



TREASURE WELLNESS COUNSELING AND TRAINING CENTER
ADMINISTRATIVE OFFICE: 3006 E GOLDSTONE DRIVE
MERIDIAN, IDAHO 83642
208-515-7661
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INFORMED CONSENT AND PROCEDURES MASTERS LEVEL GRADUATE INTERN

INTRODUCTION

Thank you for choosing me to assist you with your personal situation. This document contains important information regarding my professional services, business policies, your client rights, privacy, protection, and confidentiality. Please read the following document carefully. If you have any questions, please ask for more information.

QUALIFICATIONS and EDUCATION

I am a graduate student in training at an accredited university. I am pursuing a master's degree in counseling and/or Marriage and Family Therapy. I am supervised by a Clinical Supervisor licensed in the State of Idaho. My education and experiences have prepared me to counsel individuals, couples, groups, and families.

SUPERVISION

To continue developing my skills and professional development, I am currently being supervised in my training by my university as well as by the TWCTC Supervision Team. Idaho State law requires that I be under supervision while pursuing my degree and until I obtain licensure. I am under supervision while practicing here at TWCTC by the Clinical Supervision Team. Questions and/or concerns may be directed to the TWCTC Clinical Director:

Heather Tustison, LCPC, NCC
License #: LCPC-4258
TWCTC Administrative Office: 2176 E Franklin Road, Suite 100, Meridian, ID 83642
Phone: 208-515-7661

THEORETICAL FRAMEWORK

Treasure Wellness Counseling and Training Center graduate-level interns are training to be Licensed Professional Counselors and/or Marriage and Family Therapists. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. I will be using varied theories and techniques to help you achieve your goals. We will be focusing on improving personal-social skills and adjustment to life situations, the development of improved problem-solving and decision-making capabilities, and working through personal, relational, and/or career concerns.

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Rebecca Ahern, LPC

INTRODUCTION

This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I am a licensed Professional Counselor (LPC-9241) in the state of Idaho. I have a master's degree from John F. Kennedy University in Holistic Psychology. My education and experience have prepared me to provide therapy to individuals, couples, families, children, adolescents, and groups.

SUPERVISION

I am under supervision while working towards achieving my Licensed Clinical Professional Counselor (LCPC) license in the state of Idaho. I meet regularly with my supervisor to continue developing my skills and professional development. I am currently being supervised by:

Christina Smith, LCSW- License Number: LCSW24969
204 S Cole Rd, Boise, ID 83709
(208) 991-0225

THEORETICAL FRAMEWORK

My theoretical orientation is influenced by Internal Family Systems and Cognitive Behavioral Therapy. I specialize in working with those on the autism spectrum. I work with those who struggle with personality disorders, anxiety, OCD, or depression. I work with individuals, couples, families, and groups.

BUSINESS RELATIONSHIP

Rebecca Ahern, LPC, is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Rebecca Ahern, LPC, and maintains secure space for file retention, group space, and offices. Rebecca Ahern, LPC, is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Rebecca Ahern, LPC.

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Jessica Baecker, LCPC

INTRODUCTION

Welcome to New Keys Counseling, LLC. This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully and make sure to read Treasure Wellness Counseling and Training Center Informed Consent Part 2.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-8706) in the state of Idaho. I have a Master of Science degree in Clinical Mental Health Counseling from Walden University. My education and experience have prepared me to counsel individuals, couples, groups, children, and adolescents.

SUPERVISION

To continue developing my skills and professional development, I am currently being supervised in my practice by

Alyssa Peters - License Number: LCPC-8413

2176 E. Franklin Road, Suite 101, Boise, ID 83702

(208) 515-7661

I am under supervision while working towards achieving my Licensed Clinical Professional Counselor in the State of Idaho. State licensure law requires that I be under supervision while pursuing this license. Additional Supervision may be required due to professional and insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

I use a person-centered approach in my counseling practice, integrating ideas and techniques from different forms of psychotherapy in order to address the unique needs and circumstances of my clients. This approach helps me address an individual's mental, physical, and emotional health in a unified way. A person-centered approach focuses on the individual's ability to self-actualize and live their full potential, to live their most fulfilling life.

BUSINESS RELATIONSHIP

New Keys Counseling, LLC is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Jessica Baecker, LPC, and maintains secure space for file retention, group space, and offices. New Keys Counseling, LLC is a self-contained counseling practice working to help individuals, couples, and families develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Jessica Baecker, LPC. Jessica Baecker, LPC, does not evaluate for the following: the need for an Emotional Support Animal, physical or mental disability, and custody issues.

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Amber Bennett, LPC

INTRODUCTION

Welcome to Amber Bennett Counseling, LLC. This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully and make sure to read Treasure Wellness Counseling and Training Center Informed Consent Part 2.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-9620) in the state of Idaho. I have a Master of Science degree in Clinical Mental Health Counseling from Liberty University. My education and experience have prepared me to counsel individuals, couples, groups, children, and adolescents.

SUPERVISION

To continue developing my skills and professional development, I am currently being supervised in my practice by:

Meghan Brewer - License Number: LCPC-8608
2176 E. Franklin Road, Suite 101, Boise, ID 83702
(208) 515-7661

I am under supervision while working towards achieving my Licensed Clinical Professional Counselor in the State of Idaho. State licensure law requires that I be under supervision while pursuing this license. Additional Supervision may be required due to professional and insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

My favorite thing about counseling is watching clients become more authentic with themselves, their loved ones, and the transformation that happens when these changes occur. I work with teens, young adults, and adults to process through the previous events and traumas they have experienced in the past and the challenges they currently face. My goal is to provide an environment in which you can be your real self without fear of judgment, while also providing a space for you to grow. Counseling can be a vulnerable process, and I'm grateful for the opportunity to partner with you. If you think we'd be a good fit, I'd love to walk with you through whatever life has brought to you at this moment.

BUSINESS RELATIONSHIP

Amber Bennett Counseling, LLC is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Amber Bennett, LPC, and maintains secure space for file retention, group space, and offices. Amber Bennett Counseling, LLC is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Amber Bennett, LPC.

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Meghan Brewer, LCPC

INTRODUCTION

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QUALIFICATIONS AND EDUCATION

I am a Licensed Clinical Professional Counselor (LCPC). I have national certification and am licensed to work in Idaho. I have a Bachelor of Science Degree in Sociology from Boise State University and a Master's in Marriage and Family Therapy from Northwest Nazarene University. I am trained in Emotionally Focused Couples Therapy, Emotionally Focused Family Therapy, and Emotionally Focused Individual Therapy. Additional credentials include membership in the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) and the Southwest Idaho Community for Emotionally Focused Therapy (SWIEFT). I am committed to the highest standards of professional practice. I am EMDR trained.

SUPERVISION

I am a licensed supervisor in the State of Idaho. My approach to supervision is one of providing an environment of growth for a therapist to honestly evaluate their work performance, counseling skills, and personal issues they bring into their practice. Supervision will be a mixture of case review, video review, collaboration and problem-solving, chart review, and support. We will work on accountability to ethics and best practice principles through reflecting together on your work. This process may include considering your objectivity and professional boundaries with clients, a detailed focus on your personal awareness, the importance of establishing and maintaining trust with clients, and journeying with clients for therapeutic goals that make sense to the client. The client-therapist relationship, as well as the supervisee supervisor relationship, is of critical importance to facilitate growth. Therefore, it is especially important to me to provide a safe environment for you to ask questions, and your concerns are expected and considered as invaluable learning experiences.

If you have a particular theoretical orientation that I do not have training or expertise in, I will likely answer questions and facilitate the process from my theoretical orientation and offer referrals to other professionals who may be more able to assist you in developing additional skills beyond my expertise.

THEORETICAL FRAMEWORK

My theoretical counseling orientation is primarily based on Family System Theory, and I utilize emotionally focused therapy, choice therapy (Adlerian), EMDR Therapy, and Internal Family Systems therapy, and other eclectic counseling techniques as well. I pull from other orientations as beneficial and necessary.

I have training in blended family development and specific skills related to the nuances of families that are not first families in nature. I specialize in reducing the negative symptoms and consequences to family life from divorce, stepfamilies, parent/child role adjustment, and marriages that struggle from neglect and fall into disrepair. In addition, I have training and experience in working with multiple clients in multiple capacities at the same time. I serve many family units in a variety of configurations and group settings. Co-therapy models of counseling and collaboration are quite common for my work.



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BUSINESS RELATIONSHIP

Meghan Brewer, LCPC, is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Meghan Brewer, LCPC, and maintains secure space for file retention, group space, and offices. Meghan Brewer, LCPC, is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Meghan Brewer, LCPC.

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Shawn C. Briggs, LPC

INTRODUCTION

Welcome to Shawn Briggs Counseling, LLC. Thank you for choosing me to assist you with your personal situation. This document provides you, the client, with important information about my professional services, business policies, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully. If you have any questions, please ask me for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (#6871688) in the State of Idaho with a Master's Degree in Clinical Mental Health Counseling from Liberty University. My education and experience have prepared me to provide therapy to individuals, couples, and groups.

THEORETICAL FRAMEWORK

I practice therapy through an existential lens, which centers on helping clients explore meaning, freedom, responsibility, and authenticity in their lives. Rather than focusing solely on symptom reduction, existential therapy invites clients to examine how they relate to uncertainty, choice, identity, and the realities of human existence, such as isolation, mortality, and purpose. I view distress as often arising from feeling disconnected from one's values or constrained in making meaningful choices, and therapy becomes a collaborative space to reflect on these experiences with honesty and curiosity. By fostering self-awareness and personal responsibility, I support clients in clarifying what matters most to them and in living more intentionally, even in the presence of anxiety or life's inherent challenges. I also integrate elements from other therapeutic modalities to better meet the unique needs of each client. This eclectic approach fuels my curiosity and responsiveness as a clinician, helping to create a supportive and relaxed therapeutic environment where clients feel safe to explore and grow.

BUSINESS RELATIONSHIP

Shawn Briggs Counseling, LLC is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Shawn Briggs Counseling, LLC and maintains secure space for file retention, group space, and offices. Shawn Briggs Counseling, LLC is a self-contained psychotherapy practice working to help individuals and couples develop, repair, and strengthen relationships with themselves and others. Any inquiries regarding the professional business relationship can be addressed to Shawn Briggs Counseling, LLC.

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Lesha Cambra, LCPC, NCC

INTRODUCTION

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QUALIFICATIONS AND EDUCATION

I am a Licensed Clinical Professional Counselor (LCPC- 7633) in the state of Idaho. I have a Master of Professional Counseling from Liberty University. I am a trained EMDR therapist through the EMDR Center of the Rockies. My education and experience have prepared me to provide therapy to individuals, couples, children, adolescents, and groups.

SUPERVISION

In order to continue developing my skills and professional development, sometimes additional supervision may be required due to professional and insurance requirements; if that becomes the case, you will be notified within 30 days of that supervisory role beginning.

THEORETICAL FRAMEWORK

Areas of specialty include trauma, depression, anxiety, uncontrolled anger, grief, parenting, divorce recovery, and other life transitions. I have a person-centered approach with clients, in that I believe the client is a unique individual and the expert on themselves. I approach each client with curiosity, believing that they possess courage, insight, and potential to reach their desired goals towards change. Cognitive Behavioral Therapy (CBT) is a primary form of therapy I use. CBT allows the client and therapist to collaboratively explore underlying maladaptive thoughts and beliefs, and then create a plan for meaningful change towards more adaptive emotions and behavior.

BUSINESS RELATIONSHIP

Lesha Brandt, LCPC, NCC, is located within the group practice of Treasure Wellness. Treasure Wellness leases space to Lesha Brandt, LCPC, NCC, and maintains secure space for file retention, group space, and offices. Lesha Brandt, LCPC, NCC, is a self-contained counseling practice working to help individuals, couples, and parents to develop, repair, and strengthen relationships. Any inquiries regarding professional business relationships can be addressed to Lesha Brandt, LCPC, NCC.

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INFORMED CONSENT AND PROCEDURES

David Crawford, LPC

INTRODUCTION

Welcome to Completeness Counseling, LLC, and thank you for choosing me to assist you with your personal situation. This document contains important information regarding my professional services, business policies, your client rights, privacy, protection, and confidentiality. Please read the following document carefully. If you have any questions, please ask for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-7394) in the State of Idaho. I have my master's degree from Northwest Nazarene University in Marriage and Family Therapy. My education has prepared me to counsel individuals, couples, groups, parents, families, children, and adolescents.

SUPERVISION

To continue developing my skills and professional development, I am currently being supervised by:

Robert McIntyre - License Number: LCPC-6463
2176 E Franklin Road, Suite 100, Meridian, ID 83642
(208) 515-7661

I am under supervision while working towards achieving my Licensed Clinical Professional Counselor in the State of Idaho. State licensure law requires that I be under supervision while pursuing this license. Additional Supervision may be required due to professional and insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

My theoretical approach to the counseling process includes the following theories:

- **Systems Theory-** I approach counseling from the perspective that we are a product of the life experiences we have lived through. Every experience from the time we were born to the present has contributed something to our lives and has, in some way, shaped us. Often these experiences are traumatic or cause some wound inside us. To deal with these wounds, we need to discover how they are affecting our lives currently and then work back to the actual cause or causes. Using the creative process is something that I believe strongly can assist us in both discovering what is distressing our lives currently and help us see what from our past is causing the internal conflict. Painting, sculpting, pottery, and model building are some examples of what I use in the creative process.
- I also integrate several theoretical approaches and techniques to develop a strategy for each client's personal needs. I am committed to giving each client a safe place to be able to develop a trusting relationship and self-discovery.

BUSINESS RELATIONSHIP

Completeness Counseling LLC is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to Completeness Counseling LLC and maintains secure space for file retention, group space, and office. Completeness Counseling LLC is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Completeness Counseling LLC and mailed to the address above.

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Kerry Davis, LPC

INTRODUCTION

Welcome to PerformWell Athletics, LLC. Thank you for the opportunity to be a part of your journey in sport. This document provides you, the client, with important information about my background and professional services, business practices, privacy, confidentiality, and your client rights.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-2871262) in the state of Idaho. I earned a M.S. in Kinesiology with an emphasis in Exercise and Sport Psychology from A.T. Still University. Additionally, I earned a Master of Clinical Mental Health Counseling from the University of Oklahoma. My education and experience have prepared me to counsel individuals, groups, adolescents, and parents.

THEORETICAL FRAMEWORK

Sport Psychology Counseling is a professional relationship that empowers diverse individuals in the world of sport to accomplish their goals related to athletic performance and mental health. My counseling approach is rooted in Person-Centered Theory, meaning our work will prioritize your individual needs, strengths, and goals. I believe in your innate capacity for growth and healing, and together, we'll build a foundation of trust and collaboration to help you move forward.

I integrate evidence-based modalities such as Acceptance and Commitment Therapy (ACT), which helps you develop psychological flexibility and commit to a life aligned with your values, even in the presence of difficult thoughts and feelings. Additionally, I use a therapy called EMDR (eye movement desensitization and reprocessing), which can help you process and heal traumatic memories. EMDR can help resolve performance blocks or get back to play after an injury.

BUSINESS RELATIONSHIP

PerformWell Athletics, LLC is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Kerry Davis and maintains secure space for file retention, group space, and offices. PerformWell Athletics, LLC is a self-contained counseling practice working to help individuals on their journey to better mental health. Any inquiries regarding the professional business relationship can be addressed to Kerry Davis, LPC.

Kerry Davis, LPC, does not evaluate for the following: the need for an Emotional Support Animal, physical or mental disability, and custody issues.

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Alex Duncan, LPC

INTRODUCTION

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QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-7717) in the state of Idaho. I have a master's degree from Northwest Nazarene University in Clinical Mental Health Counseling with my focus in Grief, Trauma & Crisis as well as Logotherapy. My education and experience have prepared me to provide therapy to individuals, couples, families, children, adolescents, and groups.

THEORETICAL FRAMEWORK

My theoretical approach includes the following:

- **Person Centered Therapy** - Person-centered therapy is talk therapy wherein the client does most of the talking. The counselor will not judge or try to interpret what the client is saying. This approach to counseling has an emphasis on the individual's self-concept or set of perceptions and beliefs about oneself. In this approach, the counselor and client are equal partners rather than an expert in the patient relationship. This client-focused process facilitates self-discovery, self-acceptance, and provides a means toward healing and growth.
- **Solution Focused Therapy (SFBT)** – SFBT focuses on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted. Instead, we encourage those in treatment to develop a vision of the future and offer support as they determine the skills, resources, and abilities needed to achieve that vision successfully.
- **Cognitive Behavioral Therapy (CBT)** - As a highly research-based theory known to be very effective in its use to treat people with a wide range of mental health/emotional challenges and problem behaviors, including Anxiety and Depression. CBT aims to increase one's awareness level associated with making negative (or inaccurate) interpretations within their thought processes related to an issue or event. These misinterpretations may have a significant impact on the feelings and emotions one experiences. The conclusions made on the basis of distortions in one's thinking may potentially and strongly influence the actions and choices one makes in life. Increased insight into the powerful influence of our individual thought processes and learning to adjust one's negative thinking patterns can have a powerful impact on mood, altering negative patterns of behavior, and significantly improve one's overall level of contentment in life.

I have integrated several theoretical approaches and techniques, including Logotherapy (finding meaning and purpose in one's life despite its inevitable hardships), to develop a strategy for each client's personal needs. I am committed to giving each client a safe place to be able to develop a trusting relationship and self-discovery.



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BUSINESS RELATIONSHIP

Alex Duncan, LPC, is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Alex Duncan, LPC, and maintains secure space for file retention, group space, and offices. Alex Duncan, LPC, is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Alex Duncan, LPC.

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Janice Edwards, LPC

INTRODUCTION

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QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-7358) in the state of Idaho. I have a Master of Science degree in Counseling from Northwest Nazarene University. My education and experience have prepared me to provide therapy to individuals, couples, adolescents, and groups. Additional training includes EMDR (eye movement desensitization and reprocessing) training, hypnotherapy, and Gottman couples therapy (Level II).

THEORETICAL FRAMEWORK

My specialties include working with individuals who are experiencing anxiety, depression, grief and loss, life transitions, parenting issues, suicidal ideation, trauma, and uncontrolled anger. Most issues of difficulty are rooted in relationships, whether it's with a partner, parent, child, co-worker, or within oneself. My approach is person-centered. I recognize each individual as unique and filled with the potential, courage, and ability to make the necessary changes to meet their goals. I use Internal Family Systems (IFS), which is a collaborative approach, to explore and identify the aspects of one's personality that are contributing to disharmony in relationships and/or getting in the way of you living a purposeful and meaningful life. EMDR and hypnotherapy are useful tools in assisting clients to adapt and heal from negative beliefs and behaviors, phobias, and traumatic events.

BUSINESS RELATIONSHIP

Janice Edwards, LPC, is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to Janice Edwards, LPC, and maintains secure space for file retention, group space, and offices. Janice Edwards, LPC, is a self-contained counseling practice working to help individuals, couples, and parents develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Janice Edwards, LPC.

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Vanessa Gardner, LAMFT

INTRODUCTION

Welcome to Meridian Marriage and Family Therapy, LLC! Thank you for choosing me to assist in your well-being. This document provides you, the client, with important information about my professional services, business policies, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully. If you have any questions, please ask me for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Associate Marriage and Family Therapist (LAMFT, License #4371285) in the state of Idaho. I have a master's degree from Capella University in Marriage and Family Therapy. My education and experience have prepared me to provide therapy to individuals, couples, and families, ages 10 and up. I'm also a certified pre-marital counseling facilitator through SYMBIS.

SUPERVISION

I am under direct supervision while working towards my Licensed Marriage and Family Therapist (LMFT) in the state of Idaho. I meet regularly with my supervisor to continue developing my skills and professional development. I consult with my supervisor on cases and may share recordings of sessions with my supervisor to receive feedback and instruction. I am currently being supervised by:

Tanya Goodrich, LMFT-7452
1047 S Wells Street, Meridian, ID 83642
916-410-5888

THEORETICAL FRAMEWORK

The theoretical approaches I use are attachment theory, Emotionally Focused Therapy (EFT), Acceptance and Commitment Therapy (ACT), and solution-focused therapy (SFT). I am also a certified facilitator for the SYMBIS pre-marital counseling program. I specialize in working on relationship challenges of all types, as well as anxiety, depression, and life adjustments (grief/loss, stress, divorce, life stage changes, etc.).

BUSINESS RELATIONSHIP

Meridian Marriage & Family Therapy, LLC, is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC, leases space to Meridian Marriage and Family Therapy, LLC, and maintains secure space for file retention, group space, and offices. Meridian Marriage & Family Therapy, LLC is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships, as well as individuals struggling with relationship issues, anxiety, depression, and life adjustments (grief/loss, stress, divorce, life stage changes, etc.). Any inquiries regarding the professional business relationship can be addressed to Meridian Marriage & Family Therapy, LLC at 208-391-3416, vanessa.gardner.mft@gmail.com, or <https://meridiantherapy.clientsecure.me/>.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52



TREASURE WELLNESS COUNSELING AND TRAINING CENTER
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INFORMED CONSENT AND PROCEDURES

Jennie Hazen, LCPC, RPT

INTRODUCTION

This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purposes of treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I have been a Licensed Clinical Professional Counselor (LCPC-5665) in the state of Idaho since 2006. LCPC licensure requires a total of 3000 hours of working with individuals. I have a Master's in Marriage and Family Counseling and School Counseling from Northwest Nazarene University. I have a certification in play therapy through the Association of Play Therapy. This certification requires 150 hours of instruction specific to play therapy and 350 direct client contact hours. These degrees and credentials qualify me to work with individuals, couples, children, adolescents, and groups.

CONTINUING EDUCATION

I am required to continue my education in the field of counseling to maintain my LCPC license. Forty hours of CEUs in two years, which includes 3 in ethics, 3 in boundaries, and 3 in self-harm/suicide. I am also required to complete 24 hours of CEUs every three years to maintain my RPT (Registered Play Therapist) status.

THEORETICAL FRAMEWORK

I approach counseling/ therapy from a Person-Centered theoretical approach and utilize and integrate techniques from Adlerian Individual Psychology and Cognitive Behavioral Therapy (CBT). These techniques include, but are not limited to, empathy, unconditional positive regard for the client, and active listening. I provide understanding, support, and clinical insights to help clients effectively address personal life challenges and build on their strengths to attain the personal growth they desire to achieve.

BUSINESS RELATIONSHIP

Jennie Hazen, LCPC, RPT, is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to Jennie Hazen, LCPC, RPT, and maintains secure space for file retention, group space, and offices. Jennie Hazen, LCPC, RPT, is a self-contained counseling practice working to help individuals to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed with Jennie Hazen, LCPC, RPT.

COUNSELING PURPOSE

The purpose of counseling is to form a supportive and encouraging environment in which you and your family will gain insights into feelings, thoughts, and behaviors. Occasionally, the counselor may take the role of teacher and provide you with some suggestions with which you may increase your knowledge. Since counseling is a process in which client and counselor work together, I will be learning from you as well.

You will be learning and expanding on processes you already possess but may not be aware of. I am open to any concerns that you have in many different life areas. If at any time you feel that you may benefit more from another counselor, you will be provided with a list of qualified counselors or referrals. For each session to be most effective, I would ask that you participate as much as emotionally possible and practice honesty.



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GOALS OF THERAPY

- To provide you with a safe, secure environment in which to explore your thoughts and feelings.
- To gain insight and understanding of this and further issues.
- Develop positive life patterns.
- Improved communication, decision making, and conflict resolution.

COUNSELING PROCESS

We will be exploring your thoughts and feelings, developing positive behaviors, and setting goals. The primary theory used by this counselor is Play Therapy, and the secondary is Narrative Therapy. Play Therapy is a conduit in which play is used to provide a voice to clients who may not otherwise be able to express complex emotions. Narrative Therapy views the person as a special and unique individual. Narrative Therapy takes a person's current life story and develops it into a hope-filled and influential story. Your thoughts, interests, and concerns are my top priority. I will try my best to provide you with the tools to better cope with past, current, and future concerns. Many concerns come with painful feelings. I will try to create the safest environment possible to assist in the expression of these feelings. If you need to take a moment, feel free to do so. You are welcome to end a counseling session whenever you wish. You can always feel free to leave counseling at any time without fear of judgment.

SESSIONS

Play therapy sessions are 45 minutes in length. An individual session can be 45 minutes or 60 minutes. Family sessions are 60 minutes long. Most often, sessions occur once a week. The frequency of sessions may occur anywhere between 4 and 44 times before counseling is terminated. If at any time we feel that you need a change in frequency of visits, we will adjust appointments to fit your needs. The cost of a session is \$140 for 45 minutes and \$185 for 60 minutes. Costs of other types of services are outlined in the Treasure Wellness schedule of fees. Please see the schedule of fees for a detailed list.

It is the client's responsibility to pay regardless of insurance. Payment or co-payment will be received just before a counseling session begins. **If you need to cancel a counseling session, please call 208-515-7661 and give at least a 24-hour notice.** If there is not 24 hours' notice or you fail to show on time for your session, you will be charged the full fee for your session. Missed session fees will need to be paid before you can schedule another appointment. If you do not show up or call within 15 minutes of your scheduled appointment, you will be considered a no-show, and your appointment will be canceled.

CUSTODY AND COUNSELING

If the parents of a child who needs counseling are currently in a custody battle the child will not be seen until the courts have decided on custody. I am not trained to speak on custody agreements. The court and your lawyer will provide you with a list of providers who are specifically trained to mediate and speak on the custody of children. Before a child client can be seen, I require that you provide a copy of your custody agreement if parents are divorced or there has been a change in legal custody to someone other than a parent.

MEDICAID REGULATIONS

Due to certain Medicaid regulations, Medicaid clients who are seen by professional counselors (L.P.C.) are required to see a clinical counselor (L.C.P.C.) or equivalent and a psychiatrist within 30 days of their first visit. The clinical counselor and Psychiatrist will be provided, but it is the client's responsibility to attend the appointments for services to continue.

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INFORMED CONSENT AND PROCEDURES
Maika Jacoba, LPC



INFORMED CONSENT AND PROCEDURES

Logan Kohler, LPC

INTRODUCTION

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QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-9161) in the state of Idaho. I have a master's degree from Liberty University in Clinical Mental Health Counseling with my focus in Anxiety, Anger & Stress, Trauma, and Depression. My education and experience have prepared me to provide therapy to individuals, couples, families, children, adolescents, and groups.

THEORETICAL FRAMEWORK

- Person Centered Therapy - Person-centered therapy is talk therapy wherein the client does most of the talking. The counselor will not judge or try to interpret what the client is saying. This approach to counseling has an emphasis on the individual's self-concept or set of perceptions and beliefs about oneself. In this approach, the counselor and client are equal partners rather than an expert in the patient relationship. This client-focused process facilitates your self-discovery, self-acceptance, and provides a means toward healing and growth.
- Cognitive Behavioral Therapy (CBT) - As a highly research-based theory known to be very effective in its use to treat people with a wide range of mental health/emotional challenges and problem behaviors, including Anxiety and Depression. CBT aims to increase one's awareness level associated with making negative (or inaccurate) interpretations within their thought processes related to an issue or event. These misinterpretations may have a significant impact on the feelings and emotions one experiences. The conclusions made on the basis of distortions in one's thinking may potentially and strongly influence the actions and choices one makes in life. Increased insight into the powerful influence of our individual thought processes and learning to adjust one's negative thinking patterns can have a powerful impact on mood, altering negative patterns of behavior, and significantly improve one's overall level of contentment in life.
- Acceptance Commitment Therapy (ACT) - Initially derived from CBT at the baseline of the relationship between our inner dialogue and our behaviors, ACT brings nonjudgmental acceptance and awareness to the counseling dynamic. The exploration of thoughts and feelings and how they intersect with one's life goes further to ensure that the practice is being informed by the client's core values. Also, a large focus is placed on mindfulness and observing the instances of life in a positive way, where one can learn from them. Staying present is an important tenet of ACT, where one exists in the moment to learn and grow.



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BUSINESS RELATIONSHIP

Logan Kohler is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Logan Kohler and maintains secure space for file retention, group space, and offices. Logan Kohler is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Logan Kohler.

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INFORMED CONSENT AND PROCEDURES

Daniel A. La Point, LPC

INTRODUCTION

Thank you for choosing Helm Psychotherapy LLC for your mental wellness treatment. This document provides you, the client, with important information about my professional services, business policies, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully. If you have any questions, please ask me for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (#3771772) in the State of Idaho with a Master's Degree in Clinical Mental Health Counseling from Northwest University. My education and experience have prepared me to provide therapy to individuals, couples, and groups.

THEORETICAL FRAMEWORK

My theoretical orientation is based on Narrative Therapy, a form of psychotherapy that separates a person's identity from their problems by viewing life as a story that can be rewritten, while exploring the influences that impact our beliefs and actions. I specialize in working with men on issues related to emotional awareness, emotional regulation, self-compassion, and validation, while addressing ADHD, stress, anger, depression, anxiety, grief, and Christian spirituality and faith.

BUSINESS RELATIONSHIP

Helm Psychotherapy LLC is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Helm Psychotherapy LLC and maintains secure space for file retention, group space, and offices. Helm Psychotherapy LLC is a self-contained psychotherapy practice working to help individuals and couples develop, repair, and strengthen relationships with themselves and others. Any inquiries regarding the professional business relationship can be addressed to Helm Psychotherapy LLC.

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INFORMED CONSENT AND PROCEDURES

Caitlin Mahoney, LPC

INTRODUCTION

This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully and don't hesitate to ask for further clarification or information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-10179) in the state of Idaho. I have a Master's degree in Clinical Mental Health Counseling from Northwest Nazarene University. My education and experience have prepared me to provide therapy to individuals, couples, families, and groups.

THEORETICAL FRAMEWORK

My theoretical approach focuses on cognitive behavioral therapy (CBT) and rational emotive behavioral therapy (REBT). Helping my clients identify effective ways to tackle distressing thoughts, disruptive emotions, and problematic behaviors is a primary focus of my practice. I also integrate complementary methodologies and techniques to offer an individual and personalized approach for each client and their needs. I use person-centered techniques, which means that each client is the expert of their own lives, and therapy is focused on the best outcomes based on the goals identified by the client.

BUSINESS RELATIONSHIP

My counseling practice (Caitlin Mahoney Counseling, LLC) is an affiliate of the group practice Treasure Wellness Counseling and Training Center. I lease space from Treasure Wellness, PLLC, and they maintain a secure space for file retention, group work, and individual sessions. My practice is a self-contained counseling practice working to help those on their paths to better mental health. Any inquiries regarding the professional business relationship can be addressed to Caitlin Mahoney Counseling, LLC.

WHAT I EXPECT FROM YOU

It is your responsibility to understand your insurance benefits and what is covered. Additionally, counseling is most successful when clients are open, honest, and actively involved in the process. Please remember, I am not the expert in your life; you are, and it is your responsibility to help me understand your life situation, feelings, thoughts, and concerns to promote the therapeutic process. You agree not to record any part of your sessions unless you and the counselor mutually agree in writing that the session may be recorded.

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INFORMED CONSENT AND PROCEDURES

Rebecca Marquez, LCPC

INTRODUCTION

Welcome to Embrace Connections! Thank you for choosing me to assist in your relational well-being. This document provides you, the client, with important information about my professional services, business policies, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully. If you have any questions, please ask me for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Clinical Professional Counselor (LCPC-9918) in the state of Idaho. I have a master's degree from California State University, East Bay, in Counseling, with an emphasis on Marriage & Family Therapy. My education and experience have prepared me to provide therapy for individuals, couples, families, adolescents, and groups. I have also completed training as a Trust-Based Relational Intervention Practitioner and have considerable experience working with foster care and adoption populations.

THEORETICAL FRAMEWORK

I approach counseling/therapy through an attachment and trauma-focused lens. Techniques utilized may include reflective listening, empathy, and unconditional positive regard. Theoretical approaches used may include Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Solution-Focused Brief Therapy (SFBT), and Trust-Based Relational Intervention (TBRI). During each session, my goal is to provide an environment where each client feels heard, understood, and empowered.

BUSINESS RELATIONSHIP

Embrace Connections is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Embrace Connections and maintains secure space for file retention, group space, and offices. Embrace Connections is a self-contained counseling practice working to help individuals, couples, and families develop, repair, and strengthen relationships. All inquiries regarding the professional business relationship can be addressed to Embrace Connections.

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TREATMENT CONSENT & PRIVACY PRACTICES

Jennifer McIntyre, APRN, FNP-C

Balanced Idaho

INITIAL EVALUATION & SESSIONS

Our nurse practitioners generally conduct a thorough evaluation during the initial session, which is typically scheduled for 60 minutes. The purpose of this assessment is to determine the best treatment plan possible and is specific to each patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring information about previous providers, medical history, any past psychiatric treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) is often necessary for children and adolescents – and helpful for adult patients as well. These issues will be discussed during the initial session. Additionally, you and the evaluating nurse practitioner will mutually determine if she is the best fit for your individualized care.

If a life-threatening crisis should occur, you agree to contact the local crisis hotline, 988, call 911, or go to the nearest Emergency Room.

PRACTICE STATUS

Balanced Idaho is a small practice in which a nurse practitioner provides services. While we share space with Treasure Wellness, each provider is responsible for providing care that meets professional standards. All records are stored using an industry-leading electronic health record called Valant. Your records should only be accessed by your primary provider. At times, one of our other providers may access your information if your primary is unavailable. It may also be necessary for the office manager to access your records when billing. Please note that it is our policy to always protect this information in accordance with all legal and ethical standards. Additionally, your provider will refer you to other providers if you have needs that are outside of their scope of practice. If a referral is necessary, this will be discussed in the session. Your provider will work to collaborate with these professionals and coordinate your care while continuing to treat you unless otherwise indicated. Please note, however, that although we attempt to identify top-quality professionals with very high standards of care, it is always your responsibility to determine if a professional referral is acceptable. If necessary, alternative options will be considered.

BUSINESS RELATIONSHIP

Balanced Idaho is an affiliate of the group practice Treasure Wellness Counseling and Training Center. We lease space from Treasure Wellness, PLLC, and they maintain secure space for file retention, group work, and individual sessions. Our practice is self-contained. Any inquiries regarding the professional business relationship can be addressed to Balanced Idaho.



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MEDICATION MANAGEMENT

Medications can be used to treat many conditions. It is important to find the best treatment for each case. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, your nurse practitioner will always discuss the risks, benefits, side effects, government warnings, and non-medication treatment alternatives with you. Your nurse practitioner may determine that the best treatment approach for you includes a combination of medication and therapy. In this case, you may be referred to an alternative provider for therapy. Your nurse practitioner will continue to manage your medications in collaboration with your therapist if you have one. Before sending referrals, your nurse practitioner will have a discussion with you so that you may mutually determine if therapy should be part of your treatment plan. If your nurse practitioner refers you to a therapist, she will take the utmost care to ensure you are directed toward the best possible option for your needs.

PSYCHOTHERAPY

Depending on your individual needs, your nurse practitioner may occasionally provide psychotherapy during your medication management session. This form of treatment can be helpful to individuals. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-insight. However, therapy is not guaranteed to work for everybody. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. If your therapy-specific needs exceed the abilities of your nurse practitioner, she will always be willing to refer you to a therapist.

BILLING AND PAYMENTS

The purpose of this document is to let you know about your protection from unexpected medical bills. This notice is to remind you that our providers/facility is not in your health plan & network. This means our providers and this facility do not have an agreement with your insurance plan. You have the right to receive services at a participating facility or by a participating provider within your insurance company network to obtain full benefits under your health coverage. If you have questions or would like to locate an in-network provider, please contact your insurance company & customer service at the telephone number/website listed on your insurance identification card or ask for assistance. Fees listed below do not include lab or medication prices.

Scheduling options/types of appointments available:

\$260 for New Patient & Mental Health Diagnostic Interview

*Weight management only: \$150

\$120 for existing patients & 4 Medication Management Appt.

*Weight management only: \$90

You are expected to pay for each session at the beginning of each appointment. Alternative payment plans must be discussed with and agreed to by the office manager/Nurse Practitioner. Please notify our office manager prior to arriving at your appointment if you have concerns about payments. We accept cash and credit cards (MasterCard, Visa, American Express, or Discover) for professional services. If your account is overdue for more than 90 days, we reserve the right to use legal means to secure payment. This includes charging an on-file credit card as well as utilizing a collections agency or a small claims court. In such cases, certain information may be required by these agencies. This can include name, nature of services provided, clinical notes, and amount due. During treatment, it may become necessary to increase fees. Fees will be reviewed annually and will be increased no more than twice during any course of treatment.



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CANCELLATIONS AND NO-SHOW POLICY

If you cannot make your appointment, you must provide a 24-hour notice of cancellation. If you fail to do so, that visit will be considered a “no show.” In addition, if you are going to be late for your appointment, please notify the office by telephone as soon as possible. If you are 15 minutes late or more, you may have to reschedule your appointment. If you exceed three ‘no- shows,’ you are at risk of termination from our services. Please remember that business hours are considered weekdays from Monday through Friday and exclude all standard holidays.

CONTACTING YOUR PROVIDER

If your nurse practitioner is not immediately available by office telephone (208.789.3625), please leave a voice message, and we will return your call as soon as possible. Calls are generally returned within 48 business hours. Please always leave a phone number where you can be best reached. If your call is an emergency, please contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your nurse practitioner at any time. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage.

PROFESSIONAL RECORDS

Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted, given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together, and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.

CONFIDENTIALITY

Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergencies, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that require disclosure by law:

- (1) Danger to self – if there is a threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection
- (2) Danger to others – if there is a threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization
- (3) Grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information to access services to provide for your basic needs
- (4) Suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency
- (5) Certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order.



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Although these situations can be rare, we will make every effort to discuss the proceedings accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed, and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

ELECTRONIC MAIL (EMAIL)

Always be aware that email is not a confidential means of communication. We cannot guarantee email messages will be received or responded to without breaches of patient confidentiality. As such, Balanced Idaho will not communicate private health information via email.

LEGAL TESTIMONY

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.

CLIENT BILL OF RIGHTS

- Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age, or handicap. The personal dignity of each client is recognized and respected in all treatment provided.
- Each client has the right to accept or refuse all or part of their care and/or have the expected consequences explained.
- Each client has the right to exercise personal privacy by withholding consent for family members' or significant others' participation and to be informed of the possible consequences of that action.
- Each client has the right to be informed of the nature and purpose of any services rendered and the title of personnel providing that service.
- Each client has the right to participate in the development of their plan of treatment, evaluate the plan of treatment, and voice grievances without fear of negative impact on the services provided, and be aware of the process of voicing those grievances.
- If at any time during the course of treatment it is felt by the client, family, or guardian that a care-related conflict exists between themselves and the provider, they have the right to request their plan be reviewed by a staff consultant or an independent consultant at the client's expense.
- The client has the right to request a referral for services, to be involved in the discharge planning process, and to be made aware of any aftercare needs.
- The client will be informed of his/her rights in a language they can understand.
- Each client has the right to be notified of any/all costs of services rendered and any limitations placed on the duration or type of services.
- Each client has the right to inspect and/or obtain a copy of their record, at a reasonable charge.
- Each client has the right to request an amendment to their records.
- Each client has the right to respect that all treatment records or information will be kept confidential in compliance with professional ethics standards and state law. No information will be released without the written permission of the client or appropriate designee, except as outlined in the following limitations of confidentiality:
 - Child Abuse: If your counselor knows or suspects that an individual under 18 years of age or a developmentally disabled, or physically impaired person has suffered or faces a threat of suffering any



physical or mental wound, injury, disability or condition of a nature that responsibly indicates abuse or neglect, he/she is required by law to report that knowledge or suspicion to the Idaho Child Protective Services, or a municipal or county peace officer.

- **Elder Abuse:** If your counselor has reasonable cause to believe that an elder is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect or exploitation, he/she is required by law to immediately report such belief to the Idaho Department of Health and Welfare Adult Protection Agency, or a municipal or county peace officer.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding, and a legal subpoena is made for information regarding your evaluation, diagnosis, or treatment.
- **Serious, Imminent Threat to Health or Safety:** If your counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or to another person, he/she must disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family to protect against such harm.
- **Minor Client:** Parties maintaining parental/guardianship legal rights have access to the minor client's complete record, unless the minor is 14 years of age or older. Minor clients 14 years of age or older must give written consent to the release of records.
- **Health Insurance:** Your insurance company has the right to your clinical record, including information about dates of therapy, symptoms, diagnosis, overall progress, and past treatment records received from other providers.
- **If a client files a complaint or lawsuit:** Counselor may disclose relevant information regarding the client to defend themselves. Clients have rights protected by State and/or Federal law, and Professional ethical standards. For information contact: Idaho Division of Professional and Occupational Licenses, physical address: 11351 W. Chinden, Building #4, Boise, ID 83714, 208-334-3233

NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

- **Get an electronic or paper copy of your medical record**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say "yes" to all reasonable requests.
- **Ask us to limit what we use or share**



- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**
 - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
 - You can complain if you feel we have violated your rights by contacting us by mail or phone.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes
- In the case of fundraising: *We may contact you for fundraising efforts, but you can tell us not to contact you again.*



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OTHER USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Managing your healthcare treatment

We may share your health information while coordinating care with other professionals who are also treating you. Example: A doctor treating you for an injury asks for information on your psychiatric medications to avoid drug interactions.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it may authorize and pay for your services and prescriptions.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information, see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To help with public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety

For research

We can use or share your information for health research.

To comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

To respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

To work with a medical examiner or a funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.



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To address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.



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INFORMED CONSENT AND PROCEDURES

Robert McIntyre, LCPC

INTRODUCTION

Welcome to Robert McIntyre Counseling. Thank you for choosing me to assist you with your personal situation. This document contains important information regarding my professional services, business policies, your client rights, privacy, protection, and confidentiality. Please read the following document carefully. If you have any questions, please ask for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Clinical Professional Counselor (LCPC-6463), and I have completed the required coursework to receive my Master of Science in Counseling in Marriage and Family Counseling. In addition to coursework required for Marriage and Family Counseling, I completed the required coursework for the Grief, Trauma, and Crisis emphasis area at Northwest Nazarene University.

SUPERVISION

Additional Supervision may be required due to Professional and Insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

I approach counseling/therapy through the lenses of Family Systems and Existential perspectives. Family Systems perspective acknowledges and understands that all individuals are interconnected within many systems, while an Existential perspective looks at the universal concepts of freedom, choice, and responsibility of the individual. During Counseling, I utilize what is considered an eclectic approach to counseling theory. It is my belief that there is no one theory that encapsulates the human experience. For that reason, I draw from various theoretical methodologies and techniques to offer a highly personalized approach tailored to each client. With compassion and understanding, I work with all of my clients to help them build on their strengths and gain clarity as to the meaning of their lives and ultimately find increased joy.

BUSINESS RELATIONSHIP

Robert McIntyre Counseling is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to Robert McIntyre Counseling and maintains secure space for file retention, group space, and offices. Robert McIntyre Counseling is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Robert McIntyre Counseling also focuses on grief, trauma, crisis, and adjustment struggles. Examples of these populations vary greatly and include, but are not limited to, adolescents' transition into adulthood, individuals adapting to new disabilities, loss of functioning, and individuals struggling with life losses. Any inquiries regarding the professional business relationship can be addressed to Robert McIntyre, LCPC.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52



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INFORMED CONSENT AND PROCEDURES

Melissa Minnick, LMFT

INTRODUCTION

Hello. Welcome to therapy with Melissa Minnick, LMFT. Life is full of adjustments; I am happy to guide you through them by assisting you with gaining insight to manage life better. I look forward to establishing a relationship that will nurture growth and success through rapport and understanding. This Agreement is intended to provide you with important information regarding the practices, policies, and procedures of Melissa Minnick, MA, LMFT (herein "Therapist"), and to clarify the terms of the professional therapeutic relationship between Therapist and Client.

QUALIFICATIONS AND EDUCATION

Therapist has a Master of Arts in Marriage and Family Therapy from Chapman University in Ca. Therapist has been practicing as a Marriage and Family Therapist since 2008 and is a licensed Marriage and Family Therapist (LMFT-8042, 51036-Ca) since 2012.

THEORETICAL FRAMEWORK

Therapist is a Cognitive Behavioral Therapist (CBT) but utilizes several therapeutic models to meet the client's needs. The CBT model is effective in decreasing negative thought patterns, feelings, and behaviors that lead to impairment. Therapist works with individuals (ages 12 and up) and couples.

BUSINESS RELATIONSHIP

Melissa Minnick, LMFT, is located within the group practice of Treasure Wellness. Treasure Wellness leases space to Melissa Minnick, LMFT, and maintains secure space for file retention, group space, and offices. Melissa Minnick, LMFT, is a self-contained counseling practice working to help individuals and couples decrease impairment and work through adjustments. Any inquiries regarding the professional business relationship can be addressed to Melissa Minnick, LMFT. Any questions or concerns regarding the contents of this Agreement should be discussed with the Therapist before signing it.

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INFORMED CONSENT AND PROCEDURES

Danielle Muller, LPC

Introduction

This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully.

Qualifications and Education

I am a Licensed Professional Counselor (LPC-9603) in the state of Idaho. I have my Master of Science in Clinical Psychology with a specialization in both Clinical Counseling and Forensic Psychology through Capella University. My education has prepared me to counsel individuals, groups, families, children, and adolescents.

Supervision

To continue developing my skills and professional development, I am currently being supervised in my practice by:

Robert McIntyre – License Number: LCPC-6463
2176 E. Franklin Road, Suite #100, Meridian, ID 83642
(208) 515-7661

Theoretical Framework

I approach counseling through the lenses of Rational Emotive Behavioral Therapy (REBT) and Person-Centered Therapy. REBT promotes unconditional acceptance of self, acceptance that we can't control what others do or think, and acceptance that we will encounter adverse events. Through acknowledging and challenging certain emotions, thoughts, and behaviors, we learn to manage those in much healthier and more realistic ways. Person-centered therapy takes on an empathic and unconditional positive regard to help with increasing self-awareness and personal growth. Both approaches allow us to build a safe, trustworthy, open, and compassionate client-counselor relationship to create meaningful change and healing.

Business Relationship

TWCTC has a standard Business Relationship description that works for most of you. It is below:
DLM Counseling, LPC, is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC, leases space to DLM Counseling, LLC, and maintains secure space for file retention, group space, and offices. DLM Counseling, LLC, is a self-contained counseling practice working to help individuals, couples, and families develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to DLM Counseling, LLC.

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INFORMED CONSENT AND PROCEDURES

Madeline Nipper, LPC

INTRODUCTION

Welcome to Madeline Nipper Counseling, LLC! The therapeutic relationship is unique in that it is a highly personal and, at the same time, a contractual agreement. Given this, we need to reach a clear understanding about how our relationship will work and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with me. Please read carefully and let me know if you have any questions.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor in the State of Idaho (License #6471368). I graduated from Columbia International University with my Master of Arts in Clinical Mental Health Counseling. My education and experience have prepared me to provide therapy to individuals, families, and adolescents.

SUPERVISION

I am under direct supervision while working towards my Licensed Clinical Professional Counselor (LCPC) license in the state of Idaho. I meet regularly with my supervisor to continue developing my skills and professional development, and I share audio recordings of sessions with my supervisor to receive feedback and instruction. I am currently being supervised by:

Dr. Jackie Perry, LCMHC-S (#879S), ACS (#3424), NCC
191 East Chestnut Street
Asheville, NC 28801
828-446-2679

Clients consent to the recording of therapy sessions with me. You are aware of the presence of recording equipment and permit the use of all/part of the recordings for the purposes of supervision and counselor certifications. Additional Supervision may be required due to Professional and Insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

My theoretical orientation is influenced by Narrative Therapy and Internal Family Systems Therapy. What this means is that I value the story that you find yourself in and how you relate to that story. My approach is collaborative and based on the understanding that you have different thoughts, feelings, and reactions that make up your inner experience.

I view you as the expert on your life and experiences, and together we can work together to accomplish your mental health goals. I believe that a strong therapeutic relationship is built on trust, respect, and collaboration—which can lead to meaningful change. I hope to help people understand themselves, reduce inner conflict, and build a greater sense of balance within. You will be in charge of what you share and what we explore. Together, we can work to create change at a pace that honors your goals and a pace that works for you.



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BUSINESS RELATIONSHIP

Madeline Nipper Counseling, LLC, is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Madeline Nipper Counseling, LLC, and maintains secure space for file retention, group space, and offices. Madeline Nipper Counseling, LLC, is a self-contained counseling practice working to help individuals and families to develop, strengthen, and support integrity within their inner experience. Any inquiries regarding the professional business relationship can be addressed to Madeline Nipper Counseling, LLC.

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INFORMED CONSENT AND PROCEDURES
Carolyn Nugent, MSN, APRN, PMHNP-BC
Mindful Healing Psychiatry LLC

INITIAL EVALUATION & SESSIONS:

Our nurse practitioner generally conducts a thorough evaluation during the initial session, which is typically scheduled for 60 minutes. The purpose of this assessment is to determine the best treatment plan possible and is specific to each patient. This initial assessment needs to be as comprehensive as possible. Therefore, please bring information about previous providers, medical history, any past psychiatric treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., school reports, family reports, etc.) is often necessary for children and adolescents – and helpful for adult patients as well. These issues will be discussed during the initial session. Additionally, you and the evaluating nurse practitioner will mutually determine if she is the best fit for your individualized care.

**If a life-threatening crisis should occur, you agree to contact the local crisis hotline
988, call 911, or go to the nearest Emergency Room.**

PRACTICE STATUS:

Mindful Healing Psychiatry LLC is a small practice in which a nurse practitioner provides services. While we share space with Treasure Wellness, each provider is responsible for providing care that meets professional standards. All records are stored using an industry-leading electronic health record called Valant. Your records should only be accessed by your primary provider. At times, one of our other providers may access your information if your primary is unavailable. It may also be necessary for the office manager to access your records when billing. Please note that it is our policy to always protect this information in accordance with all legal and ethical standards. Additionally, your provider will refer you to other providers if you have needs that are outside of their scope of practice. If a referral is necessary, this will be discussed in the session. Your provider will work to collaborate with these professionals and coordinate your care while continuing to treat you unless otherwise indicated. Please note, however, that although we attempt to identify top-quality professionals with very high standards of care, it is always your responsibility to determine if a professional referral is acceptable. If necessary, alternative options will be considered.

MEDICATION MANAGEMENT:

Medications can be used to treat many conditions. It is important to find the best treatment for each case. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, your nurse practitioner will always discuss the risks, benefits, side effects, government warnings, and non-medication treatment alternatives with you. Your nurse practitioner may determine that the best treatment approach for you includes a combination of medication and therapy. In this case, you may be referred to an alternative provider for therapy. Your nurse practitioner will continue to manage your medications in collaboration with your therapist if you have one. Before sending referrals, your nurse practitioner will have a discussion with you so that you may mutually determine if therapy should be part of your treatment plan. If your nurse practitioner refers you to a therapist, she will take the utmost care to ensure you are directed toward the best possible option for your needs.



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PSYCHOTHERAPY:

Depending on your individual needs, your nurse practitioner may occasionally provide psychotherapy during your medication management session. This form of treatment can be helpful to individuals. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-insight. However, therapy is not guaranteed to work for everybody. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. If your therapy-specific needs exceed the abilities of your nurse practitioner, she will always be willing to refer you to a therapist.

BILLING AND PAYMENTS:

The purpose of this document is to let you know about your protection from unexpected medical bills. This notice is to remind you that our providers/facility is not in your health plan's network. This means our providers and this facility do not have an agreement with your insurance plan.

You have the right to receive services at a participating facility or by a participating provider within your insurance company's network to obtain full benefits under your health coverage. If you have questions or would like to locate an in-network provider, please contact your insurance company's customer service at the telephone number/website listed on your insurance identification card or ask for assistance.

You are expected to pay for each session at the beginning of each appointment. Alternative payment plans must be discussed with and agreed to by the office manager/Nurse Practitioner. Please notify our office manager prior to arriving at your appointment if you have concerns about payments. We accept cash and credit cards (MasterCard, Visa, American Express, or Discover) for professional services. If your account is overdue for more than 90 days, we reserve the right to use legal means to secure payment. This includes charging an on-file credit card as well as utilizing a collections agency or a small claims court. In such cases, certain information may be required by these agencies. This can include name, nature of services provided, clinical notes, and amount due.

During treatment, it may become necessary to increase fees. Fees will be reviewed annually and will be increased no more than twice during any course of treatment.

CANCELLATIONS AND NO-SHOW POLICY:

If you cannot make your appointment, you must provide a 24-hour notice of cancellation. If you fail to do so, that visit will be considered a "no show." In addition, if you are going to be late for your appointment, please notify the office by telephone as soon as possible. If you are 15 minutes late or more, you may have to reschedule your appointment. If you exceed three 'no-shows,' you are at risk of termination from our services. Please remember that business hours are considered weekdays from Monday through Friday and exclude all standard holidays.

CONTACTING YOUR PROVIDER:

If your nurse practitioner is not immediately available by office telephone (208.391-5046), please leave a voice message, and we will return your call as soon as possible. Calls are generally returned within 48 business hours. Please always leave a phone number where you can be best reached. If your call is an emergency, please contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your



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nurse practitioner at any time. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage.

PROFESSIONAL RECORDS:

Both law and professional standards protect mental health records. Although you are entitled to review a copy, these records can be misinterpreted, given their professional nature. In rare cases when it is deemed potentially damaging to provide you with the full records directly, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together, and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.

CONFIDENTIALITY:

Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergencies, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that require disclosure by law:

- (1) danger to self – if there is a threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection
- (2) danger to others – if there is a threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization
- (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, we may have to disclose information to access services to provide for your basic needs
- (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency
- (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly. We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed, and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

ELECTRONIC MAIL (EMAIL):

Always be aware that email is not a confidential means of communication. We cannot guarantee email messages will be received or responded to without breaches of patient confidentiality. As such, Mindful Healing Psychiatry LLC will not communicate private health information via email.

LEGAL TESTIMONY:

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services.



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CLIENT BILL OF RIGHTS:

- Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age, or handicap. The personal dignity of each client is recognized and respected in all treatment provided.
- Each client has the right to accept or refuse all or part of their care and/or have the expected consequences explained.
- Each client has the right to exercise personal privacy by withholding consent for family members' or significant others' participation and to be informed of the possible consequences of that action.
- Each client has the right to be informed of the nature and purpose of any services rendered and the title of personnel providing that service.
- Each client has the right to participate in the development of their plan of treatment, evaluate the plan of treatment, and voice grievances without fear of negative impact on the services provided, and be aware of the process of voicing those grievances.
- If at any time during the course of treatment it is felt by the client, family, or guardian that a care-related conflict exists between themselves and the provider, they have the right to request their plan be reviewed by a staff consultant or an independent consultant at the client's expense.
- The client has the right to request a referral for services, to be involved in the discharge planning process, and to be made aware of any aftercare needs.
- The client will be informed of his/her rights in a language they can understand.
- Each client has the right to be notified of any/all costs of services rendered and any limitations placed on the duration or type of services.
- Each client has the right to inspect and/or obtain a copy of their record, at a reasonable charge.
- Each client has the right to request an amendment to their records.
- Each client has the right to respect that all treatment records or information will be kept confidential in compliance with professional ethics standards and state law. No information will be released without the written permission of the client or appropriate designee, except as outlined in the following limitations of confidentiality:
 - Child Abuse: If your counselor knows or suspects that an individual under 18 years of age or a developmentally disabled, or physically impaired person has suffered or faces a threat of suffering any physical or mental wound, injury, disability or condition of a nature that responsibly indicates abuse or neglect, he/she is required by law to report that knowledge or suspicion to the Idaho Child Protective Services, or a municipal or county peace officer.
 - Elder Abuse: If your counselor has reasonable cause to believe that an elder is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect or exploitation, he/she is required by law to immediately report such belief to the Idaho Department of Health and Welfare Adult Protection Agency, or a municipal or county peace officer.
 - Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a legal subpoena is made for information regarding your evaluation, diagnosis, or treatment.
 - Serious, Imminent Threat to Health or Safety: If your counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or to another person, he/she must disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family to protect against such harm.
 - Minor Client: Parties maintaining parental/guardianship legal rights have access to the minor client's complete record, unless the minor is 14 years of age or older. Minor clients 14 years of age or older must give written consent to the release of records.



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- Health Insurance: Your insurance company has the right to your clinical record, including information about dates of therapy, symptoms, diagnosis, overall progress, and past treatment records received from other providers.
- If a client files a complaint or lawsuit, Counselor may disclose relevant information regarding the client to defend themselves. Clients have rights protected by State and/or Federal law, and Professional ethical standards. For information, contact: Idaho Division of Professional and Occupational Licenses, 11351 W. Chinden, Building #4, Boise, ID 83714, 208-334-3233.

NOTICE OF PRIVACY PRACTICES:

YOUR RIGHTS:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you:

- **Get an electronic or paper copy of your medical record**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
 - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record**
 - You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
 - We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share**
 - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
 - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information.**
 - You can ask for a list (accounting) of the times we’ve shared your health information for six years before the date you ask, who we shared it with, and why.
 - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Get a copy of this privacy notice**
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you**



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- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
 - You can complain if you feel we have violated your rights by contacting us by mail or phone.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES:

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes
- In the case of fundraising, *we may contact you for fundraising efforts, but you can tell us not to contact you again.*

OTHER USES AND DISCLOSURES:

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Managing your healthcare treatment

- We may share your health information while coordinating care with other professionals who are also treating you.
Example: A doctor treating you for an injury asks for information on your psychiatric medications to avoid drug interactions.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.



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Bill for your services

- . We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it may authorize and pay for your services and prescriptions.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To help with public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing disease.
- Helping with product recalls.
- Reporting adverse reactions to medications.
- Reporting suspected abuse, neglect, or domestic violence.
- Preventing or reducing a serious threat to anyone's health or safety

For research

- We can use or share your information for health research.

To comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

To respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

To work with a medical examiner or a funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

To address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.



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Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.



INFORMED CONSENT AND PROCEDURES

Kelly Palmer

Certified PEMF Professional

INTRODUCTION

Kelly Palmer, owner and manager of Idaho Access Wellness (IAW), is degreed in Psychology, law enforcement/corrections, and social work. She is experienced in law enforcement/corrections, mental health case management (including dual diagnosis), counseling, and civil service. After 28 years of service, Kelly retired and established IAW in pursuit of helping people achieve their wellness goals. Kelly has a heart for the Treasure Valley and is passionate about the overall mental and physical wellness of our community.

A Note from Idaho Access Wellness

At IAW, our certified PEMF professionals are committed to partnering with you on your wellness journey by providing non-invasive, drug-free alternatives to regenerate, relieve, and restore whole body wellness. We are blessed by the opportunity to join the very talented team at Treasure Wellness Counseling and Training Center, to partner with counselors & therapists on the wellness journey of their clients. We are excited to offer regenerative alternatives to augment care plans and provide an additional avenue to hope and healing.

Regenerative Alternatives:

- Initial assessment and program plan set-up (including *first session) Approx. 60 mins \$95
- PEMF (Pulsed Electromagnetic Field) Therapy 30–40-minute sessions \$65–\$85 per session
- ION Cleanse Detox System 20–30-minute sessions \$30–\$40 per session
- RED/NIR light Therapy 5-20 minutes per session \$25 and up

(Based on individual need and number of application areas, with a max. of 4 areas per session)

SERVICES/MODALITIES PROVIDED:

- **Pulsed Electromagnetic Field (PEMF) Therapy:** For individuals 18+. Life is energy, and all energy is electromagnetic. PEMF is the targeted application of electromagnetic energy at the cellular level, which supports the body's innate healing functions. This speeds up the healthy circulation of nutrients and expulsion of toxins, allowing the body to regenerate and rejuvenate. PEMF has been proven to help:
 - Alleviate pain & reduce inflammation
 - Stimulate tissue, healing & strengthen bones
 - Relieve injury & fatigue
 - Support neurotransmitter balance
 - Reduce stress & increase relaxation
 - Achieve a deeper, more restorative state of sleep.
- **ION Cleanse Detox Program (Foot Cleanse System):** ION Detox is for kids and adults. The detox program facilitates the detoxification of free radicals and negative environmental influences (e.g., molds, yeast, heavy metals, and cellular debris). While the foot bath is soothing and relaxing, more importantly, it serves to "detoxify" the body. The ION Cleanse system creates positive and negative ions in the water, which travel through the skin, neutralizing oppositely charged toxins in the body. The neutralized toxins are then drawn out through the feet and into the water, appearing as discoloration, foam, or particles. Sessions are usually 20 to 30 minutes in duration. Reported benefits include reduced pain, stress, and agitation, as well as improved digestion, sleep, mental clarity, improved energy, and coping skills.



- Note: Many people with chronic illness and behavioral challenges (i.e., complex kids with autism, PANDAS, ADD/HD) have been identified as having a nervous system that is stuck in “fight or flight” and are susceptible to impaired detoxification. In that state, they can’t expel toxins (internal “trash”), impacting their cellular functioning, and cannot heal effectively. ION Cleanse can help them expel harmful toxins in pursuit of bringing balance and stability to the nervous system.
- **RED/NIR:** RED light therapy is designed to improve circulation and cellular function, as well as relieve pain and improve overall wellness.
- **Grounding:** Grounding or Earthing essentially connects the body to the earth's natural energy, thereby reducing oxidative stressors, neutralizing free radicals, and shifting the nerve system towards relaxation. Benefits include reduced inflammation, stress relief, and improved mood. Other potential benefits include enhanced blood flow, faster wound healing, increased energy, and improved cardiovascular health.

Acknowledgements and Release of Liability Waiver

I acknowledge and understand that Pulsed Electromagnetic Field Therapy (PEMF) is a non-invasive, drug-free wellness modality used to promote overall well-being. PEMF therapy may assist with circulation, relaxation, muscle function, and recovery. For mental health clients, a referral is required from a mental health professional. PEMF is utilized as a support for various mental health conditions by way of modulating brain activity, balancing neurotransmitters, and regulating the nervous system. PEMF is not intended for use to diagnose, treat, cure, or prevent any medical/psychological conditions, or replace medical or psychiatric care.

Contraindications – DO NOT USE PEMF therapy if:

- You have a pacemaker, Watchman, defibrillator, insulin pump, or other implanted digital/electronic medical device.
- You are pregnant or suspect you may be pregnant. (*Horses cannot be in foal or have had birth within 2 weeks of PEMF application or have colic. Veterinary approval is preferred.)
- You have epilepsy or a history of seizures.
- You have active bleeding, blood clots, a history of stroke or TIA (Transient Ischemic Attack), or are undergoing treatment for a blood disorder of any kind, or chemotherapy.
- You have recently undergone surgery and have NOT been cleared for therapy by your physician.
- You have had any recent invasive surgery (dental/medical) or other medical procedure. (Most procedures require a two (2) week waiting period before PEMF application.)

Acknowledgment of potential risks and variability in Results

I understand that while many individuals experience benefits from PEMF therapy, results may vary. The effects of PEMF are influenced by various factors, including the individual's condition, frequency of sessions, and overall response to therapy. Possible temporary side effects may include, but are not limited to, increased detoxification symptoms (i.e., mild headache or dizziness, temporary soreness, mild fatigue, or minor skin irritation at the application site). As noted, any side effects are temporary or short-lived in nature and are part of the body’s regenerative response process.

Release of Liability

I acknowledge and accept that Idaho Access Wellness are not licensed medical professionals and do not provide medical diagnosis, treatments, or prescriptions. I voluntarily choose to receive PEMF therapy and assume all



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responsibility for any effects that may occur as a result of the sessions. I hereby release, discharge, and hold harmless Idaho Access Wellness and any associated agents or representatives from any claims, liabilities, damages, or injuries – whether physical, emotional, or financial – that may arise from the use of PEMF therapy. I understand that I am responsible for consulting with a qualified medical professional regarding any health concerns before proceeding with PEMF therapy.

BUSINESS RELATIONSHIP

Idaho Access Wellness is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to Idaho Access Wellness and maintains secure space for file retention, group space, and offices. Idaho Access Wellness is a self-contained counseling practice working to help individuals to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed with Idaho Access Wellness.

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INFORMED CONSENT AND PROCEDURES

Dave Saxey, LPC

INTRODUCTION

This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-7869) in the state of Idaho. I have a master's degree from Northwest Nazarene University in Clinical Mental Health Counseling with my focus in Trauma, Anxiety, and Addiction. My education and experience have prepared me to provide therapy to individuals, couples, families, children, adolescents, and groups.

MY VIEW OF COUNSELING

I believe that counseling is a collaborative effort between the counselor and client. My job is to help my clients identify goals and potential solutions to problems that cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health. The way that I do that involves helping people make needed changes in ways of thinking, feeling, and behaving. This is a goal-based collaborative process, working with the client in telling his or her story, setting viable goals, and developing strategies and plans necessary to accomplish these goals.

THEORETICAL FRAMEWORK

My theoretical approach includes the following:

- Acceptance and commitment therapy (ACT) is an action-oriented approach. Clients learn to stop avoiding, denying, and struggling with their inner emotions and, instead, accept that these deeper feelings are appropriate responses to certain situations that should not prevent them from moving forward in their lives. With this understanding, clients begin to accept their issues and hardships, and commit to making necessary changes in their behavior, regardless of what is going on in their lives, and how they feel about it. I use ACT to help treat a variety of issues with my clients, for example: test anxiety, social anxiety, depression, OCD, addiction, pain management, and anger and stress management.
- Solution Focused Brief Therapy focuses on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted. Instead, we encourage those in treatment to develop a vision of the future and offer support as they determine the skills, resources, and abilities needed to achieve that vision successfully.
- Cognitive Behavioral Therapy is a highly research-based theory known to be very effective in its use to treat people with a wide range of mental health/emotional challenges and problem behaviors, including Anxiety and Depression. CBT aims to increase one's awareness level associated with making negative (or inaccurate) interpretations within their thought processes related to an issue or event. These misinterpretations may have a significant impact on the feelings and emotions one



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experiences. The conclusions made based on distortions in one's thinking may potentially and strongly influence the actions and choices one makes in life. Increased insight into the powerful influence of our individual thought processes and learning to adjust one's negative thinking patterns can have a powerful impact upon mood, altering negative patterns of behavior, and significantly improve one's overall level of contentment in life.

BUSINESS RELATIONSHIP

David J Saxey, LPC, is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to David J Saxey, LPC, and maintains secure space for file retention, group space, and offices. David J Saxey, LPC, is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to David J Saxey, LPC.

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INFORMED CONSENT AND PROCEDURES

Joe Shaber, LCPC

INTRODUCTION

This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I am a Licensed Clinical Professional Counselor (LCPC-5196) in the state of Idaho. I have a master's degree from Northwest Nazarene University in the Science of Marriage and Family Counseling and have additional training in EMDR. My education and experience have prepared me to provide therapy to individuals, couples, families, children, adolescents, and groups.

THEORETICAL FRAMEWORK

EMDR: My Principal approach to therapy is through EMDR (Eye Movement Desensitization and Reprocessing). This well-validated approach to treating mental illness is principally used with past traumatic experiences, but can also be used with other struggles with negative beliefs or behaviors. EMDR uses eye movements and other activities to stimulate the brain and to help facilitate the processing of distressing memories, reduce emotional reactivity, and promote adaptive coping mechanisms.

Benefits:

EMDR treatment will typically reduce negative effects related to traumatic memories such as:

- Negative feelings related to memories, such as anger, sadness, fear/anxiety
- Negative beliefs brought into a person's life through trauma, which can affect a wide range of areas of that person's life
- Negative behaviors in a person's life that impact their ability to function in relationships, work, education, and daily living tasks
- Is customized to address your specific needs/goals.
- Often creates long-lasting changes that project positively into your life.
- Tools from EMDR 2.0 reduce emotional distress and increase the speed of reprocessing
- Can also be used to reduce emotional connection to addictive and harmful compulsive behaviors, including such things as:
 - Alcohol use
 - pornography use
 - phone, social media, or gaming use
 - cutting and self-harm

Risks: Although EMDR is generally considered safe, it may evoke, especially in the early phases, uncomfortable emotions and physical sensations. These typically subside during the first session, where EMDR is employed. In rare cases, there may be more intense increases in distress that may last several days after a session. It is important to discuss any concerns with me as they occur. Many tools can help mitigate these issues as they come up.



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Other Treatments: Additionally, I will at times use elements from Motivational Interviewing when there are struggles with motivation or Adlerian Family Counseling for parenting issues, or Dialectical Behavioral Therapy (DBT) for communication tools and emotional management.

BUSINESS RELATIONSHIP

Shaber Counseling LLC is located within the group practice of Treasure Wellness Counseling and Training Center. Treasure Wellness Counseling and Training Center leases space to Shaber Counseling LLC, and maintains a secure space for file retention, group space, and offices. Shaber Counseling LLC is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Joe Shaber, LCPC, at Shaber Counseling LLC.

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INFORMED CONSENT AND PROCEDURES

Daniel Skinner, LPC, LAMFT

INTRODUCTION

Welcome to Daniel Skinner Counseling, LLC! Thank you for choosing me to assist in your relational well-being. This document provides you, the client, with important information about my professional services, business policies, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully. If you have any questions, please ask me for more information.

QUALIFICATIONS AND EDUCATION

I am licensed as both a Licensed Professional Counselor (#6371149) and as a Licensed Associate Marriage & Family Therapist (#3371878) in the state of Idaho. I have a master's degree from Colorado Christian University in Clinical Mental Health Counseling with an emphasis on Marriage & Family Therapy. My education and experience have prepared me to provide therapy to individuals, couples, families, adolescents, and groups.

SUPERVISION

I am actively pursuing certification in Gottman Couples Therapy and in Emotionally Focused Therapy (EFT). Certification is rigorous and requires continued education, training, and supervision. Part of the supervision process includes clinical supervisors, training groups, working with certified therapists, and representatives of the credentialing bodies for Gottman Therapy and the International Center for Excellence in Emotionally Focused Therapy (ICEEFT). During the certification process, I will occasionally need to share segments of recorded sessions with these professionals to receive feedback and instruction. The video and your identity are confidential, and your identity is protected throughout the process. The video is for the purpose of critiquing the performance as a therapist and is not a critique of client issues.

I am also under direct supervision while working towards my Licensed Marriage and Family Therapist (LMFT) license in the state of Idaho. I meet regularly with my supervisor to continue developing my skills and professional development, and I share recordings of sessions with my supervisor to receive feedback and instruction. I am currently being supervised by:

Natalie Thompson, LCPC-7422

Rise Counseling, LLC

natalie@riseboise.com

and

Heather Tustison, LCPC-4258

2176 E. Franklin Rd. Suite 100, Meridian, ID 83642

(208) 515-7661

Clients consent to the recording of therapy sessions with me. You are aware of the presence of recording equipment and permit the use of all/part of the recordings for the purposes of supervision and counselor certifications.

Additional Supervision may be required due to Professional and Insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.



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THEORETICAL FRAMEWORK

My theoretical orientation is influenced by Emotionally Focused Therapy (EFT), Gottman Couples Therapy, and Gestalt (processing the here and now). I am levels I, II, & III trained in Gottman therapy, and I have done externship and extended core skills training with ICEEFT for EFT therapy. I specialize in working with couples in conflict, infidelity, sexual addictions, individuals with prior trauma, as well as clients with depression or anxiety. I work with couples, individuals, families, and groups.

I integrate methods and techniques to offer a personalized approach for each client(s). I believe that our problems exist within a social and relational context, and treating the problem involves addressing the larger social and relational aspects of our lives. Both Gottman and EFT are evidence-based (backed by research) approaches that focus on strengthening relationships.

BUSINESS RELATIONSHIP

Daniel Skinner Counseling, LLC, is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC, leases space to Daniel Skinner Counseling, LLC, and maintains secure space for file retention, group space, and offices. Daniel Skinner Counseling, LLC, is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Daniel Skinner Counseling, LLC.

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INFORMED CONSENT AND PROCEDURES

Arianna Slotemaker, LPC

INTRODUCTION

Welcome to Slotemaker Counseling, LLC, and thank you for choosing me to assist you with your personal situation. This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (License ID 8241642) in the State of Idaho. I received my master's degree in Clinical Mental Health Counseling from Grand Canyon University. Through this education, I can counsel children, adolescents, and adults facing various difficulties in life, who need someone to talk to, work through problems with, and, overall, an ear to listen.

SUPERVISION

To continue developing my skills as a licensed professional, I am currently being supervised by:

Robert McIntyre – License Number LCPC-6463
2176 E Franklin Road, Suite 100, Meridian, ID 83642
(208)515-7661

I am under supervision to achieve my Licensed Clinical Professional Counselor in the State of Idaho. State licensure requires that I be under supervision while pursuing this license. Additional supervision may be required due to professional and insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

The client-counselor relationship is highly important in the counseling process. Because of this, I approach counseling from a Person-Centered Theory. This means that I strive to provide an empathetic and non-judgmental space for you. What you wish to bring into the room is what we will discuss, while still focusing on the goals of treatment. You, as the client, are in the driver's seat, and I will be taking my place in the passenger seat, taking the scenic route, changing the music, and letting you know when a turn is coming up. Because every case is unique, I will also be integrating Cognitive Behavioral Therapy, Narrative Therapy, and/or Solution-Focused Therapy where it is appropriate. Integrating these theories allows for a personalized approach, adapting to your characteristics and needs in each session.

BUSINESS RELATIONSHIP

Arianna Slotemaker of Slotemaker Counseling, LLC, is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Arianna Slotemaker of Slotemaker Counseling, LLC, and maintains secure space for file retention, group space, and offices. Arianna Slotemaker of Slotemaker Counseling, LLC is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Arianna Slotemaker of Slotemaker Counseling, LLC.

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INFORMED CONSENT AND PROCEDURES

Cody Sohn, LPC, CMPC

INTRODUCTION

Thank you for allowing me to take part in your sport and performance journey. This document will tell you more about my background, counseling approaches, and your rights. This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I earned an M.A in Sport and Performance Psychology from the University of Denver and an M.S. in Clinical Mental Health Counseling at the University of Western States. I am a Licensed Professional Counselor (LPC) in the state of Idaho, and I am a Certified Mental Performance Consultant (CMPC) through the Association of Applied Sport Psychology. My education and experiences have prepared me to counsel individuals, groups, and teams and to work in the specialty area of sport and performance psychology.

COUNSELING PHILOSOPHY AND SERVICES

I work collaboratively with athletes and performers to enhance the psychological skills necessary to thrive within and beyond sport, including confidence, motivation, awareness, and resilience. I believe in understanding the unique story and values that each person brings into performance and strive to help individuals feel they have someone in their corner. Creating a caring, creative, and authentic space of high value to me, and something I hope carries over to this work. I combine an individualized approach to meet your unique needs with counseling services aimed at effective personal growth or self-improvement through recognition of personal strengths as well as development of new skills. I am part of a wellness team and can make referrals as needed for clients requiring medical intervention by a physician or psychiatrist.

THEORETICAL FRAMEWORK

Sport Psychology Counseling is a professional relationship that empowers diverse individuals, groups, and teams to accomplish athletic and mental health, and goals. I take an integrative approach that combines mindfulness-based cognitive behavioral theory and narrative techniques to help you achieve your goals. We will be focusing on identifying and improving your potential, working through personal, relational, and/or athletic concerns, personal-social skills, adjustment to life/performance situations, and the development of improved problem-solving and decision-making capabilities.

BUSINESS RELATIONSHIP

Transformative Sport and Performance Psychology is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC leases space to Cody Sohn and maintains secure space for file retention, group space, and offices. Transformative Sport and Performance Psychology is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Cody Sohn, LPC, CMPC.

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INFORMED CONSENT AND PROCEDURES

Shelby Spangler, LPC

INTRODUCTION

Thank you for allowing me the privilege of working with you as you embark on this journey. This document contains important information regarding my professional services, business policies, your client rights, privacy, protection, and confidentiality. Please read the following document carefully. If you have any questions, please ask for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-8503) in the state of Idaho. I earned my Master's (MS) degree from Walden University in Clinical Mental Health Counseling. My education has prepared me to counsel individuals, couples, groups, parents, and adolescents through a variety of struggles.

THEORETICAL FRAMEWORK

My theoretical approach focuses on cognitive behavioral therapy (CBT), rational emotive behavioral therapy (REBT), and dialectical behavioral therapy (DBT). Helping my clients identify effective ways to tackle distressing thoughts, disruptive emotions, and problematic behaviors is a primary focus of my practice. I use person-centered techniques, which means that each client is the expert of their own lives, and therapy is focused on the best outcomes based on the goals identified by the client. I work with clients to help them understand how people think (in general), but I will never tell clients what to think. My approach is direct, though I do strive to create a space where healing, honesty, and genuineness take center stage.

BUSINESS RELATIONSHIP

My counseling practice (Shelby Spangler Counseling) is an affiliate of the group practice Treasure Wellness Counseling and Training Center. I lease space from Treasure Wellness, PLLC, and they maintain a secure space for file retention, group work, and individual sessions. My practice is a self-contained counseling practice working to help those on their paths to better mental health. Any inquiries regarding the professional business relationship can be addressed to Shelby Spangler Counseling, LLC.

COURT APPEARANCES

It is my policy to refuse all requests to appear in court on behalf of any client. In the event of a court subpoena requesting testimony or notes, I will still attempt to refuse. If my presence is still requested, an hourly fee of \$600 will be charged to both parties. This fee includes preparation time, driving time, and time away from other clients.

My intention in counseling is to provide a safe place where healing and exploration can occur. I would not be able to provide substantial evidence in court for one party or another in a court case, as I am not an expert in such matters. Please refer to a court-appointed examiner for evaluations and testimony. My testimony may hurt you or my client more than it will help, and it will damage the therapeutic relationship we have been striving to build in my office. If there are any other questions or you would like to discuss this further, please contact me or the office.



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COURT FEES

Court appearances - \$600/hr
Phone calls regarding legal issues - \$25 every 15 minutes after the first 15 minutes
Treatment Summary - \$100
Interview - \$100/hr
Records - \$1/page

WHAT I EXPECT FROM YOU

It is your responsibility to understand your insurance benefits and what is covered. Additionally, counseling is most successful when clients are open, honest, and actively involved in the process. Please remember, I am not the expert in your life; you are, and it is your responsibility to help me understand your life situation, feelings, thoughts, and concerns to promote the therapeutic process.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52



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INFORMED CONSENT AND PROCEDURES

Joana Torres-Fonesca, LPC

INTRODUCTION

Welcome to JTF Counseling, LLC! Thank you for choosing me to assist in your relational well-being. This document provides you, the client, with important information about my professional services, business policies, privacy, confidentiality, and your client rights. It also contains a summary of information about the The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for treatment, payment, and health care operations. Please read the following document carefully, along with the Treasure Wellness Counseling and Training Center's informed consent part 2. If you have any questions, please ask me for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (6571697) in the state of Idaho. I have a Master of Arts in Clinical Mental Health Counseling (CACREP) from Liberty University. My education and experience have prepared me to provide therapy to individuals, couples, families, adolescents, and groups.

SUPERVISION

I am also under direct supervision while working towards my Licensed Clinical Professional Counselor license in the state of Idaho. I meet regularly with my supervisor to continue developing my skills and professional development, and I share recordings of sessions with my supervisor to receive feedback and instruction. I am currently being supervised by:

Heather Tustison, LCPC-4258
3006 E Goldstone Drive, Meridian, ID 83642
(208) 515-7661

Additional Supervision may be required due to professional and Insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

My theoretical orientation is influenced by Cognitive Behavior Therapy. Cognitive Behavioral Therapy (CBT) is an evidence-based approach that focuses on the connection between thoughts, emotions, and behaviors. It helps clients identify unhelpful or inaccurate thought patterns that contribute to emotional distress and replace them with more balanced, realistic ways of thinking. In sessions, CBT is implemented through skill-building, guided reflection, and practical exercises that help clients manage anxiety, depression, stress, and trauma more effectively in everyday life. CBT interventions may include identifying cognitive distortions, restructuring unhelpful beliefs, behavioral activation, skills practice, and between-session exercises to support progress. My practicum and internship both focused on CBT training and experience. I specialize in working with individuals with prior trauma and Post Traumatic Stress Disorder (PTSD), grief and loss, depression, anxiety, anger, and stress.



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BUSINESS RELATIONSHIP

JTF Counseling, LLC (Joana Torres-Fonseca), is located within the group practice at Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC, leases space to JTF Counseling, LLC, and maintains secure space for file retention, group space, and offices. JTF Counseling, LLC, is a self-contained counseling practice working to help individuals and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Joana Torres-Fonseca.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52



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INFORMED CONSENT AND PROCEDURES

Heather Tustison, LCPC, NCC

INTRODUCTION

Welcome to Heather Tustison, LCPC, LLC! Thank you for choosing me to assist you with your personal situation. This document contains important information regarding my professional services, business policies, your client rights, privacy, protection, and confidentiality. Please read the following document carefully. If you have any questions, please ask for more information.

QUALIFICATIONS AND EDUCATION

I am a Licensed Clinical Professional Counselor (LCPC-4258), National Certified Counselor, and Clinical Supervisor in the State of Idaho. I have a master's degree in Marriage and Family Counseling from Northwest Nazarene University. My education and experience have prepared me to counsel individuals, couples, groups, parents, families, children, and adolescents.

SUPERVISION

I am actively pursuing certification in Emotionally Focused Therapy (EFT). Certification is rigorous and requires continued education, training, and supervision. Part of the supervision process includes clinical supervisors, training groups, Certified EFT therapists, and representatives of the International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) viewing my session recordings to give instruction, feedback, and encouragement.

TWCTC is a training center for counselors and graduate-level interns. As the Clinical Director and a Clinical Supervisor at Treasure Wellness Counseling and Training Center (TWCTC), I serve as a model for professional counseling. An important part of this clinical training involves having interns observe a seasoned professional's clinical expertise and mastery. Video is the most conducive to a full evaluation of clinical skill. I offer live and recorded session viewing of my counseling sessions to graduate student interns and the TWCTC Supervision team for instruction, demonstration, and training.

Clients understand that all recordings will be kept confidential in compliance with HIPAA regulations and viewed as part of the ICEEFT Certification procedure and for instruction within the TWCTC internship program. The counseling profession has strict ethical guidelines on how your recorded session must be viewed and maintained. During viewings, your case will be discussed and reviewed. Your identity and privacy will be protected during this time in compliance with HIPAA regulations. I will take responsibility for destroying recordings after they have been viewed.

Clients consent to the recording of therapy sessions with me or live observation by a graduate student intern. They are aware of the presence of recording equipment and permit the use of all/part of the recordings for:

- Assisting in therapy for educational review.
- Consultation with the TWCTC clinical supervision team, a clinical supervisor, and/or training group.
- Demonstration of a specific skill or intervention for graduate student interns
- Consultation with a representative of ICEEFT



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Additional Supervision may be required due to Professional and Insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

My basic core beliefs are based in Gestalt, complemented by Contextual and Family Systems theories.

- Gestalt therapy is an existential/experiential form of psychotherapy that emphasizes personal responsibility and that focuses upon the individual's experience in the present moment, the therapist-client relationship, the environmental and social contexts of a person's life, and the self-regulating adjustments people make because of their overall situation.
- Contextual therapy gives an ethical perspective emphasizing trust, loyalty, transgenerational indebtedness, and entitlements, as well as fairness in relationships between family members.
- Family Systems theory notes that an individual is in constant relation to the larger system; therefore, where the system is changed, so will the individual, as well, and where the individual is changed, the system will also be changed.

I integrate complementary methodologies and techniques to offer a highly personalized approach tailored to each client. With compassion and understanding, I work with each individual to help them build on their strengths and attain the personal growth they are committed to accomplishing.

I believe our individual issues are influenced and impacted by the state of our relationships. That is why I choose to specialize in working with couples using Emotionally Focused Therapy (EFT). EFT is a well-researched model that helps couples identify and address repetitive negative patterns that hurt and replace them with skills for building a deeply satisfying, trusting connection. I find EFT to be one of the most effective methods to use in marriage and family counseling.

BUSINESS RELATIONSHIP

Heather Tustison, LCPC, LLC, is located within the group practice of Treasure Wellness. Treasure Wellness leases space to Heather Tustison, LCPC, LLC, and maintains secure space for file retention, group space, and offices. Heather Tustison, LCPC, LLC, is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Heather Tustison, LCPC, LLC.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52



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INFORMED CONSENT AND PROCEDURES

Kristi Weismann, LCPC

INTRODUCTION

Thank you for choosing me as your mental health provider! Before our first session, I will email you a link to the Secure Client Portal, where you may: complete the new client intake form, enter your health insurance information, and safely and securely store your payment card information (for co-pays). Please complete this information online before the first session. (If you do not have Internet access, please let me know, and we can make other arrangements). Also, please read through the following document in its entirety. Please feel free to contact me at any time with questions or concerns regarding this document or regarding anything about the therapy process.

APPOINTMENT TIMES

Sessions start at the agreed-upon scheduled time and last about 55 minutes. (The initial intake session lasts 60 minutes.) There is no receptionist in the building: please wait in the lobby, and I will greet you at the scheduled time. Please do not come directly back to my office, as I may have another client in my office. To make the best use of our time, please arrive on time and come prepared to engage in therapy. Please turn cell phones off during the session, and do not bring children or pets/emotional companion animals to sessions. Also, it is always appreciated if you present any new or urgent goals or concerns at the beginning of the session rather than at the end of the session.

BENEFITS AND CHALLENGES OF THERAPY

I have seen many clients improve over time as a result of our time in therapy. However, there are no guaranteed results with therapy. At times, you may experience strong emotions. I will always strive to create the safest environment possible for you to feel free in expressing difficult emotions. There may be times when you leave the session feeling unhappy or distressed. I will also provide you with tools to manage those feelings more effectively. Sometimes, in the beginning of treatment, a client's symptoms may temporarily worsen. Please note that this is often to be expected, and research shows that a client's relationships and coping skills can improve greatly as a result of engaging in therapy.

BOUNDARIES/COUNSELING RELATIONSHIP

Counseling is a personal and vulnerable experience, but it is important that our relationship always be professional in nature. Therefore, I do not intentionally see or communicate with clients outside of the counseling relationship (this includes not accepting friend requests via social media). If we happen to meet by chance in a public setting, I will protect your confidentiality by not acknowledging you/our relationship. Please note that I am not able to accept gifts or attend graduations, weddings, or other functions for clients.

CANCELING OR RESCHEDULING APPOINTMENTS

Consistency of appointments is beneficial for progress in therapy; therefore, if we schedule an appointment, I expect that you will attend. However, if you need to cancel or reschedule an appointment, please do so via email or voicemail at least 24 hours before the appointment. I understand that emergencies happen, so I do not charge a fee for the first no-show/late cancel appointment. However, after the first time, I will charge a \$75 fee per no-show/late cancellation appointment. (Cancellation fees do not apply to persons with Idaho Medicaid insurance). Insurance does not cover charges for no-shows/late cancellations. If a person has a weekly recurring time-slot, and they develop a pattern of late cancellations or no-shows, I may remove all our future appointments from my schedule. I only do this because some time slots are highly desired, and another client might be on a wait-list for that particular time slot. I typically have other openings in my schedule, and I am



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happy to reschedule you for any other available time. Please contact me at any time to reschedule or resume therapy.

CLIENT'S RIGHTS AND RESPONSIBILITIES

- You are responsible for actively participating in therapy by creating goals, being present in sessions, and working on and thinking about the things you talk about with me.
- You may leave the premises at any time. You will not be detained against your wishes, unless you are in imminent danger to yourself or others.
- You are responsible for being assertive in therapy regarding your therapy preferences and needs. You may refuse any service or counseling technique that you do not want to participate in.
- You have the right to discontinue services at any time. If termination is done against my recommendation, I will document this in your medical records.
- You can expect to receive treatment that is beneficial to you, respects your values, and is free from any form of abuse or discrimination.
- You may report immoral or unethical activities to the Idaho Division of Professional and Occupational Licenses.
- You have the right to receive written information about fees, methods of payment, my qualifications and license level, insurance coverage, possible length of services, emergency procedures, and cancellation policies.
- At least one parent/guardian must be involved in/consent to the counseling of any minor child. Both legal guardians of the minor will be informed that the child is in therapy.
- You are responsible for reading and understanding this informed consent document and responsible for asking questions or discussing any concerns you have regarding this document.

I am required to adhere to the professional code of ethics adopted by the Board for Licensed Professional Counselors and Marriage and Family Therapists. If you have reason to believe that I have acted in an unethical manner, you have the right to file a complaint in writing to the Idaho Division of Professional and Occupational Licenses, 11351 W. Chinden, Building #4, Boise, ID 83714, 208-334-3233.

CONFIDENTIALITY and HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) is a set of guidelines, governed by the US Department of Health and Human Services, that is meant to protect consumers with respect to their health information. As a counseling client, your health records and all PHI (personal health information) are protected under HIPAA. Therefore, it is my ethical and professional obligation to keep any information you share with me confidential. It is your legal right that our session and my records about you are kept private. If you anticipate that any person (spouse, friend, other family member) or entity (Probation, Child Protection, Medical Doctors, etc.) will be contacting me to request information regarding your treatment, please inform me of this in advance. I will not confirm or deny that you are a client, and I will not respond to any voicemails or emails inquiring about your treatment until I have your written permission (a signed release of information). If you do sign a release of information, we will discuss at that time, in detail, what information you would/would not like me to release.

- For a full copy of the HIPAA policy and how it relates to the protection of your mental health records, please refer to: <https://www.hhs.gov/sites/default/files/hipaa-privacy-rule-and-sharing-info-related-to-mental-health.pdf>. You may also request a copy of this document from me directly.



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CONSULTATION

Depending on your individual needs, I may suggest you seek additional consultation in the form of psychological testing, a medical examination, medication management, nutritional counseling, or group counseling. If I make such a recommendation, I will assist you in weighing the pros and cons of seeking such services. However, it is ultimately your choice to engage in treatment with another health care provider of your choosing, and therefore, you assume all risks and responsibilities related to that choice.

COURT APPEARANCES

It is my policy to refuse all requests to appear in court for any client or their family member. This is due to my commitment to keeping all information shared in the session confidential. In the case that I am subpoenaed by a judge to testify in court, an hourly fee of \$600 will be charged for any related expenses. You will be responsible for paying me before the court appearance.

EMDR THERAPY

EMDR stands for Eye Movement Desensitization and Reprocessing. I am trained in EMDR, and I often utilize EMDR in therapy sessions. If we engage in EMDR during therapy, I encourage you to research EMDR and educate yourself regarding the risks and benefits of this type of therapy. All therapy comes with potential emotional risks, and EMDR is no different. For more information on EMDR, please refer to www.emdr.com or www.emdria.org.

FEES, PAYMENTS, INSURANCE, AND BILLING

Therapy fees are \$210 for an intake session and \$185 for a 55-minute session. All fees, including insurance co-pays, are due at the time of service. For your convenience, you may store a payment card in the Secure Client Portal so that I may charge that card automatically within 24 hours of our session (it could take 2-3 weeks to see the initial charge, but charges will be regular after that). Please know that I am only able to view the last four digits of your card information, and that the portal (through the Simple Practice EHR system) is secure. If your card information changes, you can update your card info anytime using the Client Portal. If your card is declined or your health insurance is denied, you may be contacted by my contracted billing provider (see below for more information).

- * *My preferred method of payment is via the Simple Practice Online Portal.*
- * *After the initial counseling session, it could take 2 to 3 weeks for the charge to appear on your card (if you are responsible for a portion of the visit). After the first session, the charges for the following sessions should appear within 24 hours of the session.*
- * *Please use a credit card instead of a debit card (to avoid potential occurrences of insufficient funds available on the debit card).*
- * *It is the patient's responsibility to confirm their insurance benefits before meeting. Any portion not covered by insurance will be billed to the client directly.*

I contract with a third-party billing company called Cascade Therapy Billing. My billing agent at this company provides professional assistance with insurance claims and client accounts. This person will have access to your basic identifying information, and this person has signed a confidentiality agreement to follow HIPAA protocol to keep your information private.

If you are using your insurance benefits, please note that each insurance company has an allowable amount for therapy that is specific to your plan and your carrier; the amount that is allowed within those limits will be billed. This amount may be more or less than the therapy fee listed above. If you are utilizing EAP benefits, please have your EAP authorize me as your treatment provider before the first session.



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Below are some questions that are helpful to ask your insurance when gathering information about your mental health insurance benefits:

- Do I have mental health insurance benefits?
- Do I have an employee assistance plan?
- What is my deductible, and has it been met?
- How many sessions per year does my insurance cover?
- What is the coverage amount per therapy session?
- Is approval or documentation required from my primary care physician?

Many insurance plans are managed care plans. Under these plans, the insurance company periodically requires me to submit your diagnosis, progress, and treatment plan to their reviewer, who then determines if further treatment is medically necessary. If you have a managed care plan, this information will be released to the reviewers. Sometimes, clients are concerned about releasing this information, as future coverage or insurance costs may be affected. If you don't want me to release this information, you can choose not to use your insurance coverage and pay for services yourself at the time of each visit.

INITIAL COUNSELING SESSION

For me to learn more about you, and for you to get the most time out of our first session, please complete the new client intake form Online (through the Simple Practice Client Portal) before the first session. During the initial session, we will review this intake paperwork, discuss the reason(s) that you are currently seeking counseling, and briefly discuss your goals for therapy. During the second session, discuss your therapy goals in more detail and establish a basic treatment plan. I understand your time is valuable, and the number of sessions you can attend may be limited, so setting goals allows you and me to ensure that you are getting the most out of your time in therapy. If you have specific needs or concerns regarding therapy (such as scheduling preferences, limits on the number of visits, therapy modalities preferred, questions regarding EMDR, etc.), please discuss these with me during our initial session.

LIMITS TO CONFIDENTIALITY

The following are legal exceptions to your right to confidentiality. If such a circumstance arises, I will make every attempt to communicate with you regarding the situation.

- If I have good reason to believe that you will harm another person, I am required to notify that person and the police department to warn them of your intentions and protect the intended victim.
- If I know or suspect that a child under the age of 18 or a developmentally disabled, or a physically impaired person under the age of 21 has been or is being physically or sexually abused or neglected, I am legally required report that information to the Idaho Department of Health and Welfare. This includes past incidents, whether the abuse is still occurring or not. Also, I am required to report any sexual relationships between a minor under the age of 18 and an adult over the age of 18 (statutory rape).
- If I am aware that you are suicidal, homicidal, or gravely disabled/at risk of serious danger, I will attempt to create a safety plan with you and discuss any options available to ensure your safety. If I believe you are still in imminent danger of harming yourself or others, I may legally break confidentiality and call the police and/or the county mental health crisis team and request that they visit your residence for a welfare check.
- If I know or suspect that an elderly person or cognitively/developmentally impaired person is being or is at risk of being abused, neglected, or exploited, I am required by law to report that knowledge or suspicion to the Idaho Department of Health and Welfare and Adult Protection Services.



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MINORS AS CLIENTS

If I am seeing a client under the age of 18 whose parents are both legal guardians but are separated or divorced, I may attempt to notify both parties that the minor is planning to engage in therapy. However, only one guardian is required to sign the document before engaging in therapy. In Idaho, children ages 14 and over are granted legal rights to confidentiality; however, parents and guardians have the right to general information, such as attendance in therapy and basic updates about therapy progress. To develop a therapeutic relationship and make progress in therapy, it is very important that an adolescent or teen feels safe and that their confidentiality is respected. However, if your child discloses to me that they are currently engaging in or plan to engage in high-risk or harmful behaviors, I will communicate this with you for their health and safety. In such a circumstance, I will communicate with your child that I will be talking with you and invite them to participate in this conversation. It is my policy that a responsible adult **MUST** be present in the waiting room while a child (under the age of 12) is in session. If a teenage client comes alone to therapy, please note that you **MUST** be available by phone should I need to contact you. Parents are encouraged to join us in session, call or email me to touch base regarding your child's treatment.

OFFICE HOURS AND EMERGENCY AND CRISIS AVAILABILITY

My office hours are typically 8:00 am to 4:00 pm, Monday through Friday. I make every effort to return voicemails and emails within 24 business hours. If I am out sick or on vacation, I will make every effort to note these schedule changes on my voicemail or through an out-of-office email notice.

Kristi Weismann Counseling LLC does not provide crisis or emergency services. If you are experiencing a medical or mental health emergency, please contact your local emergency room, your physician, county mental health agency, or call 911.

See below for local crisis phone numbers:

IDHW Mobile Crisis line: (208) 334-0808

Idaho Suicide Hotline: 988

Boise Police Non-Emergency Dispatch (to request a welfare check): (208) 377-6790

PHONE AND EMAIL COMMUNICATION

Though I work within a group practice (Treasure Wellness Counseling and Training Center), I am self-employed, and therefore, all correspondence from Kristi Weismann Counseling LLC will come directly from me or my third-party billing representative or through Cascade Therapy Billing. Please note that communication via phone or Email is never 100% secure or confidential. For this reason, please try to limit the information you disclose to me via Email or phone to protect your confidentiality. You may also use the HIPAA secure messaging platform in the Simple Practice Client portal to communicate with me about rescheduling appointments, billing questions, etc. If you do not wish to receive voicemails, emails, or text message reminders, please make a note of this in the Simple Practice Client Portal when you are completing your initial client intake information.

RECORDS

I maintain a secure and confidential Electronic Health Record for you containing your insurance/billing information, intake paperwork, and a brief clinical progress note of each session. I am required to keep records for 7 years after treatment has ended. You may examine and/or receive a copy of your file by providing me with a signed and dated request. Apart from my contracted billing professional and your own insurance/EAP company, I will not release written information to any other person or entity without written permission, and I will not release verbal information without at least your verbal consent. Also, I can/will release certain information about you without your consent if the situation matches any of the situations described in the "Limits to Confidentiality" section of this document. If you request that your records be released to another



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professional, your request will be fulfilled within 30 days of your written request. A fee may apply depending on the size of the records and the time required to send them.

Often, I do take notes during the session. These notes are stored securely on an electronic device that is password-protected and remains locked in my office. These notes are used to create your chart note, and the chart note becomes part of your official file.

TELEHEALTH

I currently provide Telehealth using the Internet-based application called Doxy Me, which is a HIPAA-compliant platform that may be accessed from a smartphone, tablet, or PC, and requires the participant to have a working camera and audio input and output. Clients are expected to be alone in a private room or space during Telehealth appointments. Telehealth appointments will follow the same time limits as in-person office appointments.

THERAPIST'S ROLE

My name is Kristi Weismann, and I am a Licensed Clinical Professional Counselor in the State of Idaho (License # LCPC-5334). I received a Master's Degree in Mental Health Counseling from Idaho State University in 2010. I have been working in the mental health field since 2008. I am EMDR trained, and I regularly use EMDR as an intervention in counseling. I am not a faith-based counselor; I am respectful of my clients' religious and spiritual beliefs. I am self-employed as a Private Practice Counselor, although I practice inside the Treasure Wellness Counseling and Training Center office.

My role as a therapist is to:

- Provide a neutral, supportive, safe, and confidential environment in which you can explore the areas of your life that are of concern.
- Assist you with the process of making change by using empathy, genuine positive regard, active listening and reflecting, and various therapy modalities and psychoeducation to help you gain insight, feel empowered and confident, and become aware of your options and choices.
- Answer any questions you may have about therapy, these forms, or these policies. I am happy to provide you with a copy of this packet at your request.

BUSINESS RELATIONSHIP

Kristi Weismann Counseling, LLC, is located within the group practice of Treasure Wellness. Treasure Wellness leases space to Kristi Weismann Counseling, LLC, and maintains secure space for file retention, group space, and offices. Kristi Weismann Counseling, LLC is a self-contained counseling practice working to help individuals, couples, and families to develop, repair, and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Kristi Weismann Counseling, LLC.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52



INFORMED CONSENT AND PROCEDURES

Amanda Wise, LPC, ATR

INTRODUCTION

Welcome to Wise Art Therapy, LLC! This document provides you, the client, with important information about my professional services, business practices, privacy, confidentiality, and your client rights. It also contains a summary of information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI), for the purpose of treatment, payment, and health care operations. Please read the following document carefully.

QUALIFICATIONS AND EDUCATION

I am a Licensed Professional Counselor (LPC-8499) in the state of Idaho and a Registered Art Therapist (ATR #18-109). I have a master's degree from George Washington University in Art Therapy with a focus on Trauma. My education and experience have prepared me to provide therapy to individuals, couples, families, children, adolescents, and groups.

SUPERVISION

To continue to develop my skills and for professional development, I am currently under the supervision of:

Annie Mell, LCMHC, ATR-BC
Vermont LCMHC #068.0134681
ATR-BC #17-472 (720) 432-4236

Additional Supervision may be required due to professional and insurance requirements; if that becomes the case, you will be notified within 30 days of that Supervisory role beginning.

THEORETICAL FRAMEWORK

My theoretical approach to the counseling process includes the following theories:

- Humanistic - Humanistic therapy looks within the individual for fulfillment and focuses on the individual's free will. Everyone is unique, and people are innately good at heart. This theory looks at the individual as a whole, compared to breaking someone down into components.
- Strengths-Based - Strengths-Based therapy is a type of positive psychotherapy that focuses less on weaknesses and failures and more on an individual's unique strengths and their resourcefulness.
- Psychodynamic - Psychodynamic therapy focuses on unconscious processes as they appear in an individual's behavior, as well as identifying patterns in emotions, thoughts, and beliefs. The goal is to achieve self-awareness and understand how an individual's past influences their behavior.

BUSINESS RELATIONSHIP

Wise Art Therapy, LLC, is an affiliate of the group practice Treasure Wellness Counseling and Training Center. Treasure Wellness, PLLC, leases space to Wise Art Therapy, LLC, and maintains secure space for file retention, group space, and offices. Wise Art Therapy, LLC is a self-contained counseling practice working to help individuals repair and strengthen relationships. Any inquiries regarding the professional business relationship can be addressed to Wise Art Therapy, LLC.

PLEASE CONTINUE TO TREASURE WELLNESS INFORMED CONSENT PART 2 – TAB 52