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Informed Consent for Psychotherapy and Practice Policies

Counseling Process and Relationship

The counseling process is a collaborative effort between you and your counselor. You have the right to be informed about your diagnosis and treatment as well as the potential risks and benefits of treatments. My role in the counseling process is to help and support you with reaching your goals. I will help through listening, providing support and use of therapeutic techniques. **Counseling is a commitment of active participation on your part inside and outside of session.**

The counseling process includes assessment, treatment, and termination. During your initial appointment and consultation frequency and duration of treatment will be discussed as well as your goals. Frequency and duration of the counseling process may vary. Termination of counseling services can be determined anytime by you or your counselor. I request you participate in a termination or final session. Sessions typically range from 45 to 55 minutes. An agreed upon schedule will be discussed at the initial appointment. Individuals with disorders that require alternative intervention will be referred to the appropriate professional (physician, psychologist, psychiatrist) and consultation with the counselor will continue, as appropriate.

The counselor and client relationship is a professional one that focuses on your goals. The contact between us will be limited to an agreed upon schedule, with exceptions to emergencies. I am providing clinical services for an agreed upon fee. Sexual intimacy is never appropriate with a client and should be reported to the board of licensing.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50-minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

Benefits and Risks of Counseling

There are both benefits and risks associated with the counseling process. There are no guarantees that specific results or goals will be achieved. There may be changes in your perspective, feelings, thoughts, behaviors, and relationships. The exact nature of these changes cannot be predicted. Should you experience changes that leave you struggling to function it is important for you to communicate with me about your concerns and needs. We will work together to decrease the risks and increase the benefits of the counseling process as well as make appropriate referrals when necessary.

My Responsibilities To You As Your Therapist

Confidentiality The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Telephone Access

If you need to contact me between sessions, please leave a message on my voice mail (208) 440-5464. I am often not immediately available; however, I will attempt to return your call within 24 hours. Please note that Face- to-face sessions are highly preferable to phone sessions. However, in the event that you are out of town, sick or need additional support, phone sessions and video sessions are available. If a true emergency situation arises, please call 911 or any local emergency room.

Social Media and Telecommunication

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

Electronic Communication

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Services by electronic means, including but not limited to telephone communication, the Internet, facsimile machines, and e-mail is considered telemedicine by the State of Idaho. If you and your therapist chose to use information technology for some or all of your treatment, you need to understand that: (1) You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. (2) All existing confidentiality protections are equally applicable. (3) Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee. (4) Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent. (5) There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

Record Keeping

The standards of mental health and counseling profession as well as law require that I keep records of treatment. I keep very brief records, noting that you have been here, what interventions happened in session, and the topics we discussed. Your records will be kept for seven years after your termination of counseling services and for minors, seven years after the

minor turns eighteen. Parents and Guardians have the right to treatment records of minors (under age 18). Those minors age 14 and older must give written approval for their records to be released. Your records will not be released without your permission in the form of a Release of Information. Your insurance may also ask for information including but not limited to diagnosis and treatment plan.

If you would like to receive a copy of these records, I may prefer to prepare them in summary format instead. If you insist on seeing your records beyond a summary, it is best we review them together and discuss the content. There may be a fee for this service.

Minors

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Insurance and Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-V*; I have a copy in my office and will be glad to go through it with you so that you may learn more about what it says about your diagnosis. Insurance companies may also request assessments, number of sessions, treatment plans, and discharge summaries.

Legal proceedings and Court Activities

I do not offer or participate in custody evaluations, home study services and do not engage legal proceedings or court-oriented activities (including but not limited to disability claims, lawsuits, divorce, custody disputes, etc.) Services such as mediation, home evaluations, or expert witness are not within my scope of practice. If you become involved in legal proceedings that, by law require my participation, you will be expected to pay for my professional time including preparation, travel time, communication regarding issues and all time in attendance for legal proceedings. These fees are not refundable and are not billable to insurance. You will be responsible for full payment of such fees.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified

psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Emergencies

If you have an emergency/crisis and would like to schedule additional session please call **208-440-5464**. Please leave a message and I will return your call the same business day. If there is a life-threatening crisis you agree to call the local crisis hotline (208)334-0981 for Ada Boise Elmore and Valley counties, call 911, go to the nearest emergency room, Suicide Prevention Hotline (1-800-273-8255).

Grievance Process

In the event that you have a complaint/grievance about treatment or services, please bring those to my attention directly. First, I will work with you to correct the problem as well as find an appropriate referral if needed.

In the event you would like to file a formal complaint regarding my professional services contact the Idaho Bureau of Occupational Licenses. My license number is LCPC-5007. You can also find a Complaint Form from Idaho bureau of Occupational Licenses at www.ibol.idaho.gov. Complete and sign the form attach any necessary documents and mail it to the office of Idaho Bureau of Occupational Licenses at Idaho Bureau of Occupational Licenses, 1109 Main Street, Suite 220, Boise, Idaho 83702.

My Training And Approach To Therapy

I earned my Master of Counseling and Human Services Degree in 2007 and my Educational Specialist Degree in School Psychology in 2008 from the University of Idaho. I am a licensed clinical professional counselor in Idaho State. My areas of training include: emotionally focused therapy (EFT), trauma focused cognitive behavioral therapy (TF-CBT), cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT). I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include: attachment based techniques, distress tolerance, emotion regulation, interpersonal relationship skills, journaling, reading books, cognitive awareness and reframing, physical activity, breathing exercises, guided imagery, mindfulness, exposure. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems. You have the right to refuse anything that I suggest.

I am working with a clinical supervisor toward EFT certification, which is typically a multi-year process and use that approach in therapy. This approach has 30 years of process and outcome

research validation. It is based on attachment theory and works well with individuals, couples and families to repair and create more secure and lasting relationships. If you would like to learn more about this approach, I am happy to discuss it with you further.

Client Rights and Responsibilities

*You have the right to be treated with dignity and respect.

*You have the right to be informed about your professional counselor's experience, qualifications, and license.

*You have a right to be informed about the potential risks and benefits of treatment as well as the cost of services and fees.

*You have a right to be informed of any/all costs of services received and the possible limitations of services should payment for those services not be made.

*You have a right to know information regarding anything related to your diagnosis and treatment including but not limited to goals and treatment modalities.

*You have a right to participate in decision making regarding treatment including the development of your treatment plan and termination process.

*You have the right to voice grievances.

*You have the right to information within your records and may request that information as well as request it be released to a third party with a release of information signed.

*You have right to make an amendment to any of your records.

*You have the right to expect your information and records be kept confidential unless you have provided written permission or have life threatening emergency.

*You have a right to refuse and/or terminate services at any time as well as understanding the implications of that refusal.

*You have the right to request another counselor should you be dissatisfied with your current counselor.

*You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better.

*You are responsible for contacting your insurance regarding benefit, co-pays, etc.

*You are responsible for payment at the time of service.

*You have the responsibility of arriving on time for your appointment and keeping your appointments.

*You have the responsibility of being an active participant in the counseling process in and outside of sessions.

*You have the responsibility to provide information about past and present physical and psychological history as well as previous treatments including but not limited to hospitalizations and medications.

Services/Fees and Payment For Services

All payments for services are due in full at the time of services. Payment may include full payment, copays, co-insurance, or deductibles. You can make payment with check, credit card, or cash.

Services Billable to Insurance-Client may be responsible for full fee

Initial Diagnostic Interview	60-90 minutes	\$160.00
Individual/Family/Couples	30-60 minutes	\$55.00-\$135.00
Emergency/Crisis	60-90 minutes	\$200.00

Services and Fees not billable to insurance-Client is responsible for full fee

No show		\$50.00
Late Cancel (Less than 24 hour notice)		\$50.00
Consultations/Meetings	30-60 minutes	\$75.00
Professional Service Fees	30-60 minutes	\$40.00-\$75.00
Legal Proceedings (including travel time)	60 minutes	\$500.00

Professional services fees may include but are not limited to, preparation of documents, writing treatment summaries, and telephone calls lasting longer than 15 minutes.

If you have an outstanding balance or fail to pay your bill for more than 90 days, services will not continue to be scheduled and we discuss referrals as needed.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Financial statements and receipts are provided upon request.

Cancellations and No Shows

Should you become ill or the weather is poor please provide at least 24-hour advance notice of cancelation. To avoid a no show or late cancelation fee a 24-hour advance notice of a cancelation is required. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. The fee is not billable to client's insurance and the client will be held responsible for payment at the time of the next scheduled appointment. Be aware that if you no show or late cancel two times you may be removed from my schedule and we may discuss termination with appropriate referrals.

Signature

Date

Printed Name