
Consent for Counseling / Professional Disclosure Statement

Counseling can have many benefits. It can help you learn more about yourself, resulting in better communication and connection in your relationships, and it can create a sense of hope and direction. This can relieve feelings of frustration, depression, and anxiety and giving you the tools to make change to find the path that is better for you. You determine the nature, pace, and amount of change you wish to make. We're glad you've decided to make your mental health a priority!

Sometimes symptoms and feelings may be intensified during the course of therapy, and while psychotherapeutic treatment has been proven effective in improving a wide range of mental disorders, there is no guarantee that all treatments for clients will be effective.

JoAnna Prewitt's Licensure/Education:

South Dakota Licensed Professional Counselor - Mental Health, #LPC-MH20378

Qualified Mental Health Professional, SD Dept. of Social Services, Div. of Behavioral Health

Wyoming Licensed Professional Counselor - #LPC-1857

Colorado Licensed Professional Counselor - #LPC.0016247

Master of Science in Community Counseling, 1999, University of Wyoming

Bachelor of Science in Psychology, 1995, University of Wyoming

Shannon Howard's Licensure/Education:

South Dakota Licensed Professional Counselor - Mental Health, #LPC-MH30516

Qualified Mental Health Professional, SD Dept. of Social Services, Div. of Behavioral Health

National Certified Counselor - #323904

Master of Science in Clinical Counseling, 2009, University of Northern Colorado

Bachelor of Science in Psychology, 1999, University of Washington

Jessica Ruzicka's Licensure/Education:

South Dakota Licensed Professional Counselor - #LPC20390

South Dakota Licensed Professional Counselor-MH - LPC-MH30561(Supv)

Master of Science in Counseling, 2017, University of Wyoming

Bachelor of Arts in Elementary Education, 2014, University of Wyoming

Heather Janvrin's Licensure/Education:

South Dakota Licensed Professional Counselor - #LPC20761

Master of Science in Clinical Health/Mental Health, 2021, South Dakota State University

Bachelor of Science in Psychology, 1996, Black Hills State University

Bachelor of Science in Education, 1996, Black Hills State University

Katy Davis' Licensure/Education:

South Dakota Licensed Certified Social Worker- Private Independent Practice - #6293

Qualified Mental Health Professional, SD Dept. of Social Services, Div. of Behavioral Health

Master of Social Work, 2020, Florida State University

Bachelor of Arts, Social Work, 1997, Chadron State College

Ashley Siebrasse's Licensure/Education:

Master of Science in Clinical Mental Health Counseling, 2023, South Dakota State University

Bachelor of Science in Business Administration, 2019, Black Hills State University

We follow the Rules and Regulations of the South Dakota Board of Examiners for Counselors and Marriage & Family Therapists, and the Ethical Guidelines and Standards of Practice listed by the American Counseling Association (ACA). Because Heather, Jessica, and Ashley are working towards full licensure, they will be under the supervision of JoAnna Prewitt, Owner/Outpatient Therapist/Supervisor of Enso Mental Health. Concerns should be shared with your counselor, and if they are unable to resolve them, you wish to obtain more information, or you would like to file a complaint, you may contact:

JoAnna Prewitt of Enso Mental Health at 717 5th St, Spearfish, SD, 57783, 605.519.5850, jprewitt@ensomh.com

SD Board of Examiners for Counselors and Marriage & Family Therapists at PO Box 340, 1351 N. Harrison Ave., Pierre, SD 57501-0340, 605.224.1721, dss.sd.gov/licensingboards/examiners.aspx

This information is provided as required by the Mental Health Licensing Act.

Your signature on the final page of this document indicates that you have received a copy of this disclosure statement, and you give your permission to receive counseling services under the terms given. What occurs inside the counseling session is confidential.

Enso Good Faith Notice

Under the law, health care providers need to give clients who don't have insurance or who are not using insurance an estimate of the expected charges for medical services, including psychotherapy services. You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency healthcare services, including psychotherapy services. You can ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule a service, or at any time during treatment. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill. Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, or how to dispute a bill, see your Estimate, or visit www.cms.gov/nosurprises.

Confidentiality and Its Limitations:

We are required by law to maintain records of each time we meet. These records include a brief synopsis of the conversation, along with any of our observations or plans for our next meeting. We work to keep the recorded information brief and what we deem necessary. If you choose to file for insurance reimbursement, we will be required to assign a diagnosis to you. If you have any questions about this, please let us know.

The information discussed during counseling sessions and all documentation is kept private, secure, and confidential. There are a few important exceptions to confidentiality, which are as follows:

- If we learn that there exists a serious threat or imminent danger to any person, including you.
- If there is any evidence given of suspected child, dependent adult, or elder abuse.
- If a judge subpoenas the records, or there is a court order for the therapist to appear or produce the client's chart in a court hearing. If we, or our notes, are court ordered or subpoenaed the court fee is \$250 per hour, including time spent copying records. **We will not voluntarily testify in court or participate in custody disputes.**

Contact Outside of Session:

On occasion, it may become useful to communicate outside of sessions through email, text message, or other electronic means. This can only include information about scheduling, billing, and payment. Be aware that these messages may not be confidential. If we are unavailable to take your call, please leave a voicemail and we will get back to you within 24 hours, excluding weekends and holidays. **If you have an emergency, please call 911 or the Crisis Care Center at 605-391-4863.**

We do not accept friend requests or follow former or current clients on social media sites - doing so can compromise treatment boundaries and can violate privacy. Personal counseling relationships are professional, and contacts between clients and counselors are expected to be of a professional nature.

Sexual intimacy between client and counselor is never appropriate.

Consent for Telehealth

Telehealth allows my therapist to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. This can be especially helpful when it is not possible or best for me to meet in person with my therapist.

I understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services.

By signing this document, I agree that certain situations including emergencies and crises are inappropriate for Telehealth psychotherapy services (audio/video/computer-based services). If I am in crisis or in an emergency, I will immediately call 911 or go to the nearest hospital or crisis facility. I acknowledge I have been told that if I feel suicidal, I am to call 911, the Crisis Care Center at 605-391-4863, or the National Suicide Hotline at 1-800-784-2433.

Payment:

Our standard fee is \$210 for the first two sessions, and \$180 for subsequent 53 minute sessions. Cash, check, or credit/debit card payments are accepted. In the event that our fees change, you will be given a 30 day notice. Any other fees will be negotiated and discussed prior to beginning counseling.

The sessions are 50-55 minutes long. Please note, that if sessions go longer than normal, there may be an extra charge. **You, as the client, are fully responsible for payment of the fees.** If your balance exceeds \$250, or if you do not pay your balance in full during any monthly billing cycle, we will pause therapy until it is paid off. Please discuss any questions or concerns with us.

Joint/Shared Custody Circumstances

When the parents are not separated, we will rely upon a signed Consent for Treatment of the Child from either parent.

Where the parents are living separate and apart and the child resides with one parent with the consent of the other, the parent with whom the child resides has the right to consent to treatment on behalf of the child, unless or until a separation agreement between the parents or a court order provides otherwise. **It is the parent's obligation to disclose to Enso Mental Health if they are separated or divorced.**

If the parents have joint/shared custody of the child(ren), Enso Mental Health will require the consent of both parents, and will not proceed to treat without the consent of both parents. We also require the legal agreement as part of the consent process. As joint/shared custody parents each have access to their child(ren)'s file information, Enso Mental Health requires explicit written direction regarding any other requirements or restrictions related to information sharing such as, appointment confirmations, billing information (if applicable), phone or address information, extended health benefit information, etc. Enso Mental Health cannot be responsible for determining these restrictions and will assume there are none unless specified in writing, determined during the session, or included in a court order that has been provided to our office.

Cancelation Policy:

We schedule our appointments so that each patient receives the right amount of time to be seen by our counselors. That's why it is very important that you keep your scheduled appointments and arrive on time.

As a courtesy, and to help patients remember their scheduled appointments, Enso Mental Health sends email, text, or voicemail reminders approximately 1-2 days before your appointment time.

If your schedule changes and you cannot keep your appointment, please contact us right away so we may reschedule you, and accommodate those clients who are waiting for an appointment. As a courtesy to our office as well as to those clients, please give us at least 24 hours notice.

If you do not cancel or reschedule your appointment with at least 24 hours notice, we may assess a \$60 no-show service charge to your account. This no-show charge is not reimbursable by your insurance company. You will be billed the fee directly through the payment method you provided to be kept on file.

After 3 no-shows or late cancellations (less than 24 hours notice given) to your appointment, our practice may decide to terminate its relationship with you.

Having said this, if there is inclement weather, you are sick, or there is an emergency, please call as soon as possible to reschedule and you will not be charged a fee. **You must call to have the fee waived.** Your health is important to us and you will not be equipped to do your best work in therapy if you are fighting illness. In addition, we would prefer to minimize exposure to ourselves, clients, and families. Thank you for being mindful of this!

Ending Therapy:

Your participation in counseling is voluntary and you have the right to end therapy whenever you choose. Should you decide to end counseling prior to a planned outcome, we encourage you to talk with us about the reason for your decision in a counseling session together. Likewise, at our discretion, we reserve the right to end our therapy work together and provide you with appropriate referrals for other counselors you may work with.

Summary of this Agreement

Please note each of the following and sign below:

- I acknowledge that I have had all my questions about treatment answered fully and to my satisfaction, and I understand and agree to play an active role in the therapy processes.
- I am aware that I may stop my treatment with my therapist at any time. If I do, I will have to pay for the services I have already received.
- I understand the no-show policy of Enso Mental Health and agree to provide a credit card number, which may be charged \$60 (\$40 for interns) for any no-show of a scheduled appointment. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid this potential charge to the credit card provided.
- I understand that Enso Mental Health does not allow me to carry a balance, and if my balance exceeds \$250 and/or if I do not pay my balance in full during each monthly billing cycle, we will pause therapy until my balance is paid off.
- I am aware that Ashley, Heather, and Jessica are under supervision by JoAnna Prewitt; as such, material from my session may be reviewed and/or discussed with all persons providing feedback, supervision, and treatment recommendations. Also, when requested, I give my permission for the agency supervisor to be present during my counseling session. I understand this is for supervision and training, and as part of obtaining licensure.
- I understand my counselor may ask me to participate in video/audio tapings of our sessions for the purpose of clinical supervision. These recordings are treated confidentially and erased after being reviewed. I also understand I will not be recorded without my permission.

Signature of Client/Client's Parent or Guardian (if minor)

Date