

Professional Counseling Associates, LLC

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Licensed Associate Counselor

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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 questions 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 a Licensed Associate Counselor for the State of Arizona. I have earned my Master's degree in Counseling from Phoenix Seminary and a Bachelor's degree in Exercise and Wellness from Arizona State University. I am now working towards full professional licensure. During this process, I will be under the direct supervision of Raymond E. Branton, Psy.D., John Michael, Ph.D., and Billie Powell MA, LPC. My work consists of individual counseling with children, adolescents, and adults. I specialize in trauma, attachment, relationship issues, depression, anxiety, grief, self-esteem, spiritual issues, and general mental health.

As a client of Professional Counseling Associates, 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 I strive to create a non-judgment atmosphere of trust and acceptance. If desired, I have been trained in the integration of professional counseling and Christian faith and I can build it into your treatment plan. The counseling relationship is exclusively for

your therapeutic work. It is unethical and inappropriate for a social relationship to develop between the counselor and the client. The purpose of these boundaries is to ensure clear roles for treatment and to maintain confidentiality. Therefore, if I see you in public, I will not acknowledge you unless you engage with me first to maintain your confidentiality.

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. ***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:

Currently, the fee for an initial assessment is \$100 and the fee for 50-minute counseling session is \$100. 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.

Based on the “No Surprises Act,” you are entitled to a good faith estimate of total costs of these services. There are many factors that influence the length of therapy and services provided, including the themes and issues the client wishes to address or the number of issues and severity of symptoms. 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. Sometimes clients experience resolution of their symptoms in a shorter period of time and choose to end therapy sooner; this is considered brief therapy and most often occurs when the client enters therapy with a situational challenge or concerns from a recent life event. Others may desire to continue in therapy for a longer period of time, especially if the

client's challenges stem back further than a recent life event. In order to make a good faith estimate of your total costs of therapy, please calculate the hourly rate for the type of services you are seeking with the initial number of hours you expect to engage in therapy with Kellie Nick.

Insurance:

Services will not be 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, & Arizona Crisis Line: 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 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.

Phone, Texting, Email, and Social Media

During the course of treatment, it is likely that you will obtain my email address and phone number. Any communication via email or phone, outside of appointment scheduling, is considered billable time. I will pro-rate the amount and create a super bill for such services. Texting is not a confidential or private means of communication and therefore, I ask that all correspondence via texting be limited to appointment scheduling only. To ensure your privacy, I do not respond to social media requests from clients (or previous clients).

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 Signature: _____ Date: _____

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

Authorized Representative:

Date:

Therapist Name: