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INFORMED CONSENT FOR PSYCHOTHERAPY: Please read in full: The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for you and your provider to reach a clear understanding about how the relationship will work, and what each party can expect. This consent will provide a clear framework for therapeutic work. You are free to discuss this with your provider. In this therapeutic process you have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Specifically, remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. Also, given this dynamic and ambiguous nature of therapy, it is difficult to predict how long you will need to attend for desired results. There are no miracle cures and no therapist can promise that your behavior or circumstance will change. Your provider is tasked with supporting you and doing their very best to understand you, as well as to help you clarify what it is that you want for yourself. Confidentiality: The session content and all relevant materials to a 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. 8. If the state licensing board that oversees mental health credentialing initiates a formal investigation based on a grievance submitted by, or on behalf of, a client. Occasionally, your provider may need to consult with other professionals, in an area of expertise, in order to provide the best treatment for you. Information about you may be shared in this context, without using your name. Additionally, your file will be maintained with utmost safety and confidentiality, in accordance with HIPAA regulations (Health Insurance Portability and Accountability Act), when accessed by any such contractor/employee. Your personal information will not be used outside the practice, without your consent. Other considerations of policy when in therapy with me: If you see your provider accidentally outside of the therapy

office, they will not acknowledge you first. Your right to confidentiality and privacy is of the highest importance. However, if you acknowledge your therapist first, they will be more than happy to speak briefly with you, though it is inappropriate to engage in any lengthy discussions in public or outside of the therapy office. If you are going through a divorce and facing a custody battle I will not arbitrate nor provide advice regarding those matters. Instead, I will refer you to appropriate resources who handle such matters. If you are separated or divorcing your spouse, and would like a session with your spouse present, please know that it is considered a consultation and a consent and collateral agreement must be signed by your spouse. This is to protect your privacy. I will remind you of these policies before beginning such sessions. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time.. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else. 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. Since we do not accept insurance, but do provide super bills, this still applies. Fees and Payments: Since Kim Van Wuffen, PPC is an out of pocket provider you will receive per the new Good Faith Estimate, No Surprises Act, law (in effect as of January 1, 2022) an estimate of cost per therapy as outlined in this informed consent. Per the No Surprises Act, a diagnosis is required upon providing you the client with an understanding of fees. Feel free to discuss any concern with this provider at any time. All of the diagnoses come from a book titled the DSM IV. 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. Our work is collaborative. My fees are generally \$120-155 an hour. These fees can change depending upon whether a client is receiving a subsidy from another outside source or the therapist decides it is clinically appropriate to slide the fee amount. There are also times when fees can be slid to accommodate a client's financial need. Kim Van Wuffen, PLLC often works with various churches in Maricopa County that offer subsidies. This means that the church will decide upon a client's financial status and pay a percentage to me directly and the client is responsible for their remaining balance. Please note that any cancellations before the 24 hour window will result in a charge to the card on file. Any request for additional administrative or case management of client's paperwork, filing, or super billing will be an additional fee of \$50 / hour. Please note, Kim Van Wuffen, PLLC takes payment via Ivy Pay, check or cash. Ivy Pay is an online platform that offers HIPAA compliant protection for medical records. Your personal fees will be discussed with your therapist. Client Rights All clients of Kim Van Wuffen, PLLC, Inc. maintain their rights to the following: Personal Rights 1) The Client must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse. 2) The Client has the right to have staff make fair and reasonable decisions about treatment and care. 3) The Client may not be filmed, taped or photographed unless he/she agrees to it. Treatment and Related Rights 1) The Client must be provided prompt and adequate treatment and services appropriate for them. 2) The Client must be allowed to participate in the planning of their treatment and care. 3) No treatment may be given to the client without written, informed consent, unless it is an emergency to prevent serious physical harm to self or others, or a court orders it. 4) The Client must be informed in writing of any costs of care and treatment for which he/she or relatives may have to pay. 5) The Client has the right to continuous

treatment with minimal interruptions. Kim Van Wuffen, PLLC will provide coverage when the client's therapist is away and prioritize transfer to a new therapist when needed, dependent upon availability of staff. Upon any reason psychotherapy is no longer mutually beneficial, clients will be provided with 3 or more referrals. Kim Van Wuffen, PLLC waives any obligation to contact therapists for clients unless it is clinically appropriate. Client does assume the responsibility to do so. Termination of Services: Clients have the right to end treatment at any time. Please notify your therapist of your desire to complete therapy. She/he may request to have a final session with you to allow for therapeutic termination and to provide aftercare planning. Services through Care and Counseling may be terminated for a variety of other reasons, including but not limited to: • there is mutual agreement by the client and counselor to end counseling • the client does not return for counseling or reschedule for 60 days • the counselor decides to discontinue counseling because it is no longer effective or because the client does not comply with treatment recommendations • the client is engaged in residential or inpatient treatment (i.e. hospitalization) and does not expect to return to counseling Kim Van Wuffen, may use clinical judgment to determine a client needs to be referred to another clinician or to another provider organization to ensure appropriate treatment • Kim Van Wuffen reserves the right to terminate with a client who has violated cancellation policies to the point that it has become disruptive to their treatment and/or to the therapist's schedule. Please note that clients are still responsible for making payments on all balances after they have ended treatment, no matter the circumstances. If Kim Van Wuffen, PLLC is still operating as a therapist, clients are welcomed to return to treatment with Kim Van Wuffen, PLLC. If not, clients will be referred to other clinically and therapeutically appropriate providers. Statement of Faith: Kim Van Wuffen, PLLC is a biblically-based practice, integrating Christian principles with sound psychological techniques. In addition to holding the requisite educational degrees and professional licenses to offer therapeutic services, all providers are born-again Christians and able to provide faith-based services to clients. However, clients are not required to be expressly Christian, or even spiritual/religious, to receive services. Your provider will not force their faith system on you and will make every effort to be respectful of your personal beliefs. If you specifically do not want services from the Christian worldview, please discuss this with your therapist. You have the right to communicate with them any discomfort that may arise out of differing spiritual/religious beliefs, without fear of judgment or discrimination. If based on their clinical judgment, they believe that opposing faith systems inhibit the continuation of effective therapy, they will discuss these concerns with you and provide at least 3 referrals to other qualified professionals. Please sign and date Client _____ Date: _____

Therapist _____ Date: ____