

# INSPIRED COUNSELING

## Informed Consent for Assessment and Treatment

Welcome to Inspired Counseling! I am pleased that you have scheduled to meet with me and have chosen Inspired Counseling for your therapy needs. Please take a moment to review the important information included in this document. A counseling situation offers a unique relationship between therapist and client. This form has been compiled to provide information on the various aspects of the counseling and psychotherapy services and to address questions you might have regarding the process. Please feel free to ask for further questions at any time.

**Education and Services:** I have a Bachelor of Arts in Psychology from California State Polytechnic University, Pomona. My credentials include a Master of Counseling, (MC). I am licensed by the Arizona Board of Behavioral Health Examiners as a Licensed Professional Counselor, (LPC). My skills include being level II trained in EMDR, which is specialty training in trauma.

I utilize an integrative and holistic approach to therapy, from a strengths-based perspective, based on individual client needs. I work with individuals, couples, families, and children. My areas of counseling include anxiety, depression, relationships, self-esteem/ empowerment, and grief and loss issues. I specialize in working with issues around trauma. The goal of my practice is for my clients to experience personal and emotional growth that will improve their overall wellbeing and lead to fullness of life.

**Explanation of Counseling Fees:** Payment for counseling is expected at the time of service unless other arrangements have been made. Currently, the fee for an initial assessment is \$175, and the fee for a 50-minute session is \$150. I accept cash, checks and most credit and HSA cards. There is a \$5 fee for the convenience of using a charge card. Establishment of fees is a matter between the client and the therapist. I reserve the right to change my fees with 30 days' notice and to use the services of a third-party collections service, when necessary. At times other expenses occur in the course of counseling such as making copies of requested files, coordination of care with other providers, court documentation, etc. Services will be billed at your normal, hourly rate. Phone calls that exceed 10 minutes will be billed in 15-minute increments at the hourly rate.

**Insurance:** I do not bill insurance companies. If you are using an insurance program, I will supply you with a superbill that you may submit to your insurance company, so if it is included in your coverage, 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. You are responsible for the full fee regardless of your insurance company's reimbursement policy.

**Appointment:** Regular attendance at your scheduled appointments is a crucial component to the successful outcome in counseling. I reserve 50 minutes for each appointment with a client. Appointments canceled at the last minute are very detrimental to the therapeutic process and my practice. Therefore, I ask that you notify me a minimum of one full business day prior to your appointment if you need to cancel. ***You will be billed for appointments you fail to cancel in accordance with this policy. Currently, the fee billed for this is \$150. Repeated late cancellations or missed appointments are billed at the full fee and may result in termination of treatment.***

Appointment availability varies with the client load at the time. High demand appointments are likely to be sporadic in their availability. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

**Availability of Services:** My practice does not have the capability to respond immediately to counseling emergencies. Clients in imminent danger should contact emergency services at **911** or if you would like to speak with someone immediately regarding a crisis, but are not in imminent danger, contact **Crisis Response Network at**

**602-222-9444, or La Frontera - EMPACT at 480-784-1500** for 24 hour crisis services. Established clients with an urgent need to make contact with me may call me on my cell phone, 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.

**Privacy, confidentiality, and records:** Customarily, all communication and records created in this process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. These would include but are not limited to: a real or potential life or death emergency, risk of harm to self or others, when the court issues a court order, or when child/elder abuse or neglect is involved. Keep in mind that records are accessed by properly executed written releases, subpoena, or court order consistent with federal law. Records are in the custody of this licensed health professional and will remain in her confidential care. In order to access your record, there must be a signed release from all identified clients who initially started counseling. A request needs to be made in writing with 14 days' notice. 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.

To currently locate or access medical records with Inspired Counseling, please contact Lisa Watson at: 8114 E. Cactus Rd., Ste # 240, Scottsdale, AZ 85260. Records are retained for six years after the last date an adult client received the professional services. In the case of a minor client, records are retained the later of: three years after a child client's eighteenth birthday or six years after the last date of professional services. Records are stored in a secure area not accessible to anyone other than this Therapist and/or a qualified designee. Records are disposed of after the stated period of retention are shredded and/or incinerated.

**Electronics:** It is important to be aware that computers, cell phones, and email in particular, are vulnerable to unauthorized access. Please notify me if you choose to avoid or limit, in any way, the use of any or all communication devices such as email, cell phone/text or faxes. Otherwise, please note if you communicate any confidential or private information through these modalities that you have made the decision to take the risk that these communications may be intercepted. While reasonable back up security and other safeguards are in place, there is always some risk of inadvertent disclosure of information that comes with using these devices. By signing this informed consent, you agree to accept the risk of disclosure that comes with communication tools being intercepted.

**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, through a process of assessment, exploration and interventions, there are no guarantees that the treatment provided will yield positive or intended results. Moreover, the process of counseling usually involves working through difficult personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve concerns that brought you to therapy 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. Change will sometimes be easy and swift, but more often it will be slow and even frustrating at times. 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. Clients that present in counseling with sexually abusive or violent behaviors or certain personality disorders as their primary problem will be referred to other professionals or programs that specialize in these areas. I reserve the right to refer a client to another therapist or appropriate resource at any time if the needs in therapy are out of the scope of my practice.

**Treatment process and rights:** Your counseling will begin with one or more sessions devoted to an initial assessment so that I may obtain a clear 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 concern(s) that have brought you into counseling and develop a treatment plan. Periodically we will review the treatment plan to monitor progress and reevaluate for needed changes. 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.

**Client/Therapist Relationship:** The client/therapist relationship is unique in that it is exclusively therapeutic. It is inappropriate for a client and counselor to spend time together socially. The purpose of these boundaries is to ensure that client and therapist are clear in our roles for your 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 me about it. It is never my intention for this to occur with my clients, but sometimes misunderstanding 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.

**Legal Proceedings:** On occasion a client may request my services in matters regarding a legal proceeding. At times this arises in the case of divorce, custody, civil litigation etc. You can expect that I will NOT make recommendations, testify, or get otherwise involved in your legal activities. It is an inherent conflict of interest for a treating professional to also offer evaluations or opinions in legal matters. ***In signing this consent for treatment, you agree that you will not call me as a witness to testify or expect recommendations or other involvement in your legal activities.***

**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 the agreement.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

In the case of a minor child, please specify the following:

Full name of minor: \_\_\_\_\_

Date of birth \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date