

Selah Counseling, LLC
Professional Counseling Associates, LLC
Billie Powell, MA, LPC
Owner, Licensed Professional Counselor
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Informed Consent for Assessment and Treatment

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

I am a Licensed Professional Counselor for the State of Arizona. I have earned a Master's degree in Counseling from Phoenix Seminary and a Bachelor's degree in Human Services from University of Phoenix. My work consists of individual, couple, and family counseling with adolescents and adults. I specialize in trauma, attachment, relationship issues, family and marriage counseling, depression, anxiety, spiritual issues, and general mental health. I am also trained in Eye Movement Desensitization and Reprocessing (EMDR). Finally, I am forensically trained and therefore am able to provide court-appointed and forensically-related services to include Therapeutic Intervention, Court Ordered Behavioral Intervention, Focused Assessment, Co-parenting Coordination, Court Reports, Therapeutic Supervised Visitation, and if required, court testimony on my findings.

As a client of Selah Counseling, LLC, in order to best serve your needs, your case may be reviewed and discussed with my colleagues in a confidential manner, with no identifying information presented. 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, consultations, 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 I 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 regular counseling assessment is \$160.00, and the fee for a 50-55 minute regular counseling session is \$160.00. 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.

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 psychological evaluation or in 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 the client, and any other unique circumstances for the client and related recommendations made by the provider. The hourly rate for psychotherapy services is \$160.00 and the hourly rate for forensic or court-related services is \$250.00. 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 the client (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 the total cost of services might be at the beginning of the process, as assessment (including possible diagnoses) 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 Billie Powell. Also please know that the ultimate cost for services may be different than the initial estimate, especially after more is known about the client(s) and the 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 ensue, 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 the treatment; 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 your provider or the office staff if you have further 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.

Due to the nature of court and forensically related services, currently, the fee for any court-appointed or forensic role or activity is 250.00 per 55-60 minute session. If the billable time is less than 55 minutes, services are typically billed incrementally per 15 minute increments (phone calls and email correspondence may be billed out in 6-minute increments if applicable). The hourly rate may include report writing, telephonic and electronic communication (including email communication) specifically pertaining to court related issues, testimony in court, deposition, or subpoena, travel time or other travel expenses, or any services related to the case. If requested or subpoenaed to testify, the fee for testimony is 300.00 per 55-60 minutes, with a required retainer of a minimum of 4 hours will be necessary in order to reserve enough time to review the case, prepare for testimony, allow for travel time, and allow for the unknown amount of time that

Billie may be examined and cross-examined on the stand (this applies to in-person or telephonic/electronic testimony). This 4-hour retainer for court- appearance and testimony is non-refundable (as reserving this period of time disallows me to schedule other clients).

There will be a \$35.00 fee for checks that are returned as non-sufficient funds or non-payable. I reserve the right to change my 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. I do not bill insurance companies. If you are using an insurance program, I will supply you with a superbill that you can turn in to your insurance company for possible reimbursement. 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. 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. I reserve the right to limit our commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload. ***Our office is not able to do reminder calls. Therefore, please make a note of the date and time of your next appointment, whether it is made over the phone or in person.***

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).

Privacy, confidentiality, and records. Records are the property of Selah Counseling LLC. 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 abuse or vulnerable adult abuse is involved.

Please be aware that at times I will audio tape sessions if I deem it necessary and sometimes use that

audio recording to produce an AI generated accurate summary of the session. Please note that audio recordings are conducted through the use of HIPPA compliant software to protect your privacy. Audio recordings of any sessions or interactions with Billie Powell, Selah Counseling, or PCA staff by clients, attorneys, or any collateral individual is strictly prohibited; Billie Powell does not agree to be recorded in any situation without her knowledge.

I 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. ***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.***

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. 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. Of course, the potential for a divorce is always a risk in marital counseling.

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. The recording of any counseling session is strictly prohibited without the written consent of the counselor and client. This includes any type of audio or video devices.

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 your roles for 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: _____

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: _____