**INFORMED CONSENT FOR PARTICIPATING IN COUNSELING TREATMENT**

Welcome! I realize that starting counseling is a major decision and that you may have many questions. This document is intended to inform you of my practice policies, state and federal laws, and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

**THE COUNSELING PROCESS**

**Philosophy of Counseling Statement**

Counseling is an opportunity for two people, counselor and client, “to walk together” in attempts to help the client better understand him/herself. Counseling involves examining your environments, emotions, and physical and behavioral health which gives a complete picture of why you deal with occurrences in your life in a certain way. A therapist is a trained specialist who can talk with you about emotional and personal matters and can help you make healthy decisions that are best for you. The type of counseling offered to clients varies depending on the personalities of the counseling and the client and the particular problems you bring forward.

**Purpose & Goals of Counseling**

There are many reasons people seek counseling, however in general clients are looking for an enhanced sense of self understanding and acceptance. This process includes understanding how past experiences have shaped the way we view ourselves, as well as how we understand how we relate to others. Therapy provides a safe place to explore reactions, thoughts, and feelings about people in your life as well as yourself. It allows you the opportunity to practice new ways of interacting and, when ready, to try these in other relationships. Counseling is a chance for you to work on achieving a healthy emotional and psychological well-being, and where you can use your cognitive and emotional capabilities to best function in society and meet the ordinary demands of everyday life.

Counseling is not like a medical doctor visit but rather instead calls for active effort on your part. The counseling process has a clear beginning, middle, and end. In order for the therapy to be most successful you will have to work on things we talk about both during our sessions and at home. It is a joint effort, which cannot be successful without your hard work, energy, and courage.

**Limitations, Potential Risks, and Benefits of Counseling Services**

Counseling can have benefits and risks. Sometimes people find that they have a temporary increase in their level of distress when beginning counseling because the process of working on professional issues can be difficult. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience.

**Format and Length of Typical Counseling Sessions**

* Individual Counseling Sessions: 50-60 minutes
* Family Sessions: 80-90 minutes
* Marital & Couple Sessions: 80-90 minutes

If counseling is begun, sessions typically begin weekly, although some sessions may be longer or more frequent depending on the nature of treatment. In addition, the duration of treatment is different for each person and is derived from each client’s outlined goals. It can be hard to estimate an exact timeline, but this will be addressed throughout the counseling process.

**Initial Diagnostic Intake Session**

Our first initial session will involve an evaluation of your needs, which typically takes 60-75 minutes. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a list of specific agreed upon goals that you could achieve in treatment. During this time we can also both decide if I am the best person to provide the services you need in order to meet your goals. You should evaluate this information along with your own opinions of whether you feel comfortable working with me.

**Implications of a Diagnosis**

The purpose of psychiatric diagnosis is to assist in the formulation of appropriate treatment that includes recognition of signs and symptoms as well as understanding and analyzing the cause or nature of the issue. However, like any other assessment procedure, a diagnosis is constantly evaluated and altered as needed throughout counseling.

**MY PROFESSIONAL COUNSELING WORK**

**My Qualifications**

I am a Licensed Professional Clinical Counselor & Supervisor (LPCC-S) with a Master of Arts in Counselor Education from The Ohio State University. The Ohio Board of Counselor, Social Worker, and Marriage & Family Therapist Board has licensed me to offer psychotherapy services in the State of Ohio (License #E. 1000102SUPV) and to also supervise clinical counseling graduate students seeking their LPC and LPC’s seeking their independent LPCC license. I hold Bachelor of Arts degrees in Theology and Psychology from Ohio Dominican University. I also hold current professional memberships with the American Counseling Association, the American College Counselors Association, the Ohio Counselors Association, the Central Ohio Counseling Association, and the Ohio College Counselors Association.

**Ethical Standards**

As a professional counselor, I follow a number of ethical codes. My primary code of ethics is one endorsed by the American Counseling Association (ACA) of which I am a member. I am also a member of and follow the Codes of Ethics endorsed by the Ohio Counseling Association.

**Counselor Theoretical Orientation**

My theoretical orientation is heavily focused on using a wellness and strengths-based approach to counseling and draws from Cognitive-Behavioral, Interpersonal, and Acceptance-Commitment therapies. I am also comfortable discussing and integrating spiritual and religious values and concepts into therapy work as clients request it.

**Techniques and Procedures used in Counseling**

There are many different methods I may use to deal with the problems that you hope to address. You will initially be interviewed and may be asked to fill out some questionnaires to assist me in determining how to best help you. Sometimes additional psychological testing is conducted and I will discuss with you the reasons for this if it is relevant. Treatment may also include group treatment and/or involving family members or significant others in some individual sessions. Also, you will often be expected to work on specific tasks or “homework” outside of therapy sessions, which will be decided upon in sessions. All treatment will be conducted only with your consent. If at any time you have questions about my procedure, we should discuss them immediately.

**Client Right to Refuse Services and Recourse for Dissatisfaction with Services**

If you are not feeling satisfied with your treatment for any reason you are asked to discuss this with me. I will work with you to uncover what might be preventing progress, will modify goals if appropriate, and if necessary, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

**Multicultural Considerations**

I am committed to maintaining counseling relationships that recognize and value the inherent worth and dignity of every client; foster sensitivity, understanding, and mutual respect; and encourage clients to strive to reach his or her own potential. I do not discriminate against any client on the basis of race, religion, color, sex, age, national origin or ancestry, marital status, parental status, gender identity, sexual orientation, ability status, health statues or veteran status.

**COUNSELING FEES & BILLING**

**Counseling Service Fees**

* Individual Counseling Sessions: 50-60 minutes ($90.00)
* Family Sessions: 80-90 minutes ($140.00)
* Couple Sessions: 80-90 minutes ($140.00)

**Insurance Billing & Sliding Fee Scale**

I am currently unable to bill your insurance provider and there are a variety of reasons why I am not on insurance panels. First, I am able to keep my counseling fees lower for clients by not hiring an insurance billing person. Secondly, confidentiality is not preserved to the fullest when insurance companies are billed as I am forced to share a diagnosis with them. Lastly, insurance companies often limit or dictate your mental health benefits with then restricts my ability to offer you good continuity of care. I am, however, committed to good, client care and offer a sliding fee scale rate to clients who cannot afford my services based upon client income and lifestyle circumstances. We essentially negotiate a rate that is fair to the therapy work I will be doing and your financial situation. Most clients find that they are able to pay between $50-$90.00 per individual session.

**SCHEDULING/CANCELING/REARRANGING APPOINTMENTS**

**Therapyappointment.com Client Portal System**

I use a confidential online therapy software program called Therapyappointment.com, which is a client portal system that permits you to view my schedule (no client names are ever visible), schedule/cancel sessions, and send me a secure private email. It also will send you email, text, or phone message reminders of our appointments. Once an appointment is made, either in person or via this system, you will be expected to show unless there is 24-hour advance notice of cancellation. The system will not permit you to cancel or rearrange appointments with less than 24 hours notice.

**Late Cancelations & No-Show Appointments**

**Once an appointment hour is scheduled you will be expected to attend unless there is 24 hours advance notice of cancelation. I take great care in scheduling my clients as quickly and efficiently as possible and I often have a two to three week wait list for clients wishing to be seen.** Should you need to cancel a session I will try to find another time to reschedule our appointment. While I rarely need to enforce this policy, a $25.00 cancellation fee will be assessed should you choose to not come to your appointment or if you cancel without appropriate time for me to fill your spot.

**COMMUNICATION & USE OF TECHNOLOGY**

**Email Communication**

The use of technology can be quite helpful throughout the therapy process, however there are some legal and ethical limitations and precautions I must take in order to safeguard our relationship and work together. **Because Email is not a secure form of communication I only use the encrypted email system in therapyappointment.com to keep our communication confidential*.***Emailing through systems such as Gmail and Hotmail are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all emails that go through them. Please notify me if you decide to avoid or limit, in any way, the use of email. Unless you tell me otherwise, I will continue to communicate with you via email when prompted by you and/or when necessary or appropriate. I cannot guarantee a prompt response by e-mail and email should not be used in emergency situations.

**Social Media**

I refrain from communicating with or “friending” clients through online social network sites such as Facebook, Linked-In, Twitter, etc. both during counseling and after we terminate our relationship to continue to preserve our confidential relationship.

**Parents & Minors**

While privacy in therapy is crucial to successful progress, parental involvement is essential. In order to create a safe place for adolescent in counseling it is my policy to share general information about treatment progress and attendance throughout the course of therapy approximately every three sessions. There are three exceptions in which I will break confidentiality: if there is concern that a student may harm him/herself, if the student may harm others, or if the student may be harmed. In any of these cases, I will make every effort to notify the student of my intention to disclose information to parents, create a plan to do so together, and make every effort to handle any objections that are raised.

**Communication With Other Medical Professionals & Schools**

It is often helpful to give me contact information for a trusted teacher or counselor at your student’s school as I sometimes may request to speak to someone at a school to find out how things are going. However, I will not share any information with a student’s school unless I have obtained written and verbal permission from the parent or guardian. In addition, sometimes a doctor, psychiatrist, nurse, dietician, massage therapist, sports coach, etc. and I may need to work together to offer more support you or your student. Again, I will always obtain written permission in advance for such cases.

**Confidentiality, Privileged Communication, Client Access to Records, and HIPPA Information**

What we discuss together is kept confidential, or private, with some exceptions. I may occasionally find it helpful to consult other professionals about a case to be sure I am offering you the best care possible. During a consultation I make every effort to avoid revealing your identity and consultants are legally bound to keep the information confidential. In addition, should I need to share information for purposes of arranging vacation or leave time, I will obtain your consent for sharing basic information with an alternate counselor should the need arise for counseling in my absence.

The Health Insurance Portability and Accountability Act (HIPPA) Notice of Privacy Practices also provides detailed information about how private information about your healthcare is protected and under what circumstances it may be shared (see below section on HIPPA). In general, the law protects the privacy of all communications between a patient and a counselor, and I can only release information about our work to others with your written permission. You have been given a copy of the Notice of Privacy Practices form which I would encourage you to read.

**Contacting Me in Emergency Situations**

I work a variety of both daytime and evening hours Monday through Friday and am often seeing clients in back to back sessions. Therefore is not always possible for me to return all phone messages or emails in the same day in which they were sent. I am also sometimes out of the office during the week offering trainings and consulting with schools and businesses. You may email me or leave a confidential voice mail message and I will make every effort return your message as soon as I can. If you are unable to reach me and feel that it is an emergency, please call 911 or contact the nearest emergency room and ask for the counselor or psychiatrist on call.

Your signature below indicates that you have read the information in this document, give informed consent for therapy treatment by Laura J. Lewis, M.A., L.P.C.C.-S and agree to abide by its terms during our professional relationship. Please sign your name on the appropriate line below to indicate that you have read and understand: (1) this Informed Consent form for participation in treatment, (2) the Notice of Privacy Practices form and how information about you may be used or disclosed, and (3) that you consent to treatment and the provisions in the Informed Consent and Notice of Privacy Practices form.

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Adult/Student Client Signature Date

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If Client is a Minor, Client Parent/Guardian Signature Date

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Laura J. Lewis, M.A., L.P.C.C.-S Date