

INFORMED CONSENT FOR TREATMENT (Individual)

I provide a full range of counseling and psychological services for children, adolescents, and adults.

ABOUT THE COUNSELOR

- **Credentials** – I hold a Master's Degree in Community Counseling from Regent University specializing in Trauma. I currently work with individuals (children, adolescents, and adults), couples, and groups. My work includes counseling anxiety disorders, mood disorders, self esteem, adjustment disorders, grief, loss, bereavement, trauma, divorce, marital, family, or relationship problems, assertiveness issues, domestic violence, anger management, career adjustment or indecisions, and other mental health disorders.
- **Ethical Guidelines** – My counseling adheres to the professional standards outlined in the ACA Code of Ethics. Clients can obtain a copy of the ethical guidelines online at www.counseling.org or by contacting the

American Counseling Association
5999 Stevenson Ave.
Alexandria, VA 22304
(800) 347-6647

ABOUT THE COUNSELING PROCESS

- **Counseling Approach/Theory**- My primary theoretical orientation is Cognitive Behavioral Therapy. Contemporary research suggests that CBT is the most effective treatment for the most common psychological problems such as depression, anxiety, panic, stress, insomnia, relationship difficulties and coping with chronic illness (such as pain). CBT is relatively short-term and focuses mostly on the way people think about things (including their attitudes and beliefs) and the way they behave. My counseling includes an integrative orientation which allows me to apply components of several major counseling and psychological theories including Cognitive-Behavioral, Family Systems, Strengths Based, and traditional Psychodynamic Theory for maximal results based upon the specific needs of the client. Each of these approaches is well established, researched, and respected therapies.
- **Voluntary Participation** – Participation in counseling session is voluntary unless otherwise ordered by the court. Before counseling is ended, the client will participate in a termination session with the counselor for the purpose of finalizing all work and informing the client of necessary information for continued success in daily living. The client may choose to terminate session work at any point in the process. Additionally, the counselor may refer the client for emergency services if there is evidence of danger to self or others. The counselor may terminate session work if it is deemed that the process is moving in a counterproductive direction. The client has the right to ask questions about anything that happens in therapy. The counselor is always willing to discuss the use of a specific technique, and to look at the alternatives that might work better for the client. The following is a list of a few alternatives to counseling: journaling, exercising, prescription medication, physical therapy, self-help books, pastoral counseling, and community and clinical support groups. The client is encouraged to request specific information if interested in any of the alternative options.
- **Benefits Associated with Counseling** – While there are no guarantees, this process should assist the client in increasing personal growth, autonomy, self-awareness, enhancing coping skills, improving relationships, improving communication skills, conflict management skills, and improving his/her general quality of life. Additional benefits may also include amelioration of presenting problem, improved self confidence, problem solving skills, physical, emotional, sexual, or spiritual health, and improved functioning in negotiating family and life transitions.

- **Risks Associated with Counseling** - Participation in therapy sessions may include the following risks: possible increased relationship tension, stigma associated with counseling, increased self-awareness that may be difficult or upsetting, and possible emotional distress. Your condition may decline in quality before it begins to improve. Risks related to a primary CBT orientation may include not addressing seed issues related to past experiences, not resolving the factors that influenced the development of the problem, exposing the client to experiences that are frightening or stressful, developing interpersonal skills (e.g. assertiveness) that may require adjustments in current relationships and providing and asking the client to challenge things that caused the problem.
- **No Guarantees** – Not all problems can be solved in therapy and results cannot be guaranteed because individual client differences. The final outcome of these sessions cannot be guaranteed to be positive.
- **Length of Therapy and Termination** – The length of therapy will be agreed upon between the client and the counselor based on the individualized treatment plan, unless limited by the number of sessions allowed by the individual's insurance company (if the client intends to make use of insurance). This treatment plan will be re-evaluated monthly to assess its validity in relation to progress being made in sessions. If insurance is no longer available, but the client would like to continue in therapy, an alternative payment plan based on a sliding scale of income verification will be discussed at that time. Therapy typically ends when the client and/or counselor believes the client has received the most benefit from the counseling experience. Once a decision has been made, the counselor and client will work together over 2-3 sessions to process the termination and make plans for ongoing development.
- **Interruptions in Therapy by Therapist** – Interruptions or emergencies may occur that will affect the scheduled session. Interruption may be planned or unplanned (i.e., medical emergencies, hospitalization, vacations, professional development, etc.) If such emergencies are unplanned by the counselor, the client will be contacted as soon as possible, ideally at least 24 hours in advance of the appointment.

The client should indicate below the primary and secondary preferred methods of contact, phone numbers or email for each, and the information that the counselor is released to leave by message should the client not be available.

Please circle your preferred method(s) of contact: Home Work Cell Email

Primary Contact: _____ Initials and Date _____

Information to be left: _____ Initials and Date _____

Secondary Contact: _____ Initials and Date _____

Information to be left: _____ Initials and Date _____

- **Interruptions in Therapy by Client** – During counseling sessions please have all cell phone ringers turned off or on vibrate. In the event of an actual emergency cell phone usage may be permitted during sessions. If the client needs to cancel a session, please give at least 24 hours notice by calling (757) 409-4922. If the call is made after hours please leave a message on the answering service. Failure to cancel an appointment will result in the client being charged for the full session. Payment for the un-cancelled session will be required before the client will be allowed to schedule another session.
- **Counselor Involvement** – The counselor will make every effort to be on time for your scheduled sessions. During the counseling session the counselor will assist the client in working toward the treatment plan goals. The counselor will provide a safe environment, honesty, unconditional positive regard, and continued personal learning and training to maintain a high level of expertise. Sessions will last for 50 minutes. **If the client arrives more than 15 minutes late, the appointment will be charged in full and the client will need to reschedule the**

appointment. Habitual lateness (50% of the time) negatively affects session work, if this should occur the counselor will discuss with the client the need to move the date and time of appointments.

Please initial below to indicate that you fully understand and agree to the terms in bold above:

Client Initials _____ Date _____

- **Client Involvement** – The client is encouraged to be on time to all sessions and to have completed homework, when assigned, to the counseling session. The client is encouraged to participate through open and honest discussion with the counselor during sessions. The client may actively engage in counseling sessions by being emotionally available to work on self-awareness for the purpose of developing better coping and relationship skills.
- **Minor Clients** –A minor child has the right to treatment. However, parental consent is required for treatment of all minors under the age of 12. Information about the content of the counseling session is considered confidential and may not be disclosed or released to a custodial parent unless a release and authorization is given by the minor client with the exception of threat of harm to self or others or if the child is under the age of 12. When a minor client is in counseling, an adult must always be available in the waiting area in case of emergency.

RIGHTS AND RESPONSIBILITIES OF THE CLIENT

- **Confidentiality and Privilege** – The client's personal information and information shared in the counseling session will be handled as confidential. Confidential and privileged information will be released to a third party upon the written consent of the client.
- **Exceptions of Confidentiality and Privilege** - The exceptions to confidential and privileged information are the following:
 - In cases of dispute between the counselor and client
 - When a client raises the issue of mental condition in legal proceedings
 - When a client's condition poses a danger to self or others
 - In cases of child abuse or neglect (in addition to mandated reporting laws)
 - When the counselor has knowledge that the client is contemplating the commission of a crime
 - During court ordered psychological evaluations
 - For purposes of involuntary hospitalization
 - When the counselor has knowledge that a client has been a victim of a crime
 - In cases of harm to vulnerable adults
- **Release of Information** – In those instances when I am asked for information for purposes outside of the situations described above, I will obtain an authorization from you before releasing this information. You may revoke all such authorizations at any time, provided each revocation is in writing. Any revocation applies to only that information for which an authorization is required, and is not retroactive to any time prior to the date of the revocation.

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| <ul style="list-style-type: none">➤ Cancellation Policy – Client cancellations should be made within 24 hours of scheduled appointment to prevent a charge for the missed session. Clients are responsible for the full amount of the session when an appointment is cancelled in less than 24 hours prior notice. The client agrees to pay this charge at or before the next appointment. These charges may be appealed if extenuating circumstances exist that prevent timely notification of cancellation. Katie Neidow Hill, LPC, is the final arbiter regarding such appeals.➤ Please initial and date below to signify that you have read, understand, and fully agree to the terms of the cancellation policy. |
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Client Initials _____ Date _____

- **Fees and Charges** – Each session will be billed at \$120 per session and will be due at the beginning of each session. Clients will be required to pay by check, cash, or card. Phone calls, paperwork completion requested by the client, court appearances, and additional clinical services outside of session will be billed at a rate of 0-25 minutes at \$60 and 25-50 minutes at \$120.

Client Initials _____ Date _____

- **Responsibility for Payment** – The client is financially responsible for the counseling sessions and payment is due at the beginning of each session. The client may miss one payment, however subsequent appointments will not be arranged until full payment is made for the missed appointment. If payment is not made within a month of the missed payment, the client's account will be considered delinquent and will be forwarded to a collection agency for processing.
- **Counseling and Financial Records** – As a Counselor in Residence licensed by the State of Virginia, I create and maintain treatment records that contain individually identifiable health information about you. This notice, among other things, concerns the privacy and confidentiality of those records and the information they contain. Client files will be kept in a secure location. Virginia state law requires files be kept for seven (7) years. At that time, client files will be destroyed to prevent violation of your privacy.

Uses and Disclosures of Information without Your Authorization

Federal privacy rules and regulations allow me to use or disclose your personal health information (without your written authorization) to enable me to provide treatment to you, for billing and related business purposes, to conduct health care operations, and to disclose your protected health information to any health care provider to facilitate their treatment activities. This may include consultations or referrals with other licensed health care providers about your condition, the coordination and management of your health care among health care providers or a third party, communications with insurance carriers and billing agents, and oversight organizations that work to ensure that services are provided in a manner that complies with applicable laws, regulations and professional ethics.

Client's Rights and Therapist's Duties

You Have The Right To:

- Request restrictions on certain uses and disclosures of protected health information. However, I am not required to agree to a restriction you request. We will discuss this issue if this occurs.
- Request and receive confidential communications of your private health information by alternative means and at alternative locations.
- Inspect and/or obtain a copy of protected health information and billing records used to make decisions about you for as long as the protected health information is maintained in the record. I may deny your access to protected health information under certain circumstances, but in some cases you may have this decision reviewed. On your request, I will discuss with you the details of the request and denial process.
- Request an amendment of protected health information for as long as the protected health information is maintained in the record. If requested, I will discuss with you the details of the amendment process. Please understand, however, that I am not required to amend the information in the record.
- Generally have the right to receive an accounting of any disclosures of your protected health information. On your request, I will discuss with you the details of the accounting process.
- Obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

My Duties:

I am required by law to maintain the privacy of your Personal Health Information and to provide you with a notice of my legal duties and privacy practices with respect to Personal Health Information. I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I

am required to abide by the terms currently in effect. If I revise my policies and procedures, I will provide you a copy of these revisions at the next appointment.

- **Disputes and Complaints** – I believe in professional responsibility. If anything about what occurs in our sessions or about the counseling process itself troubles or disappoints you, I strongly encourage you to talk about that in our sessions so we can address your concerns. If you think you have been treated unfairly or unethically by me and cannot resolve this problem with me, you can contact the following to lodge a complaint:

National Board of Certified Counselors
3 Terrace Way
Greensboro, NC, 27403
336-547-0607 or www.nbcc.org

and/or

ACA, Ethics Committee
ACA Headquarters
5999 Stevenson Avenue
Alexandria, VA 22304
800-347-664 or www.counseling.org

RESPONSIBILITIES OF THE COUNSELOR

- **Affiliation Relationship** – The counselor is a full time counselor at Navigator Counseling and Psychotherapy LLC in Richmond, Virginia.
- **Colleague Consultation** – In order to provide quality care, counselors often consult with other professionals. When this occurs, every effort will be made to protect the identity of the client.
- **Tape Recording or Videotaping of Sessions** – The counselor will request written consent from the client to audio or video tape sessions prior to the intended taping date. The client will be informed of the intended use of such recordings. The tapes, DVDs, or CDs will be kept in a locked file on site for seven (7) years post-termination and then will be destroyed unless additional consent is obtained by the client.
- **Dual Relationships** – For the purpose of professionalism and relational clarity, it is the policy of this agency to not accept gifts in excess of \$10 value from the client. This policy is extended to include all office staff as well. As a matter of policy, if counselor and client see each other in a public setting, the counselor will not acknowledge the client unless the client does so first. In addition the counselor does not engage in social relationships with client or accept invitations to attend client's social functions or social network websites.
- **Closing statement** – I have reviewed and agree to the terms of this informed consent. By signing this document, I acknowledge my understanding of the information and agree to enter into a counseling relationship.

Client's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(If client is a Minor)

I have discussed and explained the above information with the minor client.

Counselor's Signature _____ Date _____