

## Office Policies & Informed Consent for Psychotherapy

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of.

**CONFIDENTIALITY:** With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission except where disclosure is required by law.

**WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW:** Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to me that the client presents a danger to others. Disclosure may also be required pursuant to a legal proceeding by or against you.

**EMERGENCY:** If there is an emergency during therapy, or in the future after termination, where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the biographical sheet.

**CONSULTATION:** I consult regularly with other professionals regarding my clients; however, each client's identity remains completely anonymous and confidentiality is fully maintained.

**E-MAILS, CELL PHONES, COMPUTERS, AND FAXES:** It is important to be aware that computers and unencrypted email, and texts (which are part of the clinical records) can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Emails and texts, in particular, are vulnerable to such unauthorized access due to the fact that servers or communication companies may have unlimited and direct access to all emails and texts that go through them. While data on my computer and cell phone are encrypted, regular emails and texts are not. I use Hushmail which provides two options for encryption of email: You may choose to create a free email account at hushmail.com, and communication between that account and my email account will automatically be encrypted; or you can request that I send only encrypted email to your regular

email address, in which case you will receive a message notifying you that you have received an email and will be prompted to create a passphrase to access and reply to the email with encryption. Your replies to an encrypted email will be encrypted as well if you respond through the secure hushmail site. You may also request to text via the messaging app Signal, which employs end-to-end encryption, rather than the default messaging app on your phone. Please notify me if you decide to avoid or limit, in any way, the use of **unencrypted** email & texts, as well as cell phone calls or voicemail messages. If you communicate confidential or private information via unencrypted email, texts or via phone messages, I will assume that you have made an informed decision, will view it as your agreement to take the risk that such communication may be intercepted, and will honor your desire to communicate on such matters. It is my policy to send text reminders approximately 24 hours in advance of appointments; please notify me if you do not wish to receive text reminders. Please do not use texts, email, voice mail, or faxes for emergencies.

**RECORDS AND YOUR RIGHT TO REVIEW THEM:** I keep very brief session records, noting only that you have been here, what interventions happened in session, and the topics we discussed. Please note that clinically relevant information from emails, texts, and faxes are part of the clinical records. Both the law and the standards of my profession require that I keep treatment records for at least 7 years. I retain clinical records only as long as is mandated by Nevada law. You have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider with your written consent.

**TELEPHONE & EMERGENCY PROCEDURES:** If you need to contact me between sessions, please leave a message at 702-604-5579 and your call will be returned as soon as possible. I check my messages once or twice during the day, unless I am out of town. If an emergency situation arises, indicate it clearly in your message and if you need to talk to someone right away call the 24/7/365 Crisis Call Center Hotline: 1 (800) 273-8255 or the Police: 911. Please do not use email or faxes for emergencies. I do not always check my email or faxes daily.

**PAYMENTS & INSURANCE REIMBURSEMENT:** You are expected to pay the standard fee of \$200.00 per session at the beginning or end of each session unless another arrangement has been discussed and agreed upon. Sessions are 60-75 minutes in length. Please notify me if any problems arise during the course of therapy regarding your ability to pay for services. I do not bill insurance companies. If you have coverage that includes out-of-network reimbursement, you may request a “superbill” which contains the information needed by the insurance provider to consider reimbursement. You should be aware that not all issues qualify for reimbursement, that a diagnosis of a mental disorder is required for payment by insurance companies, and that choosing to submit this information to your insurance company carries a certain amount of risk to confidentiality, privacy or to future capacity to obtain health or life insurance or even a job. The risk stems from the fact that mental health information is likely to be entered into big insurance companies' computers and is likely to be reported to the National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question as computers are inherently vulnerable to hacking and unauthorized access. Medical data has also been reported to have been legally accessed by law enforcement and other agencies, which also puts you in a vulnerable position. 2

**MY CREDENTIALS, TRAINING AND APPROACH TO THERAPY:** I have a Master of Science degree in Counseling earned in 2008 at the University of Nevada, Las Vegas. I am licensed in the state of Nevada as a Clinical Professional Counselor (#0058) and a Clinical Alcohol and Drug Counselor (#00117). I am certified in the Rosenberg system of Integrative Body Psychotherapy (IBP) as a practitioner and teacher. IBP is a philosophy of psychotherapy that affirms the inseparability of mind, body, and spirit in the human experience, and offers a framework for working with painful, limiting patterns on a body level in addition to psychological/verbal. I am trained in EMDR (eye movement desensitization and reprocessing), which I utilize as an integrative tool. My approach is also informed by mindfulness-based, humanistic, existential, and cognitive-behavioral elements. If you have questions about my approach to the therapeutic process or my training, please ask and I can elaborate as well as lend you books and resources for further information. You have the right to refuse anything that I suggest, and to ask about the reasons or intentions behind any intervention. You have the right to know about other treatment options available for your presenting issues.

**LIFE COACHING:** Coaching, like psychotherapy, is about change. In any process of change, discomfort inevitably arises. In a strictly coaching context, when painful or difficult obstacles arise, a coach is ethically required to refer clients to therapy. For this reason, I choose to offer coaching within the context of psychotherapy. Many certifications are available for life coaching, though none is needed in order for one to call oneself a coach. My coaching credential is Board Certified Coach from the Center for Credentialing and Education.

**RISKS AND BENEFITS:** Therapy has potential emotional risks. Approaching feelings or thoughts that you have stayed away from for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

**TERMINATION:** You normally will be the one who decides therapy will end. However, if I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgment not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. Your participation in therapy is voluntary and you have the right to terminate therapy and communication at any time. If you choose to do so, it is best to share your decision so that we may have the opportunity to take one or more sessions to review and close our work together. If I do not have contact or communication from you for a period of 120 days, I will assume that you no longer intend to remain active in this therapeutic relationship and your file will be closed. Returning to therapy for “tune ups” or to restart with new goals is always a possibility after termination.

**FOLLOWING:** I publish a blog on my website and may occasionally post wellness news or information on platforms such as Instagram or Twitter. I have no expectation that you as a client will want to follow my online activities. However, if you use an easily recognizable name and I happen to notice that you’ve followed me there, we may briefly discuss it and its potential impact on our working relationship. My primary concern is your privacy.

You are welcome to use your own discretion in choosing whether to follow me. Note that I will not follow you back: I do not follow current or former clients on blogs or social media platforms. My reasoning is that viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together.

**SOCIAL NETWORKING:** I do not accept friend requests from current or former clients on social networking sites, such as Facebook. I believe that adding clients as friends on these sites and/or communicating via such sites can compromise their privacy and confidentiality. In addition, accepting friend requests from clients is prohibited by the ethical guidelines of the American Counseling Association, by which I am bound. For this same reason, I request that clients not communicate with me via any interactive or social networking web sites.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24-notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, a late cancel fee of \$50 will be charged for sessions missed without such notification. In the unlikely event I should need to cancel or re-schedule an appointment with you with less than that 24-hour notice, you would receive a \$50 credit on your next session to reciprocate this respect for one another's time.

**COMPLAINTS:** If you're unhappy with what's happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can complain about my behavior to the State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors and/or the Nevada State Board of Examiners for Alcohol, Drug, and Gambling Counselors. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want kept confidential.

*I have read the above Office Policies and Informed Consent for Psychotherapy carefully (a total of 4 pages); I understand them and agree to comply with them:*

**Client's Name (print)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_