

Informed Consent for Psychotherapy

Mindful Island Counseling

452 Folly Rd.

Charleston, SC 29412

843-989-9089

Professional Disclosure Statement:

Thank you for choosing Mindful Island Counseling. The following document is intended to inform you of your rights and treatment with Mikayla Harper, LPC and Mindful Island Counseling. I am committed to protecting your rights of information regarding these policies including confidentiality, consent, and administrative services. Please read through this document carefully and sign where indicated. Feel free to ask any questions you may have.

About your Therapist:

Allow me to introduce myself! My name is Mikayla Harper and I am the owner of Mindful Island Counseling. I hold a Masters Degree in Psychology: Clinical Counseling from The Citadel Graduate College. I am licensed through the SC Board of Examiners for The Licensure of Professional Counselors, Marriage and Family Clinicians, and Psychoeducational specialists as a Licensed Professional Counselor. Additionally, I am certified by the International Board of Credentialing and Continuing Education Standards as a Certified Autism Specialist.

I have been trained in a variety of evidenced based treatment methods that include CBT, ABA, Mindfulness, PCIT, Play Therapy Techniques, and Art Therapy Techniques. I specialize (and have extensive training and expertise) in the treatment of children, adolescents, and young adults as well as the treatment of individuals on the Autism Spectrum and their Families. As each client is different and unique, I use an integrated treatment approach to incorporate the approaches and techniques that would most benefit each individual. While these techniques are backed by research, results are not guaranteed. Average length of treatment and frequency of sessions varies based on need and presenting problem. However, sessions most often start as weekly or bi weekly. If you would like more information regarding average length of treatment for conditions similar to yours, please let Mikayla know and this can be further discussed. Ultimately, it is your choice to participate in therapy and thus you may terminate services at any time.

Professional Ethics and the Therapeutic Relationship:

Research tells us that one of the most important factors in the success of psychotherapy is the therapeutic relationship. This relationship you are entering into with me is collaborative and designed to assist you to meeting your goals and growing into a healthier version of yourself. As a professional counselor I abide by the laws and ethics codes that govern my profession. These are in place to maintain healthy boundaries to protect you and our therapeutic relationship. In a professional relationship such as this we prevent dual relationships whenever possible. In accordance with this, sexual intimacy between a therapist and client is always prohibited.

My Role as your therapist is to provide you treatment and support related to your mental and behavioral health needs. As is such you agree that you will not involve me (Mikayla Harper) in any legal dispute. Additionally, you agree that you will not ask that therapeutic materials (such as medical records, progress notes, evaluations, etc.) for use in any legal proceedings included but not limited to disability, child custody, or divorce. This provision is put in place to protect the therapeutic relationship. If you do require me to be involved in any such legal matter you agree to pay the fee of \$500 an hour for my participation including but not limited to gathering and preparation of documents and materials, deposition, testimony, and associated travel time.

Practice Contact Information:

Mindful Island Counseling is a part of Mikayla Harper, LLC and owned by Mikayla Harper, MA, LPC, CAS. The office is located at 452 Folly Rd. Charleston, SC 29412. You can call Mikayla during business hours (Tuesday, Wed, Thursday 9am-6pm) at 843-989-9089. If I do not answer feel free to leave a voicemail with your contact information. You may also email me at mikayla@mindfulislandcounseling.com (<mailto:mikayla@mindfulislandcounseling.com>). I make every effort to respond to calls and emails in a timely manner. However, please understand that if you reach out to me outside of business hours or when I am in session with a client that I will not be able to get back to you immediately. This practice is considered outpatient. If at any time you feel you need access to a therapist who can offer you 24 hour availability please let me know and an appropriate referral will be made. **If you or the designated client experiences a mental health emergency please do not wait for a call back but instead do one of the following: Call 911 or go to your nearest emergency room; contact Mobile Crisis (a division of Department of Mental Health that is available 24 hours a day) at 843 414 2350 for Charleston or Dorchester County Residents of 843 761 8282 for Berkeley County Residents. The Crisis line for South Carolina is 800 273 8255. Additionally, to access the national crisis text line text HOME to 741 741.**

Fee Schedule:

The Fees for my services are as follows:

\$150 for initial assessment

\$120 per hour For Follow Up sessions

\$50 No show or Less than 24 hour Cancellation Fee

\$50 per hour for preparation of letters or other documents at the request of the patient as it relates to the course of treatment.

\$500 per hour for participation in/ preparation for court proceedings

These fees may be less if your insurance is being billed. Once your insurance information has been provided and verified, I will discuss with you what your out of pocket expense will be for each session. Please note that insurance cannot be used for legal related fees or letter writing services.

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Welcome to Mindful Island Counseling. I provide therapeutic services to children, adolescents, and adults. Treatment methods are based on individual needs and are grounded in a cognitive behavioral approach that is integrated with other evidenced based practices and interventions to support the unique goals of each client.

General Information

The therapeutic relationship is unique in that it is both highly personal and a contractual agreement. Given this, it is important that clear boundaries are set to promote a clear understanding of how our relationship will work and what each of us can expect. This consent provides a framework for our time together. Please feel free to discuss any of this with me at any time.

The Therapy Process

You have taken a great first step to seek therapy for yourself or your child. The outcomes of this treatment depend heavily on your willingness to participate in the process. While therapy often makes people feel better, it can also be hard and uncomfortable. Working through difficult memories and stressors may bring on intense feelings of anger, anxiety, depression, etc at times. While I utilize treatment interventions that are evidenced based, there is no magic cure. I cannot promise you that your moods, behaviors, or life circumstances will change. However, I can promise to support you, to do my very best to understand repeating patterns in behavior, and to work with you towards your goals and positive change.

Confidentiality:

Confidentiality is the cornerstone of therapy and counseling. As a general rule, the information provided by and to a client during therapy is legally confidential. When information is considered legally confidential the clinician cannot disclose the information without the client (or guardian)'s consent or as provided for in HIPPA. To respect this right, myself and any office staff will not inform others of your participation in therapy and the content of our time together will remain confidential. There are some legal exceptions/ conditions in which confidentiality may be broken as follows:

- If you become a physical danger to yourself or others
- If you disclose information about physical or sexual abuse of a child, an incompetent or disabled person, or an elderly person.
- If you disclose information about neglect of a child, an incompetent or disabled person, or an elderly person.
- If a court order is signed by a judge
- If you sign a release of information

Additionally, please be aware that by law if a client who is HIV positive discloses that they are having unprotected sexual intercourse or sharing needles with another person without first notifying them of their HIV status that therapist is required to report this information.

If you use your health insurance to pay a part of my fees, I have to give the insurance company some information about our therapy. Insurance companies are now guided by HIPAA regulations and should only receive a Designated Record Set (DRS) which includes your name, social security number, dates of first/last sessions and number of sessions, billing code, test results (if any), a symptoms and functionality checklist, and your provisional diagnosis (along with my fees/billing). It is against the law for insurers to release any information about our office visits to anyone else without your written permission (given only by signing a Release Form). While I believe the insurance company will act ethically and legally, I cannot control who sees this information at the insurer's office or in any office where you work. You cannot be required to release more information just to get coverage or reimbursement.

You have also received a HIPAA Notice of Privacy Practices either in written or electronic form. By signing this document, you acknowledge receipt and agreement with the terms of this document.

Children in treatment who are under the age of 18 technically do not confidentiality in SC, but they do have a reasonable right to privacy. In SC, parents/legal guardians (whether custodial or non-custodial) have a right to review their child's records, unless there is a court order preventing this, or unless the therapist fears for the child's well-being if released.

In cases where I treat several members of a family (parents and children or siblings) the confidentiality situation can become very complicated because I would have a mixture of responsibilities to different members. At the start we must clarify the purpose of our treatment and my role in regard to your family or families. Only with this clarity can we figure out any limitations on confidentiality which might exist. If a conflict exists that would get in the way of one or more client's treatment – I recommend each family member have their own individual therapist.

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with me, there is a reasonable chance that a third party may be able to intercept and eavesdrop on those messages. The kinds of parties that may intercept these messages include, but are not limited to:

- People in your home or other environments who can access your phone, computer, or other devices that you use to read and write messages
- Your employer, if you use your work email to communicate with me
- Third parties on the Internet such as server administrators and others who monitor Internet traffic

If there are people in your life that you don't want accessing these communications, please talk with me about ways to keep these kinds of communications safe and confidential. Otherwise, by signing this document, you agree that you are knowledgeable of these limitations and agree to the risks of using this type of communication.

Occasionally throughout the course of therapy it may be necessary to consult with other professionals in their area of expertise in order to provide you with the best possible care. Information about you may be shared in this context without using your name.

The Charleston community is relatively small. As such, it is possible that we may run into each other outside of the therapy office. If this happens, I will not approach you or acknowledge you first. This is to protect your privacy and confidentiality. Should you choose to acknowledge me I will be happy to speak with you briefly but feel it is appropriate to refrain from lengthy discussions outside of the therapy session or in public to protect the therapeutic process.

Cancellation Policy

Therapy is most effective when sessions are held consistently. While I understand that emergencies, illnesses, and schedule changes come up, no showing to appointments or canceling at last minute negatively impact the client and the therapist. As I am typically unable to re-book a canceled appointment slot within the same day, clients who no show or cancel less than 24 hours prior to you're the scheduled appointment time may be subjected to a no show fee of \$50.

Additionally, clients who have more than three no shows or less than 24 hour cancelations may be terminated from treatment.

Electronic Communications

Also, as outlined in my Confidentiality document, communication through electronic communication is generally not secure. However, many clients prefer to use text messaging and email to communicate about non clinical information. By signing this document, you consent to the use of unsecured email and mobile phone text messaging to transmit information relating to scheduling appointments, and information on billing and payment.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND AM CONSENTING TO TREATMENT BY MIKAYLA HARPER, LPC.