

LIVING HOPE COUNSELING

Informed Consent for Assessment and Treatment

Welcome to Living Hope Counseling. Please take a moment to review the information included in this packet. A counseling situation offers a unique relationship between the two of us. In order that we start our relationship in a healthy way, this document will help ensure that there are no misunderstandings about the various aspects of the counseling and psychotherapy services.

Background and Services. Living Hope Counseling Inc. provides training and supervision to Interns and Licensed Associate Counselors working toward full licensure in the state of Arizona. Ashley Worthington's credentials include a Masters of Arts in Counseling (MA) as well as being licensed by the Arizona Board of Behavioral Health Examiners as a Licensed Associate Counselor (LAC). This counselor has undergone extensive schooling, specialty training in couples counseling, and a practicum and internship. Her training includes counseling, psychotherapy and consultation services to individuals, couples and families in the areas of mental health, relationships, and adjustment. This LAC is working on her last step of completing the requirements to apply for full licensure, by the state of Arizona. As such, you are considered a client of Living Hope Counseling, Inc, being seen by one of our associate counselors. She will receive supervision by an onsite licensed clinical supervisor who will maintain confidentiality of your name and other identifying information. On occasion, as part of our training protocol, your counselor may ask to video or tape a record of the session, and may ask if one of her supervisors can sit in on a session. You have the right to refuse these options, yet we do so for the sole purpose of furthering the counselors training skills and work with you.

Explanation of Counseling Fees. Payment for counseling is expected at the time of service. Currently, the fee for an initial assessment is \$125, and the fee for a 50 minute session is \$125. If necessary, counseling fees can be modified according to your ability to pay. We reserve the right to change our fees with 30 days notice. 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 the normal, hourly rate. Phone calls that exceed 10 minutes will be billed in 15 minute increments at the hourly rate. Please make checks payable to Living Hope Counseling.

Insurance. We do not bill 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, payment for services is due at the time of service and is ultimately the responsibility of the client, not the insurance company. Insurance companies will not likely reimburse you for missed appointments.

Appointments. Regular attendance at your scheduled appointments is one of the ways to a successful outcome in counseling. We reserve 50 minutes for each appointment with a client. Appointments canceled at the last minute are very detrimental to our time. Therefore, we ask that you notify us 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 \$50. Repeated late cancellations or missed appointments will be 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. 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 of our clients and balance our workload.

Availability of Services. Living Hope does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or the local hotlines (Crisis Hotline at: 602-222-9444, Samaritan Help Line at 602-254-4357, Empact at 480-784-1500 for 24 hour emergency services.) Established clients with an urgent need to make contact with a therapist may contact us, 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. Ordinarily, 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. The most common of these exceptions are when there is 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. In order to access records, we would appreciate a request be made in writing with 14 days notice. This LAC also participates in a process where selected cases are discussed with other professional colleagues to facilitate her 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. ***Please note that because she is a supervisee, as a licensed associate counselor, she currently works under direct/clinical supervision with Kristen Smith, LMFT, LISAC (602-448-7912) and clinical supervision with Lisa Watson, LPC (480-220-9258). Therefore, she will discuss your case and treatment with her supervisors.*** More information can be given to them than in the peer consultation process. The records are in the custody of a licensed health professional and will remain in their confidential care.

To currently locate or access medical records with Living Hope Counseling, please contact Kristen Smith at: 16421 N. Tatum Blvd. Suite #124, Phoenix, AZ 85032, 602-448-7912. If this practice is terminated or sold and this therapist is not otherwise available, please check the website at www.livinghopeforyou.com for updated information to contact an identified designee to locate and access records. Records are retained for six years after the last date an adult client received the professional services. If a client is a minor, 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 us if you decide 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 means that you have made the decision to take the risk that these communication 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 and help foster desired 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 tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues 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. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss and seek to resolve family issues. Minors are typically seen in some form of family therapy where at least one adult also participates in treatment. 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.

Treatment process and rights. Your counseling will begin with one or more sessions devoted to an initial assessment so that we 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 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. We reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for the counselor's skills or experience.

Client/Therapist 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 this LAC are clear in the 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 this counselor about it and if you feel the situation remains unresolved, please call her supervisor, Kristen Smith at 602-448-7912. It is never our intention to cause this to happen to our clients, but sometimes misunderstanding 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.

Legal Proceedings Every so often, a client may request my services in matters regarding a legal proceeding. It occasionally 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

Date

Signature

Date

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

Full name of minor: _____ DOB _____ Relationship: _____

Signature

Date

Payment Agreement

Living Hope Counseling • 16421 N. Tatum Blvd. #124

Phoenix, AZ 85032 • 480-313-8233

The purpose of this form is to provide you an efficient way of payment, if you so choose. It is also set up for the purpose of payment toward missed appointments. I welcome any questions you may have before signing.

- By completing and signing this Payment Agreement, you are indicating that you understand and agree to provide a valid credit card number, with expiration date, for payment of future therapy sessions, appointments, or other agreed upon fees.
- Your signature indicates you understand that if you do not attend a scheduled appointment, your credit card will be charged the regular cost of the session you reserved unless you canceled at least 24 hours in advance, business days Monday through Friday; for cancellations with less than 24 hours notice, the full service fee will be charged. For missed appointments with no notice given, the full fee will be charged.
- Your signature indicates you understand that you, not an insurance company or any other 3rd-party payer, will be paying for any missed or late cancelled appointments.
- Payments or co-payments are expected at the time of service or in advance of service, unless otherwise agreed upon. Your signature indicates you understand that if you do not pay with cash or check at the time of service, your credit card will be charged for your payment due. • Please note that we welcome Visa or Master Card; when using credit or debit card payments, a \$4.00 surcharge will be added to each card transaction.

Current Fees for Services:

Initial Assessment/Evaluation	\$125.00
Individual Therapy – 50 minutes	\$125.00
Individual Therapy – 90 minutes	\$185.00
Individual Therapy – 110 to 120 minutes	\$250.00
Marital and Family Therapy – 50 minutes	\$125.00
Marital and Family Therapy – 90 minutes	\$185.00
Letter and report writing – 50 min	\$65.00

Please enter the following information exactly as it appears on your credit card statement:

I understand and agree to comply with this Payment Agreement. I authorize the use of my credit card information for payment of services rendered.

Client/ Guardian: _____

Sign: _____ Date: _____ Print Name Signature Client

Name: _____ SS# (or Insurance ID#): _____ If

Different Than Above Day Phone: _____ Cell Phone: _____

Please Circle: VISA / MASTER CARD Card

Number: _____ Expiration: _____ Card

Verification Number: _____ Billing Zip Code: _____

Address: _____

_____ *Your credit card information will be held confidential and this information will be secured in your client file.