational systems and reserve the right to determine how information impacts treatment. Specific concerns regarding confidentiality within couples or family therapy should be discussed directly with me.

Requests for records require written authorization and will be processed in accordance with Arizona law and agency policy.

Telehealth Services

When services are provided electronically, reasonable efforts will be made to use secure and HIPAA-compliant technology. While every effort is made to protect privacy, no electronic communication can be guaranteed completely secure.

Clients participating in telehealth services agree to:
• Attend sessions from a private location whenever possible.
• Ensure reliable internet access.
• Provide an emergency contact and current physical location at the beginning of telehealth sessions if requested.

Electronic Communication

Email, text messaging, and voicemail should be used primarily for scheduling and administrative matters.

Electronic communication is not appropriate for emergencies, crisis situations, or urgent clinical concerns.

Please be aware that text messaging and standard email may not be completely secure. By choosing to communicate electronically, you acknowledge and accept these limitations.

Communication outside of scheduled sessions that requires clinical consultation, therapeutic intervention, or significant professional time may be billed at the prorated session rate.

Fees and Financial Policies

Payment is due at the time services are rendered unless prior arrangements have been made.

Current fees are: $145 for a 50-60 minute session.

A minimum of one business day's notice is required for cancellation or rescheduling. Missed appointments and late cancellations may be charged the full session fee.

Fees may be adjusted with thirty (30) days written notice.

Good Faith Estimate / No Surprises Act

Under the No Surprises Act, clients who are not using insurance have the right to receive a Good Faith Estimate explaining the anticipated cost of services.

The estimate is based upon information available at the beginning of treatment and may change as treatment needs evolve. The estimate is not a contract and does not guarantee the total cost of treatment.

You have the right to ask questions regarding fees and to dispute charges that substantially exceed the Good Faith Estimate as provided by federal law.

Insurance and Reimbursement

I do not bill insurance companies directly.

If requested, a superbill can be provided for possible out-of-network reimbursement. Payment remains the responsibility of the client regardless of insurance reimbursement decisions.

Emergencies and Availability

I do not provide 24-hour crisis services.

If you are experiencing a mental health emergency, please contact:

• 911
• 988 Suicide & Crisis Lifeline
• Your nearest emergency room
• Local crisis response services

Messages left by phone, email, or secure portal will be returned as promptly as possible during normal business hours; however, immediate responses cannot be guaranteed.

Client Rights

You have the right to:
• Participate in treatment planning.
• Ask questions about treatment.
• Refuse treatment recommendations.
• Request referrals.
• Review applicable records.
• End counseling at any time.

Consent for Treatment

I voluntarily consent to assessment and treatment under the terms described in this document. I understand that I may withdraw consent at any time.

If signing on behalf of a minor child, I affirm that I am the legal parent or guardian authorized to consent to treatment.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

For Minor Clients:

Minor's Full Name: _____

Date of Birth: _____

Relationship to Minor: _____

Therapist: Jennifer Kruse, LMFT #16525

Therapist Signature: _____ Date: _____