

Professional Counseling Associates, LLC
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Informed Consent for Assessment and Treatment

I want to welcome you to our practice at Professional Counseling Associates! In order to assist you in understanding the responsibilities and expectations involved in the counseling relationship, **I would ask that you read this document carefully and discuss any questions you might have before you initial and sign.** At the close of our initial session, if you choose to continue counseling, you may request a copy for your personal reference.

Assessment/Treatment Process and Rights

In order to better understand you and your situation you will be asked a variety of questions. Common questions include your goals, when you noticed the problem(s), how it impacts your day-to-day functioning, etc. Other questions inquire about your physical symptoms, medications and/or health concerns, relational conflicts, family dynamics, your thoughts and feelings. It may be appropriate for you to consult with your primary care physician or a psychiatrist depending on your symptoms and concerns. You have the right not to disclose information or talk about topics you find uncomfortable, though this may make accurately assessing or treating your situation more difficult, and if the assessment is not accurate, the treatment may not be helpful or may take much longer.

When the initial assessment process is complete, we will discuss ways to treat the issues that have brought you into counseling and develop a treatment plan. You have the right and obligation to participate in treatment decisions and in the development and periodic review and revision of your 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.

Process and Values

One of the distinctive aspects of my practice is my commitment to provide quality professional Christian counseling to those who desire such an emphasis. It is not essential that my clients share my Christian beliefs, but you have a right to know that my value assumptions are rooted in my faith in Christ. I am committed to providing a safe environment in which my clients experience the freedom to explore their own beliefs and make their own choices regarding life and relationships. My desire is to support and not hinder this process. The emphasis on quality counseling is based on professional training and is continually being expanded through ongoing involvement in the continuing education process through seminars, research, supervision, networking with other professionals, and personal reading and study. The Christian emphasis is based upon reliance on the Bible as the ultimate source of truth, and in the supernatural power of Jesus Christ and the Holy Spirit to transform lives. This does not imply that everything done in the counseling session will be of a "spiritual" nature; rather, this will be the framework upon which I will implement various techniques and tools, as they appear to be most beneficial for the specific individual.

Initials_____

Benefits and Risks

Counseling has been shown to have many benefits including healthier relationships, solutions to specific issues, improved coping skills, and significant reduction in feelings of distress. However, like most endeavors in the helping professions, it is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. 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 in the first place 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. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

Emergencies and Availability

Our practice does **not** have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact – 480-784-1500, Banner Help line - 602-254-4357, ValueOptions – 602-222-9444).

Established clients with an urgent need to make contact may call me, but an immediate response is not guaranteed. Phone messages and emails are not typically returned outside of normal business hours. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Client's Emergency Contact Information:

Name of Emergency Contact: _____

Relationship to Emergency Contact: _____

Phone number of Emergency Contact: _____

Email address of Emergency Contact: _____

Address of Emergency Contact: _____

*** I understand by signing this form I consent for Kelly Morris and/or PCA to contact emergency services and/or the individual I specified above under the "Client's Emergency Contact Information" if deemed necessary.**

Professional Disclosure and Credentials

I am a Licensed Professional Counselor for the State of Arizona, meaning I have earned a Master's Degree in Professional Counseling, passed my state exams, and obtained full professional licensure. My emphasis is in Marriage Counseling. In the case of marriage/couples counseling, both parties are considered my "client". Each person will sign the informed consent that signifies your agreement to be my "client" as a couple. There may be a few individual sessions that will assist in our conjoint sessions, but please be aware; in these cases there are no bounds of confidentiality. I also see individuals for spiritual, mental (depression, anxiety, etc.), emotional, and relationship issues, utilizing training in Family Systems therapy, cognitive-behavioral, and other inter subjective approaches.

Initials _____

I reserve the right to refer a client to another therapist or appropriate resources at any time if his or her needs in therapy are not a good match for my skills or experience.

Privacy, Confidentiality, and Records

All communication and records created in the process of counseling are held in confidence. As a recipient of services from PCA the office manager or office assistant may have access to information about you: your name, contact information, billing codes, and your presence on my scheduling calendar. There are several exceptions to confidentiality defined in state and federal law. It is at the counselor's discretion to breach confidentiality if I think you are a danger to yourself or others. Other exceptions and limitations to confidentiality include disclosure of child abuse or neglect, disclosure of abuse or neglect of a vulnerable adult, and court subpoenas. Audio or video recording of any counseling session is strictly prohibited without the written consent of the counselor and client. **This includes any recording device.**

In accordance with Arizona Revised Statute (A.R.S.)12-2293, with your written request of access to or copies of your client records, I shall provide your client records to you or the person you designate in writing (i.e., another health professional or your legal representative) unless I determine and notify you that access to your client records is contraindicated. There may also be additional limitations on access to your records not mentioned here but found in the Arizona Revised Statutes that apply. If I determine that you should not have access to your client records, I shall note this determination in your client record. Because these are professional records, that can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence. Client records and information are in the custodial property of PCA. If I am unavailable for an extended period of time, a protocol has been established so that you may be able to access your records. ***Request for Records - PCA requires a signed written notice before copies of records or in order for records to be sent to another party. Our agency has up to 10 business days to fulfill the request. The fee for copying a chart is \$20 for the first twenty pages and \$0.25 for each additional page.***

Digital and Electronic Communication and Information

Rapidly changing technology has made cell phones, email and other electronic communication commonplace. Forwarding calls, messages and emails increase the potential for communication to be intercepted in transmission, misdirected, or retrieved unintentionally. While most of these services are generally reliable, they are not as secure or dependable as face-to-face communication. Diligent efforts are made to safeguard electronic communication, but please do not include sensitive personal information or extensive identifying information (usually one can schedule or cancel appointments, ask for general information and leave one's name and number). Electronic storage of information can be

compromised, often without either party realizing confidential information has been taken. Should there be a breach of electronic information, PCA will attempt to notify all relevant parties.

Electronic Therapy

Though some telecommunication and telemedicine services claim to be HIPAA compliant, we cannot guarantee complete privacy and confidentiality during online sessions.

Initials _____

Our 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, both in person and online. For this reason, I will not participate in social media interchanges. Therefore, attempts to befriend me online will not be accepted. The purpose of these boundaries is to ensure that you and your therapist are clear in your roles for treatment and that your confidentiality is maintained. If at any time you believe you have been treated unfairly or if you become uncomfortable about any aspect of our counseling relationship, please talk with me about it to avoid future misunderstandings. Our contact as counselor and client will remain on the professional level, limited to only office and phone interactions concentrating on the most appropriate care for you as my client. **PHONE & TEXTING:** I will use a cell phone to communicate with clients primarily for scheduling and NOT for counseling themes, suggestions or treatment conversations. It is my policy to not offer counseling interactions by text.

Financial Policies

Payment is expected at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for an initial individual assessment is \$140.00, and initial 90 minute assessment for couples is \$280.00. The fee for a 55 minute counseling session is \$140.00. Options for a longer session duration can be scheduled and agreed upon by me and the client. In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, telephone counseling, books and materials, etc. There will be a \$35.00 fee for checks that are returned as non-sufficient funds or non-payable. I reserve the right to change my fees with 30 days notice. Credit cards, cash, personal checks or money order/cashier's checks are acceptable forms of payment.

Based on the 2022 federal legislation called the "No Surprises Act," you are entitled to a good faith estimate of the total costs of these services. Of course, the estimated total cost of services is dependent upon many things, such as the type of services engaged in, the themes and issues the client wishes to address with psychological evaluation or in psychotherapy, the number of issues and/or symptoms addressed, the severity of any symptoms, any changes in symptoms or additional issues addressed over the course of the psychotherapy services, the identified goals set by the client, and any other unique

circumstances for the client and related recommendations made by the provider. Typically, individuals choose to continue in psychotherapy for ten sessions or longer, and the sessions are often once per week or once every other week. Some clients experience relief of symptoms or meet goals sooner and this is considered brief therapy. Others may seek to continue in psychotherapy or related services for a longer period of time. The choice for brief therapy or longer-term services is voluntary and there is no right or wrong answer - it is up to the client. Of course, it is difficult for the provider to give an exact estimate of what the total cost of services might be at the beginning of the process, as assessment (including possible diagnoses) and treatment has not started yet, but the federal No Surprises Act dictates that best efforts are to be made toward this end. Thus, please calculate the **\$140.00** hourly rate for the type of services you are seeking with the initial number of hours you expect to engage in with me (and please feel free to discuss this directly with me if you have questions). Also please know that the ultimate cost for services may be different than the initial estimate, especially after more is known about the client(s) and the situation, and as treatment ensues, as this good faith estimate is not a contractual agreement that guarantees a certain total cost or expected payment - it is just an estimate of possible costs. As services ensue, the good faith estimate may change. There also may be other reasons that clients extend or discontinue services, as each client's situation is unique.

Initials _____

As the client, you also have the legal right to ask questions and dispute any invoices or costs that you do not agree with or believe are excessive when compared to the good faith estimate. Please talk to your provider or the office staff if you have further questions about the fees and the possible duration of services to meet your unique and desired goals. Also, at any time, you can request a full ledger of all services provided, as well as fees invoiced and paid, from our office.

Insurance

I do not bill insurance companies. If you have an insurance provider, please check with your company to see if it will provide any “out of network provider” benefits for you. I will be glad to offer you a “super bill” with appropriate codes that you can attempt to submit to your provider. In all cases, payment for counseling services are due at the time of service and is the responsibility of the client. Please note that the billing codes have changed this year and only include categories that cover one-hour sessions and multi-hour sessions on the same day may only be recognized by your provider as a one-hour service.

Appointments and Availability of Services

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve at least 55 minutes for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. I understand that unexpected things happen, but I ask for your proactive and conscientious approach to our time and relationship. ***You will be financially responsible for THE FULL SESSION COST for appointments you fail to cancel in accordance with this policy.*** Appointment availability varies with the client load at the time. High demand appointment times are likely to be sporadic in their availability. I reserve the right to limit our commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

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 this agreement. **This agreement becomes effective on and will continue in effect for 365 days from below date, unless otherwise modified.**

Signature: _____ Date: _____

Signature: _____ Date: _____

Therapist Signature: _____ Date: _____
Licensed Professional Counselor for Arizona LPC-17005