

Professional Counseling Associates, LLC
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Informed Consent for Assessment and Treatment

We want to welcome you to our practice at Professional Counseling Associates. We are pleased you have chosen our services. In order to assist you in understanding the responsibilities and expectations involved in the counseling relationship we ask that you read and sign the following informed consent. At the close of your initial session, if you choose to continue counseling, you may request a copy for your personal reference. 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 my skills or experience.

One of the distinctive aspects of my practice is my commitment to provide quality professional Christian counseling to those who desire such an emphasis. While I have a strong desire to integrate theories of psychology with Christian faith, I recognize that many individuals prefer not to involve faith in their work towards personal growth. I allow the client to determine what concentration of faith, if any, they prefer in the session. 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 we will implement various techniques and tools as they appear to be most beneficial for the specific individual.

Financial. 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 assessment is \$115.00, and the fee for a 45-50 minute counseling session is \$115.00. In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, telephone or electronic counseling, books and materials, etc. There will be a \$35.00 fee for checks that are returned as non-sufficient funds or non-payable. We reserve the right to change our fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and our refund and collection policies. Please discuss these with us if you have a concern.

Insurance. I am currently not contracted with insurance companies. We will supply you with a superbill that you can turn into your insurance company so they can reimburse you directly. There are no double sessions available to clients at this time due to insurance companies not reimbursing for this service; should you seek reimbursement for a session lasting longer than 60 minutes, it will likely be denied by your insurance company. In all cases however, payment for services is due at the time of service and is ultimately the responsibility of the client, not the insurance company.

_____ Client's Initials

Availability of services. 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. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve 45-50 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. ***You will be financially responsible 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. 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 our clients and balance our workloads.

Our office is not able to do reminder calls. Therefore, please make a note of the date and time of your next appointment whether it is made over the phone or in person.

Privacy, confidentiality, and records. Ordinarily, all communications and records created in the 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, when the court issues a subpoena, or when child/elder abuse or neglect is involved.** We also participate in a process where selected cases are discussed with other professional colleagues to facilitate my 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. **If you would like me to have contact with a 3rd party, you will need to complete an Authorization to Release/Exchange information form.**

There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against us, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex.

Request for records: Our agency 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 .33 for each additional page.

Audio and Video Recording: The recording of any counseling session is strictly prohibited without the written consent of the counselor and client. This includes any type of audio or video devices.

_____ Client's Initials

Emailing: Please be aware that there is no guarantee of confidentiality through email correspondence due to the accessibility of others to the internet and email accounts. In the situation where my reply to an emailed question takes longer than 5 minutes, \$1 will be charged for each minute necessary to respond adequately to the client.

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 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. Your openness and willingness are instrumental. 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.

Treatment process and rights. Your counseling will begin with one or more sessions devoted to an initial assessment so that I 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 have the right and the 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 or such refusal or withdrawal.

Our relationship. The client/counselor relationship is unique in that it is exclusively therapeutic and remains professional in nature. For instance, it is inappropriate for a client and a counselor to spend time together socially. As well, I do not maintain social media contacts with current clients or with former clients within the first two years of formally ending the therapeutic relationship (i.e., Facebook, LinkedIn, etc.) The purpose of these boundaries is to ensure that both parties are clear in their roles for your treatment success 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 us about it. It is never our intention to cause this to happen to our clients, but sometimes misunderstandings 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.

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.

_____ Client's Initials

Client Signature:

Date:

Parent Signature (refers to minors):

Date:

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

Full name of minor :

DOB:

Relationship:

Therapist Signature:

Date:

For office use only - verification that client has read and understands informed consent document

Authorized Representative:

Date:

_____ Client's Initials