

# Consent for Treatment

Welcome to my practice. This document contains important information about my professional services, business policies, and your rights and responsibilities as a client. Please read this document carefully and feel free to ask questions.

Counseling cannot be defined in one broad statement as it has several operational definitions. According to the Professional Counselor Licensure Act, Title 59 of the Oklahoma Statutes, 59-1902

*“Counseling” means the application of mental health and developmental principles in order to:*

- a) *Facilitate human development and adjustment throughout the life span,*
- b) *Prevent, diagnose or treat mental, emotional, or behavioral disorders or associated stress which interferes with mental health,*
- c) *Conduct assessments or diagnoses for the purpose of establishing treatment goals and objectives, and*
- d) *Plan, implement or evaluate treatment plans using counseling treatment interventions.*

The counseling experience and outcome is very subjective, and depends on several factors including but not limited to the client’s and/or the therapist’s personality, the particular problem the client brings to counseling, and the therapist’s style and approach to counseling. There are a number of different approaches that can be utilized to address the problems you wish to resolve. Each counselor practices counseling based on their previous training, experience, and expertise. Counseling is also a collaborative effort between the therapist and the client. It differs from the regular doctor’s visit, in that counseling requires an active participation and effort on the part of the client for change to occur.

Counseling is a relationship that works, in part, because of clearly defined rights and responsibilities held by each person. This frame helps the client feel safe to take risks and receive support to become empowered by the change. As a client, you have certain rights and limitations that will influence your therapy that you should be aware exist. As a counselor, I have corresponding responsibilities to you.

## My Responsibility to You as Your Counselor

**I. Confidentiality.** One of your most important rights involves confidentiality. Within certain limits, the information you provide during the counseling sessions will be kept strictly confidential and it will not be revealed to any other person or agency without your written permission. This also includes situations in which you may choose to have a family member or friend attend the session for support. Their physical presence in the sessions does not constitute ground for me to communicate with them without your written consent. There are certain legal and/or ethical limits to confidentiality which require a counselor to reveal information obtained during counseling to other persons or agencies, without the client's permission. Limits to confidentiality include the following:

1. If you threaten grave bodily harm or death to another person, I am required to inform the appropriate legal authorities and the intended victim.

2. If you express a serious intent to grievously harm yourself, it may be necessary for me to reveal information to family members and/or persons authorized to respond to such emergencies, in order to protect you from harm.
3. If a court of law issues a legitimate subpoena or court order, I am required to provide information that is specifically described in the document.
4. If you are being evaluated or treated by an order from a court of law, the results of the evaluation or treatment ordered must be revealed to the court.
5. If I have a good reason to suspect that a child or elder is a victim of physical abuse, sexual abuse, or neglect, these suspicions must by law be reported to the Department of Human Services.

If you elect to communicate with me via email or text at some point in our work together, please be aware that these forms of communication are not completely confidential as they can be retained in the logs of internet service providers, or telephone service provider. The email and text exchanges we have will be documented in your treatment record.

If we happen to see each other in public places, please know that I am not able to acknowledge you, unless you acknowledge me first. I would prefer if we don't engage in conversation about our work together outside the counseling office. In addition, I am unable to respond to Facebook friend requests for privacy and professional reasons.

#### **Additional Policy if you Receive Relationship Counseling from Me**

If you and your partner are considering that you want to have individual sessions as part of your couple's therapy or in addition to it, what you share with me in those sessions will be kept confidential. Only with your written consent will I be able to share that information with your spouse or partner. Do not share with me anything you wish to keep secret from your partner. If you do, it is expected that you will tell your partner what you have shared with me, otherwise I will not be able to continue the couple's therapy.

## **II. Record-Keeping and Managed Mental Health Care**

I keep very brief records, noting only that you have attended, the general topics we discuss, and interventions used. Please know that I don't write verbatim what we talk during the entire session. These records are used for therapeutic purposes only. You have the right to request a copy of your records. I can provide a copy of your records or treatment summary to any other health care provider or third party only with your written consent. If you need any of these forms please notify me in advance (preferably a week notice) otherwise a **\$50 emergency fee** will be charged in addition to the cost of copying or writing the summary. I maintain your records in a secure location that can only be accessed by me. Your records are kept for seven (7) years then they will be securely destroyed.

#### **Additional Policy if you Receive Couple Counseling from Me**

The information discussed during couple sessions will not be used in any legal proceedings involving you and your partner. If you and your spouse/partner need proof that you attended couple's counseling, I will provide you a written statement after both of you have given me a written consent.

### **III. Fees**

My standard session fee is \$75 for individual counseling and \$100 for couples/families for a 50- minute session. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. The fee is due at the end of each session, and the payment is not refundable. I accept cash, check, credit or debit card. You are not required to make an appointment at the end of any of our sessions. If you choose to make an appointment, I will send you a reminder (via phone, text, or email per your directive) two days prior to the appointment (48 hours in advance). Please confirm, cancel or reschedule the appointment the day I send you the reminder the latest by 8pm, otherwise it will be assumed that you cancelled without proper notification and you will be charged the full fee. These charges are not refundable and the appointment will become available to other clients. I understand most of us have busy lives and at times clients forget to respond to the reminder. I will initiate a follow-up reminder the following morning. If you cancel the appointment as a result of the follow-up reminder, you will still be financially responsible for the appointment (full fee, nonrefundable) since the 48 hours cancellation policy has not been followed.

Emergency telephone conversations less than 10 minutes long are free-of-charge. If we spend more than 10 minutes speaking on the telephone, and/or more than 10 minutes reading and responding to emails from you during a given week, I will bill you on a prorated basis for that time.

In addition, if it becomes necessary for me to write formal statements on your behalf, I will bill you at a prorated basis for that time.

I do request a valid payment option on file, preferably with your full credit or debit card information. In certain situations, I can accept checks or cash if the client does not have a debit card. The credit/debit card payment option will not be used for billing purposes unless the client chooses to do so at the end of every session, and it will be kept on file until the client ends therapy. In addition, the credit/debit card will be processed for charge if the client misses an appointment or does not cancel/ reschedule the appointment as directed by the cancellation policy. The card information will be discarded when the client terminates therapy or is inactive for over 4 months.

I do not work with insurance companies at this time. If you wish to use your insurance, I will provide you with the necessary forms to help you file a claim. Insurance companies require a diagnosis to reimburse services. Not every client seeking counseling meets the criteria of a reimbursable disorder; therefore, I will not under or over-diagnose you for the purpose of financial remuneration from your insurance company. Clients should also be aware that insurance companies do not cover couple/marital counseling.

### **V. My Approach to Therapy**

I am a License Professional Counselor (#5106) in the state of Oklahoma, Grief Counselor and Certified Anger Specialist II. In my work with clients, I use a fairly direct style that combines several types of interventions. Some of these interventions are likely to include but are not limited to dialog, interpretation, cognitive reframing, explorative reflection, education, awareness exercises, journal-keeping, reading books/various materials. Their purpose is to help you explore, understand and generate adaptive solutions to current problems you wish to work on. Please know that I cannot and will not offer advice. You have the right to accept or refuse anything I suggest, with the understanding that change will require your active participation. Any significant change you wish to see is directly linked to the amount of effort and commitment you will perform during our work together.

Please know that counseling has emotional risks and benefits. Risks sometimes include a slight increase in symptoms or discomfort for a few sessions as problems are explored. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometime disruptive in your personal life. You may find that therapy will be a

source of strong feelings, some of them painful at times. Please know that counseling is an active intervention that will disrupt your emotional equilibrium possibly resulting in anger, frustration, sadness, despair, anxiety, and confusion. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people that take these risks find counseling to be helpful. In time, counseling often leads to significant reduction in feelings of distress, better relationships, and resolutions of specific problems. However, there are no guarantees about what specific benefits or risks you might experience.

Counseling is a mutually agreed upon relationship. Therefore, you as a client will have to decide if counseling is right for you, or if you wish to terminate it. There are a few situations that could occur in which I reserve the right to terminate services. These include:

1. If I am not able to help you because of the type of problem you have because I do not have the appropriate training, expertise, and competencies;
2. If you show signs of violence, verbally or physically threaten, or harass me; or
3. If you have dismissed the cancellation policy two sessions in a row.

If I terminate you from therapy, I will provide you with a referral to other sources of care, but cannot guarantee that they will accept you for therapy. If termination has been initiated due to point number three (above), you will be able to resume therapy with me if the payment for the two missed session was made prior to scheduling any future appointments.

You have the right to ask questions about anything that happens in therapy. I am willing to discuss and explain the techniques used, as well as to look at alternatives that might work better. I will keep full transparency in treatment and maintain an open communication with you. You have the freedom to end the treatment at any time.

Please know that I will not provide therapy or respond to therapy related questions outside the scheduled session. I will not engage in counseling over the phone, email, or text messages in-between sessions. Any communication we might have via phone, email, or text is solely to coordinate appointments.

## **Your Responsibilities as My Client**

You are responsible for coming to our session on time and at the time we have scheduled. It is your responsibility to confirm, cancel, or reschedule the appointment according to the cancellation/rescheduling policy or to make proper arrangements; otherwise you will be charged the full fee. If you are late, we will end on time and not run over into the next person's session. Once you confirm the appointment, if you have an emergency that will prevent you from attending the session, it is your responsibility to reschedule the missed appointment at the time of the emergency. In doing so, you will avoid the charges for the appointment. I will not accept last minute emergency cancellations unless it is a life threatening situation (car accident, child suddenly getting ill), so please give me at least 5-hour notice.

You are responsible to pay at the end of each session, unless other arrangements are made (such as paying in advance for several sessions). You are responsible to provide a valid payment options. If your check bounces or the credit/debit card provided on file does not work and you have ignored my attempts to remediate the situations, I reserve the right to give your name and the amount due to a collection agency.

You have the right to decide if working with me as your counselor is a good fit for you. You have control over the decision of how often you want to schedule sessions, the goals for counseling, and when you want to terminate treatment. I will be available to consult and discuss all these objectives with you, but ultimately it will be you that decides the course of action.

By signing this form, **I confirm that**

1. I read and understood the content of this document.
2. I understand and I am aware of my rights and responsibilities, as well as the risks and benefits of counseling.
3. I understand and I am aware of the policy to make, cancel, and reschedule appointments.

---

Client's Signature

Date

I acknowledge that this document has been discussed with me and all my questions had been answered. **I give my consent** to begin counseling with Alina Morrow LPCS, GC, CAMS II.

---

Client's Signature

Date

---

Counselor's Signature

Date