

*Professional Counseling Associates, LLC*  
**Tessa Tyson, M.MFT, LMFT**  
*Licensed Marriage and Family Therapist*  
9332 E Raintree Drive, Suite 160, Scottsdale, AZ 85260  
480-730-6222 480-889-5566 fax

## **Informed Consent for Assessment and Treatment**

I want to welcome you to our practice at Professional Counseling Associates. I am pleased you have chosen our services. In order to assist you in understanding the responsibilities and expectations involved in the counseling relationship I would ask that you read and sign the following informed consent. At the close of our initial session, if you choose to continue counseling, you may request a copy for your personal reference. We can discuss any questions you have about the procedures. When you sign this document, it will also represent an agreement between us. You may revoke this agreement in writing at anytime. That revocation will be binding on me unless I have taken action in reliance on it.

I have a Master's in Marriage and Family Therapy from Abilene Christian University and am licensed by the Arizona Board of Behavioral Health Examiners as a Licensed Marriage and Family Therapist. This means that I have earned my master's degree and state exams have been passed. I 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.

I believe that a strong relationship with Jesus Christ facilitates a person leading a healthy, productive life. My own belief in Jesus Christ is the overriding influence on the counseling I provide. It is not essential that you share my Christian beliefs, but you have the right to know that my value assumptions are rooted in my faith in Christ and influenced by my experiences. In addition, the Scriptures are my source of truth and I will help you seek biblical solutions if desired. 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, networking with other professionals, and personal reading and study. You are free to discuss this with me at any time.

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 \$165.00, and the fee for a 50 minute counseling session is \$110.00. 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 \$25.00 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. 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 do not bill insurance companies. If you are using an insurance program, I will supply you with a superbill that you can turn into your insurance company so they can reimburse you directly. Reimbursement is made at the sole discretion of your insurance company and is not guaranteed. In all cases, payment for services is due at the time of service and is ultimately the responsibility of the client, not the insurance company.

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 50 minutes for each appointment with a client, unless otherwise agreed upon at the time of scheduling. 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. 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. I am committed to your care and to the confidentiality of all personal information shared. Your identity and personal information will be protected and released only to those persons for whom you give signed consent, or in numerous exceptions as required by law. For instance, there are some situations that may require me to make a mandatory report to the proper authorities without your permission or knowledge. (Please feel free to discuss exceptions to the confidentiality rule with me.) These situations include, but may not be limited to a client's: indications of bodily harm to others, suicidal intentions, and reasonable evidence of child or elder abuse/neglect (Arizona Revised Statute (A.R.S.) § 13-3620). If any of these occur, the proper medical, law enforcement, and other concerned parties will be notified. I may also disclose information in response to a subpoena issued by a court of law. I 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. 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. If you have reason to believe that your personal information has not been carefully guarded, please report the problem to me. You may terminate your relationship with me at any time, and are under no obligation to complete the sessions scheduled. If at any time, you are dissatisfied with my approach to your care, I encourage you to seek professional counseling elsewhere.

***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 .25 for each additional page.***

In accordance with the Arizona Revised Statute (A.R.S.) §12-2293, with your written request of access to or copies of your client records, I shall promptly provide your client records, or a summary, to you or the person that you designate in writing (for example, another health professional or your legal representative) unless I determine and notify you that access to your client records is contraindicated. Also, I am exempt from making available raw test data and psychometric testing materials. 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 in your client record. Because these are professional records, they 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 Professional Counseling Associates, LLC.

**E-Mail/Texting.** Please utilize e-mail/text at your will and discretion, as the server is a non-encrypted server and therefore you must assume no confidentiality. It is recommended that you provide minimal identifying information in the body of the message, and provide only the details you feel necessary. Responses to e-mails/text will be as thorough as needed to appropriately and fully address the inquiry. In cases of inquiries of a clinical nature, I will respond with a request to come in to the office to discuss the matter in a scheduled session. This policy not only protects your confidentiality but also allows us to handle sensitive matters in an ethically responsible manner. Please note that e-mails/text are an acceptable way to schedule or change an appointment time, and a confirmation e-mail/text will be sent to you after an appointment has been scheduled or changed.

**Purpose, limitations, and risks of treatment.** Counseling has been shown to have many benefits including better relationships, solutions to specific issues, and significant reduction in feelings of distress. However, there are no guarantees of what you will experience. 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. While I cannot remove these feelings from you, I will help you work through them, or assist you in finding an alternative counselor. 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. You are free to discontinue counseling at anytime. Occasionally, I may elect to discontinue counseling. This usually happens when I think that no substantial progress is being made. If counseling ends prematurely, I will help you find qualified help elsewhere.

**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. It is

important that you actively participate in the sessions and work on the things we discuss in the sessions and outside of the sessions for the counseling to be most successful. 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 of such refusal or withdrawal such as not reaching your counseling goals, and/or uncomfortable emotions such as sadness, guilt, and helplessness. There are no guarantees of what you will or will not experience.

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.

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 socially, both in person and online. For this reason, I will not participate in social media interchanges. Therefore, attempts to befriend a therapist online will not be accepted. The purpose of these boundaries is to ensure that you and I, as your therapist, are clear in our roles for your treatment 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.

Signature:

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:

Therapist Name: \_\_\_\_\_