

**Tamara Nezirevic, MC, LPC**  
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## **INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES AND OFFICE POLICIES**

### **Psychological Services:**

This document contains important information about the counseling services and business policies of Tamara Nezirevic, MC, LPC. Please read this agreement very carefully. The Board of Behavioral Health Examiners requires that I obtain your signature acknowledging that I have provided you with this information. You may ask questions about any of these procedures at any time. When you sign this document, it also represents an agreement between us. You may revoke this agreement or any other agreement at any time. You will need to submit your revocation in writing.

**Counseling Services:** The purpose of treatment is to help clients resolve issues they have not felt successful in resolving on their own. Therapy is successful when clients complete established goals. The length of treatment depends upon the clients individualized treatment plan. Clients need to feel comfortable with their therapist as well as their therapist's treatment methods. Depending on a client's needs, different methods of therapy may be used.

Tamara Nezirevic is an integrative psychotherapist. This means that she utilizes a number of treatment approaches including: EMDR, Cognitive Behavioral Therapy, Mindfulness Based Stress Management, Gestalt Therapy, and Spiritual Elements from Transpersonal Psychology. This allows Tamara Nezirevic to tailor make your therapeutic experience to what will best suit your individual needs.

Together we will develop a personal treatment plan that outlines the major issues you wish to address. With this plan, we will see what combinations of approaches will be most beneficial in helping you best reach your goals. Upon reaching your goals, I ask that you participate in a closing session to review your accomplishments and also allow time for me to assist you in identifying any support that might help you to maintain and enhance your growth in the future.

You are expected to be active participants while working collaboratively with your therapist to achieve your goals. You have the right to participate in important treatment decisions as well as in the development of your treatment plan. Periodically, we will review and revise your plan to keep up to date with your current situation. Therapy is most successful when clients are willing to work on things in between counseling sessions. You may be asked to complete "homework assignments."

Therapy can have its benefits and its risks. It often involves discussing things that can be painful and you may also experience unpleasant feelings, such as: sadness, anger, guilt and loneliness. The benefits associated with working through unpleasant feelings can be great.

Benefits may include, but are not limited to: happier-healthier relationships, a positive self-image, a sense of wellbeing and solutions to problems. There are no guarantees what your experience will be. The first session is a consultation and also the beginning of our journey together. The exploratory process may take a few sessions to complete. At this time, the therapist will hear what you hope to gain from therapy and will also answer any questions you may have. The therapist will share initial thoughts and a preliminary treatment plan. If the therapist does not believe she is the appropriate person to be working with you, she may offer you the names of other counselors. If you do not believe the therapist is the right person for you, please do not hesitate to say so. Therapy often requires a significant amount of time, finances and emotional energy. It is important for you to feel comfortable with your therapist. Please feel free to ask any questions you may have.

You have the right to refuse any recommended treatment at any time throughout the therapeutic process. If you are uncomfortable with any treatment recommendations, please speak with your therapist. Should you choose to end your therapy prior to meeting your therapeutic goals it is recommended that you schedule a closure session with your therapist.

With the exception of unusual circumstances that involve danger to yourself and/or others, or if others have supplied information confidentially, you may examine and/or receive a copy of your clinical record (**This does not include process notes taken during session**). Your request will need to be in writing. Because these are professional records, they can be misinterpreted and/or upsetting to the untrained reader. For this reason, it is recommended that you initially review them in the presence of your therapist, or have them forwarded to another mental health counselor so you can discuss the contents. You may be charged a \$ .20 per page copying fee. If the copying of the records lasts longer than 5 minutes, there will be an additional \$3.00 per every 5 minutes of time to copy the requested records.

## **Professional Fees:**

**Initial Intake Session:** 60-90 mins \$180.00 - \$225.00

- **Subsequent Psychotherapy Sessions:**

50 mins	\$150.00
90 mins	\$225.00
120 mins	\$300.00

- **Equine Assisted EMDR Psychotherapy Sessions:**

Ground based Equine Assisted EMDR sessions offered thru local ranch with assistance of Equine Specialist - 50 mins - \$180.00

- In addition to weekly appointments, I charge a \$180/per hour in 15 minute increments for other professional services. These services may include:

- *Report writing*
- *Correspondence*
- *Telephone conversations lasting longer than 10 minutes*
- *Attendance at meetings with other professionals you have authorized*
- *Preparation of records or treatment summaries*
- *Time spent performing any other services you may request of me*

- If you are involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including participation, transportation, participation costs (even if another party calls me to testify). Due to the difficulties related to legal involvement, **I charge \$300.00-per hour for my participation in legal proceedings.**

**CANCELLATION OR LATE ATTENDANCE OF APPOINTMENTS:**

- Your therapy session is reserved for you.
- **Please give 24-hour notice of cancellation otherwise you will be charged the full fee for the therapy session.**
- Should you arrive late to your appointment, you will still be charged for the full session and the session will still end on time.

**Office Hours & Contact Information:**

My cell number for scheduling appointments is: **480.619.9848**. You can leave a message regarding scheduling/billing on this number during the day. If left after hours, your call will be returned by the next business day.

If you would like to leave me a confidential voice mail, you can do so by calling: **480.619.9848**. I retrieve messages periodically during the day and will return your call as soon as possible. Calls left after 1:00pm on Fridays will not be returned until the following Monday afternoon.

My email is not to be utilized as a mode of communicating with me about important clinical matters. Privacy cannot be guaranteed for any information sent electronically.

- If there is an urgent issue, and you are unable to wait for me to return your call, please contact the **EMPACT Crisis Hotline.....480.784.1500**
- **In the event of an emergency or a life-threatening situation, please call, 911, or go to your nearest emergency room immediately.**

**Minors:** Parents and minors please read carefully.

- If you are under 18, specific details of our communication will remain confidential; however, your parents do have a right to your medical records.
- It is my policy to request that parents agree to give up access to your records (If they agree, I will provide them with only general information about our sessions, unless I feel that there are safety concerns, particularly if I feel there is a high risk of you harming yourself or others)
- I will provide parents with a verbal summary of your treatment when it is complete at their requests.
- Before presenting parents with any information, I will discuss the particular matter with the minor and if possible I will try my best to resolve any objections there may be to what I have prepared to discuss.

**Confidentiality:** In general, the privacy of all communication between my clients and I is protected by law. I can only release information about our work to others with your written permission, with a few exceptions.

- **Legal Proceedings:** In most legal proceedings, you have the authority to prevent me from providing any information regarding your treatment.
  - In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if issues demand it.
- **Protection from Harm:** There are certain situations where I am legally obligated to take action to prevent others from harm without your permission.
  - If I believe a child, elderly person, or disabled person is being abused, I am required by law to file a report to the appropriate agency.
  - If I believe a client is threatening serious harm to another, I am required to notify the potential victim, the authorities, or seek the client's hospitalization.
  - If the threat of harm is to oneself, I may seek hospitalization or contact family members or others who may help provide protection.
- **Professional Misconduct:** I am obligated to disclose information regarding unprofessional conduct by another behavioral health professional.
- **Disease Risk:** I am justified to inform an identifiable third party of the risk of contagious or fatal diseases.
- **Consulting with Other Professionals:** On occasion I find it helpful to consult other professionals about a case.
  - The Consultants are legally bound to keep information confidential.
  - Every effort is made to maintain your privacy and anonymity.

**Termination of Services:** Please read the following information carefully.

- Participation in psychotherapy is voluntary and collaborative; however, both the client and I have the right to terminate the services at any time during the duration of treatment.
- After 30 days with no contact, I consider my services terminated.
- After termination, our professional relationship may be renewed should be both agree to do so.

**Acceptance:**

I, \_\_\_\_\_, understand and accept the information in this document and agree to abide by its terms during my professional relationship with Tamara Nezirevic, MC, LPC. I give my consent for treatment to \_\_\_ myself \_\_\_ minor child named \_\_\_\_\_.

**Client/Representative Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
By: \_\_\_ Client \_\_\_ Representative

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If Client is under 18 yrs. Old) By: \_\_\_ Parent \_\_\_ Guardian