

**HopeLife Counseling**  
Healey E. Ikerd, MS, LPC, LMFT  
PO Box 11051; Fayetteville, AR 72703  
479-202-4206

**Disclosure and Informed Consent**

Thank you for choosing HopeLife Counseling/Healey Ikerd, MS, LPC, LMFT. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of my 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.

1. **Counseling** is a collaborative process between you and a counselor to work on areas of dissatisfaction in your life and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. I am committed to providing psychotherapy services toward your desired goals. Counseling activities are governed by the Arkansas State Board of Examiners in Counseling. I do not take on clients that I do not think I can help. Therefore, I will enter our relationship with hope and optimism about our progress.

2. **Professional Disclosure:** I am a Licensed Professional Counselor and Licensed Marriage and Family Therapist and a Certified Clinical Mental Health Counselor in the State of Arkansas. My commitment to you is to provide quality Christian Counseling.

3. **Treatment Modalities:** I am able to provide individual, couple/marital, family, and group therapy. I provide Christian counseling services addressing concerns such as intimacy issues, depression, anxiety, grief, trauma, and abuse as well as other psychological and spiritual issues.

If you choose to receive counseling *without* a Christian influence, then please let me know.

4. **Time Parameters:** Individual appointments are scheduled for 30 or 50-60 minutes though the session may vary in length by a few minutes. Billing for session length will be discussed with you, as appropriate. *Being late for an appointment by 15 minutes or more may require that you reschedule.*

5. **Confidentiality:** Information and records created in the process of counseling are held in the strictest confidence. Information obtained in the counseling session or in written form will **not** be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law (such as abuse of a child, elder, or disabled person or court order). If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties. Furthermore, if you authorize your EAP or insurance to pay for all or part of your treatment, I must be able to share your diagnosis and treatment with their representative as needed. Please refer to the HIPAA Notice of Policy Practices for more information.

In order to file insurance and maintain financial accounts, I contract with Gayle York for these services. She has access to basic information required to maintain financial accounts with HopeLife Counseling which includes filing insurance on your behalf as necessary. Please refer to the HIPAA Notice of Policy Practices for more information.

In order to release information to anyone, even in a court of law, it will require a written release from all parties in counseling, with the exceptions mentioned above.

If I am subpoenaed to testify in any court setting, you will be charged fees based on the Outside Session Fee Schedule. A Fee Deposit (\$500) will have to be paid in cash, credit card or cashier's check prior to going to court.

At times, I may participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to give 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.

6. **Risks:** In counseling, approaching feelings or thoughts that you have tried not to think about before could be painful. Making changes in your beliefs or behaviors can be frightening, 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 of change. Most people who take these risks find that therapy is helpful. I will be available to discuss any of your assumptions or possible negative side effects in our work together.

The benefits received from counseling are dependent on a few factors, such as keeping your appointments, providing accurate and honest information, being willing and open to change, and completing any assigned homework between sessions.

If you become dissatisfied with my services for any reason, please let me know. If I am not able to resolve your concerns, I will assist you by making an appropriate referral to the proper service or counselor.

7. **Social Media Policy.** I do not accept friend or contact requests from current or former clients on any of my personal social media sites. You are welcome to 'like' or 'follow' my professional page (HopeLife Counseling) on social media. Be aware that if you like HopeLife's Facebook page, you may show up on a list as a person that has 'liked' the page. This could be a compromise to your confidentiality. It is highly discouraged to transmit any confidential information on social media or through messaging as these are at high risk for compromise.

8. **Termination:** The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. As you complete your treatment goals, I encourage you to plan your termination with me, so that we can discuss a plan for continuing progress outside of treatment. You may discontinue therapy at any time. If you or I determine that you are not benefiting from treatment, you or I may discuss treatment alternatives with could include a referral, termination, or changing the treatment plan.

If there has been no contact with me for 60 days, your case will be considered closed. You may always return for treatment at a later time. I may also close your case in the event that you have missed three appointments without calling to cancel 24 hours prior to the scheduled appointment.

9. **Electronic Transmission:** I cannot ensure the confidentiality of any form of communication through electronic media (email, text, fax, etc). You are also advised that any email sent to me via a computer in a work-place environment is also legally accessible by an employer.

10. **Records:** I am required by law to maintain records of each counseling session in accordance with ACA Code of Ethics. These records include a brief synopsis of the conversation along with any observations or plans for the next meeting. Records are kept in a locked file cabinet and are the

property of Healey E. Ikerd/HopeLife Counseling. If you need information from your file, please submit a letter stating what information you are requesting. A treatment summary letter containing needed information will be sent to you. There may be a cost for this service. Please inform me if you plan to request records so that I can provide you an Outside Session Fee Schedule. Any transfer, storage or disposal of client's records will be done in ways that protect your confidentiality and are in accordance with applicable regulations or laws.

11. **Fees and Payment** will be collected at the time of service. Any other arrangements must be made in advance. You may pay by check, cash, or credit card. Please refer to the Payment Schedule for additional financial information.

12. **Cancellation:** If you find it necessary to cancel an appointment, please contact me at 479-202-4206 at least 24 hours in advance. If 24 hours is not provided, you agree to pay \$55 for non-cancellation fee.

13. **Emergencies:** If you have an emergency situation in which you feel immediate attention is necessary, please contact emergency services (911) immediately, go to your nearest hospital emergency room or call the Arkansas Crisis Center at 1-888-274-7472 (available 24/7). Springwoods Behavioral Health offers free confidential 24-hour mental health assessments at 888-521-6014. I will follow up any emergency services with standard counseling.

**I have read, understand, agree, and consent to the above conditions of service stated above. I have also received and understand the HIPAA Notice of Privacy Practices. I have had the opportunity to ask questions about both. I consent to treatment by Healey E. Ikerd/HopeLife Counseling.**

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Signature	Printed Name	Date
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Signature	Printed Name	Date
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(\*\*For Minors Only) I hereby grant permission to Healey E. Ikerd to counsel/assess my child.

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Parent Signature	Parent Printed Name	Date
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