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Informed Consent for Assessment and Counseling

I am pleased that you have chosen me to provide counseling services. This form is for you to read and sign before our initial session. This consent form is intended to inform you of the counseling process and help you gain a full understanding of the counseling relationship, and your rights in our state as a counseling client. At the end of our first session, you may request a copy of this form for your personal records and reference.

Process and Values

My counseling practice aims to provide a safe and caring atmosphere for you, the client. This can only be achieved through honest disclosure between the counselor and client. It is important to disclose up front that my personal beliefs and values drive my work and care for my clients. The most distinctive aspects of my counseling work include my Christian beliefs and values. Although I do not impose my beliefs and values on my clients, I do reveal that my beliefs drive my view of humanity, and that I believe every person shares the same God-given value. I provide a safe and supportive environment that enables each client to explore his or her own beliefs and each client is free to express thoughts, feelings, and beliefs in a non-judgmental atmosphere of trust and acceptance. Some of the counseling intervention in our sessions may have roots in biblical theology, but not all treatment and suggestions will convey a spiritual overtone. I will conscientiously attempt to implement techniques and tools that will be most helpful to your individual situation and goals.

Financial Policies

Payment is expected at the time of services. By signing this consent, you are agreeing to the policies and payment for services rendered along with any additional expenses of collecting the fees. The regular session fee is **\$170** for each session lasting longer than 45 minutes. My usual session duration is 55 minutes unless a longer timeframe is scheduled and agreed upon by me and the client. At times, there may be additional charges for books, resources, and assessments that will be disclosed at the appropriate times with proper notice. There will be a \$35.00 fee for checks that are returned as non-payable. I reserve the right to change my fees with 30 days notice. I accept credit cards, cash, personal checks, or money order/cashier's checks for payment.

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 **\$170.00**. 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

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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 with Dr. Michael (and please feel free to discuss this directly with Dr. Michael 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 Dr. Michael 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.

Insurance

I do not bill insurance companies. If you have an insurance provider, please check with your company to see if it will provide any “out of network provider” benefits for you. I will be glad to offer you a “super bill” with appropriate codes that you can attempt to submit to your provider. In all cases, payment for counseling services is due at the time of service and is the responsibility of the client. Please note that the billing codes have changed this year and only include categories that cover one-hour sessions and multi-hour sessions on the same day may only be recognized by your provider as a one-hour service.

Availability

My practice does not have the capability of responding immediately to counseling emergencies. Emergencies should be directed to immediate services like 911 or local hotlines (Banner Helpline – 602-254-4357, Empact 480-784-1500, Value Options 602-222-9444). Clients needing some help may contact me at my regular number, but an immediate response is not guaranteed.

Appointments and Scheduling

Your commitment and consistency is vital in your successful counseling treatment. I reserve at least 55 minutes for each appointment. Appointments canceled at the last minute are very difficult and detrimental to my practice. Therefore, I ask that you notify me of a cancellation with at least **one business-day's (24 hours) notice Monday through Friday prior** to your appointment. I understand that unexpected things happen, but I ask for your proactive and conscientious approach to our time and relationship. There is a **FULL SESSION FEE for late appointment cancellations and No-shows**. I am not able to do reminder calls. Please make a note of the date and time of your next appointment whether it is made over the phone or in person. **E-Mail** – I am able to schedule appointments by e-mail and texting, however, I will not respond to counseling and personal issues via e-mail as these communications are not confidential and the written word may sometimes be misinterpreted.

Privacy, Confidentiality, and Records

All communications between counselor and client, including records, are confidential and will always be held in the strictest confidence. However, there are exceptions and limitations to confidentiality defined by the state and federal laws. The most common exceptions include, when there is a real or potential life-threatening emergency, when the court issues a subpoena for records, or when it is suspected that there is child or elder abuse or neglect.

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It is at the counselor's discretion to breach confidentiality if I think you are a danger to yourself or others. Additionally, you may also sign a release of information if you would like me to discuss your personal information with another person or professional. Apart from these limitations and restrictions, your personal records and our counseling relationship will be confidential.

Request for records – I require a signed written notice before copies of records will be released to the client or another party. I have up to 10 business days to fulfill the request. The fee for copying a client file is \$20 for the first 20 pages and .25 for each additional page.

Audio and Video Recording. The recording of any counseling session is strictly prohibited without the written consent of the counselor and the client. This includes any recording device.

Limitations and Risks of Counseling

The counseling relationship can be very beneficial and rewarding and it can also bring about some discomfort and emotional pain. The counseling process is not an exact science, but rather an exploration that attempts to help you reduce your discomfort in life, emotions, and relationships. In order to get to the “healing” sometimes it is essential to work back through some painful memories and emotions. Although there is no mental health guarantee in counseling, I will work hard to help you reach your goals even through tough emotional times. Counseling may result in your decisions to change behaviors, thoughts, employment, substance use, schooling, housing, and relationships, or any other aspect of your life. Change is sometimes easy and fast, and sometimes it is slow and possibly painful. You will encounter difficult emotions and may experience some distress during counseling and between sessions. Signing this agreement implies that you will not hold the counselor or counselor's company or group liable in any way for your discomfort or life changes, but will rather take responsibility for your feelings and behavior and work with the counselor to strengthen yourself mentally, physically, emotionally, and perhaps spiritually.

Client Rights and Treatment

You have the right to terminate counseling with me at any time. There is an open invitation for you to be curious about your counseling process and treatment plan. I will reveal treatment goals and intervention strategies to you at any time of your choosing during our work. You have the right to participate in treatment decisions and review your own treatment strategies with me. You also have the right to refuse any recommended treatment strategies as well as withdraw your consent to treatment. I will advise you as best I can as to the potential effects of withdrawing from certain treatment strategies, or from counseling entirely.

Our Relationship

The counseling relationship is exclusively for therapeutic purposes for the client. It is inappropriate for the development of a social relationship between the counselor and client. Boundaries are maintained to ensure that you and your counselor are clear to keep the professional relationship confidential and safe. If at any time you believe you have been treated unfairly, or if you become uncomfortable about any aspect of our counseling relationship, please talk with me about it in order to avoid future misunderstandings. **SOCIAL MEDIA:** My policy on social media – Facebook, Twitter, LinkedIn, or other programs – is that I will NOT be “friended” or reach out to “friend” any client. Our contact as counselor and client will remain on the professional level, limited to only office and phone interactions concentrating on the most appropriate care for you as my counselee. **PHONE & TEXTING:** I do use a cell phone for communicating with clients – primarily for scheduling and NOT for counseling themes, suggestions, or treatment conversations. I will do my best to speak with you by phone when necessary and in-person for sessions. It is my policy to not offer counseling interactions by text.

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Consent for Evaluation and Treatment

By signing this agreement, your consent is given for evaluation and counseling treatment under the terms described here. It is agreed that the counselor or the client may discontinue treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, you hereby affirm that you are a custodial parent or legal guardian of the child and that you 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: _____

Minor: _____ DOB: _____ Relationship: _____

Counselor Signature: _____ Date: _____

Licensed Professional Counselor LPC# AZ-1775