



INFORMED CONSENT AND COUNSELING AGREEMENT

PSYCHOTHERAPY INFORMATION DISCLOSURE

Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona is a biblically based practice integrating Christian principles with scientifically researched and proven psychological techniques. Therapy is an interactive process between client and therapist, and the results of therapy depend heavily on client cooperation. It is meant to promote change and understanding. Clients have the right to refuse or alter any service and intervention. Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona will use its best efforts to assist the client; however, the nature of psychological services is that there can be no assurances of results, and no promises can be made regarding the outcome of any services provided.

COUNSELING QUALIFICATIONS

Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona is owned and operated by Claudia Cooper, PLLC, LPC, LISAC. Ms. Cooper also supervises interns and licensed associate counselors. Clients that present for counseling with serious disorders or dysfunctions will be referred to other professionals or programs that specialize in these areas. All therapists reserve the right to refer a client to another therapist or appropriate resource at any time if they cannot meet the therapeutic needs of the client or the issues are not within the context of the skills or experience of the therapist. Additional counselor credentials, qualifications, and experience will be provided by the individual therapist.

CONFIDENTIALITY

All sessions are completely confidential in accordance with HIPAA, state and federal law, and recognized professional Codes of Ethics. No information will be released without the client's written consent unless mandated by law. If your therapist needs to communicate with another therapist, group, or agency about your case, you must give written permission to do so. The only exception to this is a) the therapist responsibility of duty to warn in accordance with law, and/or b) such communication appears to be needed to protect you or others from harm; c) in response to legal processes; d) any other legitimate and authorized circumstance. In such situations, the privileged nature of your confidentiality and communication will cease.

DUTY TO WARN

Possible exceptions to maintaining confidentiality include, but are not limited to, the following situations: child abuse, abuse of the elderly or disabled, threats of suicide or homicide, sexual abuse/exploitation, contagious and/or life-threatening diseases, situations where the therapist has a duty or required by law to disclose, and any other laws and regulations defined by federal law and the Arizona Revised Statutes regarding confidentiality and disclosure.

PRIVACY

The "Health Insurance Portability and Accountability Act (HIPAA)" provide safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with

quality professional service and care. ****For more information, please read the Notice of Privacy Practices guidelines located under forms at christiancounselingservices.com prior to your first session.****

THERAPEUTIC RELATIONSHIP

Counselors with Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona are committed to developing a professional therapeutic relationship with clients. The nature of counseling often develops emotional bonds that require appropriate boundaries that must be respected by both parties. Counselors do not involve themselves in social relationships or through social media services. Social invitations are discouraged and respectfully declined if offered. Limiting the relationship to the counselor's office provides for an environment that is safe, secure, and removed from external interference.

THERAPEUTIC APPROACH

All therapist with Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona are trained in Adaptive Information Processing - Eye Movement Desensitization and Reprocessing (AIP-EMDR) through the EMDR Institute. Other therapies include but are not limited to Cognitive Behavioral Therapy, Gottman Marriage Therapy, Attachment Core Pattern Therapy, Dialectical Behavior Therapy, Internal Family Systems, Narrative Therapy, and Positive Talk Therapy. Additional resources and aids may be suggested to assist clients with recovery. We ask for, and expect, the client to be involved in the counseling process. This includes client participation to determining a counseling plan and goals for improvement and client wellbeing.

CLIENT-COUNSELOR PARTICIPATION

The client has the right to assist in determining treatment and adjusting the counseling process. The client may discontinue services at any time for any reason. Counselors may discontinue service for reasons that include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, client needs are outside the scope of competence or practice of a therapist(s), or a client is not making adequate progress in therapy. Should the client or counselor terminate services, the counselor will offer to assist the client for alternate options for continued client treatment.

INCAPACITY OR DEATH OF THERAPIST

In the event the therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of client records. By signing the Informed Consent and Privacy Practices Receipt, you give your consent to another licensed mental health professional at Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona to take possession of your files and records and arrange to provide you with copies upon request, deliver them to another therapist within the group, or a therapist of your choice.

CONSENT FOR SUPERVISION

The client understands and gives permission for interns and licensed associate counselors consent for supervision who are working under the executive supervision of Claudia (Chloe) Cooper, LPC, LISAC. Interns and associate counselors at times may be sharing the content of sessions with their supervisor. Every attempt will be made to protect and guard privacy and confidential information. If there are any issues the client may contact Claudia (Chloe) Cooper, at (480)500-8869, or her email at Chloe@christiancounselingservicesaz.com.

SOCIAL MEDIA/ELECTRONIC COMMUNICATIONS

TEXTING: Texting is used for administrative or non-clinical purposes such as scheduling/changing/cancelling appointments or location information. Texts regarding clinical issues or personal difficulties, are not acceptable.

EMAIL: Email can be used to maintain communication and conduct minor counseling issues. The risks involved with email include typos, incorrect entry of an email address, language and tone, or errors in data. Claudia Cooper, PLLC uses a HIPAA compliant email that provides as much security as possible. However, it is not flawless, and risks the possibility of being breeched.

SOCIAL MEDIA/INTERNET: Therapist do not use social media to collect personal information on clients. Clients have the right to conduct research on Claudia Cooper, PLLC an affiliate of Christian Counseling Services of

Arizona and its therapist. Clients and counselors do not engage in personal social media service connections, likes, follows, or friends except those associated with the counseling group or therapist as part of their professional work. Any association with the therapist professional site must not indicate a client-therapist relationship to protect privacy and confidentiality of clients and the integrity of the client-counselor relationship. Any such remark will be immediately removed. Abuse of this restriction could result in the client being blocked from the site. *TELEHEALTH CONSULTATION*: Telehealth is any electronic means of communicating with the therapist, including phone calls, text messages, emails, and videoconferencing. Telehealth is utilized with any communication that is not considered administrative in nature (i.e. scheduling, office location, paperwork, etc.). A Telehealth consent form is provided on the Claudia Cooper, PLLC website.

CONSENT TO RECORD

The client gives therapist permission to record counseling sessions in cooperation with Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona through electronic or other means. They will be used to aid the counseling process with supervisors, interns, and licensed counselors within the group training environment. The recordings will aid further understanding of important aspects of counseling therapies and client treatment in keeping with the Codes of Ethics and Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona policy on privacy and confidentiality. Client refusal to grant permission for recordings to be used for training purposes will not affect their eligibility for receiving services with therapists of Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona.

The recordings will not be included as part of the official client file and will only be shared under the supervision of Claudia (Chloe) Cooper, LPC, LISAC. Recordings will be deleted with the completion of supervision and training.

_____ I acknowledge that I have discussed this procedure with my counselor and give my consent to record (INITIAL) my counseling sessions for supervisory purposes.

_____ I give my permission for said recordings to be used for training purposes as described within the (INITIAL) contents of this consent form.

RISKS AND BENEFITS OF COUNSELING

Therapy comes with risks and benefits. It is uncomfortable for some clients to express vulnerability to a stranger. Through the course of counseling, the process will cause the client to recall past painful events, memories, emotions, and physical sensations. The process can create anxiety, fear, panic, anger, physical tension, discomfort, and to some degree, physical pain. The ultimate risk in therapy is a client failing to meet their goals. Clients will be challenged to confront previous events that may have caused physical, emotional, mental, and spiritual trauma. Accessing these memories, emotions, and sensations are necessary to provide healing and change for the client. The success of therapy depends on the quality of participation by the client and counselor along with the client accepting responsibility for their choices and changes that result from therapy. Vulnerability and candid honesty encourage clients and helps them achieve their goals. Clients that work in cooperation with their therapist usually experience significant improvement in self-esteem, self-image, and confidence. They can also expect to experience reduced anxiety, reduced fear, and the ability to correctly address previous negative experiences from their past.

RECORDS MAINTENANCE

Counselors create, maintain, and safeguard information on their clients. Counselors may use a variety of mediums for records that includes accurate information regarding provided services and client progress. Clients have access to their records, and may share them with others by request with a signed consent to release specific information. Records are kept in a secured location for seven years, after which they can be destroyed.

EMERGENCY CONTACT

Individual counselors will provide their clients with contact information. However, if you are experiencing an emergency and need immediate assistance, please contact **911**. Additional crisis and emergency services are provided at the end of this form.

ISSUES AND COMPLAINTS

If a client has issues or complaints with therapy or a therapist, please consult with the therapist first to see if the problem can be resolved. Clients may directly contact Claudia (Chloe) Cooper at (480) 500-8869, or her email at Chloe@christiancounselingservicesaz.com. Clients can consult directly with the Arizona State Board of Behavioral Health Examiners by phone at (602)-542-1882, by mail to 1740 West Adams Street, Suite 3600 Phoenix AZ 85007, or by email at www.azbbhe.us.

APPOINTMENTS, FEES, AND CANCELLATIONS

Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona is an out-of-network provider and accepts major credit, debit, EBT, and HSA cards, cash, and money orders. A superbill will be provided if the client chooses reimbursement from their health care provider. Fees are based on 50-minute sessions and are prorated according to length of the session. Payment is due at the time of service. Fees range from \$60.00 per 50-minute session with an intern to \$225.00 per 50-minute session with the psychologist. Fees may be adjusted by the counselor at their discretion. Each therapist is responsible for establishing their itinerary for counseling and scheduling clients. Therapist charges are determined by the therapist level of education, training and experience. Your therapist is _____ Therapist fee is \$_____ per session. ****Emergency sessions outside of therapist's standard business hours or workdays may incur an additional charge of \$_____ determined by the therapist and at therapist discretion.****

*_____ I have read and understand the fees I am being charged for counseling. *

(INITIALS) ---PLEASE NOTE AND BE ADVISED---

*** If you are unable to keep an appointment, please notify the office immediately. **If an appointment is cancelled or missed WITHOUT 24 HOURS PRIOR NOTICE, the client WILL be charged for the missed session.** We require a credit card on file for all clients. By signing you authorize use of this credit card for missed sessions and/or unpaid balances on your account.***

_____ I have read and understand the cancellation/missed appointment policy.

(INITIALS) CREDIT CARD # EXPIRATION
DATE: _____ CCV# _____ ZIP CODE: _____ Email address for receipt: _____

RESPONSIBILITY

I voluntarily agree to receive mental health assessment, care, treatment or services, and authorize my therapist to provide such treatment. I understand and agree that I will participate in the planning of these services and that I may stop such services at any time. I acknowledge that I have had an opportunity to read and understand my HIPPA rights, and I consent for treatment with Claudia Cooper, PLLC an affiliate of Christian Counseling Services of Arizona.

PARENT/GUARDIAN SIGNATURE DATE CLIENT OR

After-hours and Emergency Phone

Numbers Maricopa 24-hour Crisis Line (602) 222-9444

EMPACT 24-hour Crisis Line (480) 784-1500

Maricopa Peer Support Line (602) 347-1100

National Suicide Prevention Lifeline (800) 273-8255

Arizona Department of Health
Division of Behavioral Health Services
150 N. 18th Ave 2nd Floor
Phoenix, AZ 85007
(602) 364 – 4558

Arizona Department of Economic Security
Office of Child Protective Services
Po Box 44240
Phoenix, AZ 85064
(888) 767 – 2445

Regional Behavioral Health Authority
Magellan of Arizona
4129 E. Van Buren St, Suite 250
Phoenix, AZ 85008
(800) 564 – 5465
Office of Human Rights

Division of Behavioral Health Services
150 N. 18th Ave, Suite 200
Phoenix AZ 85007
(800) 867 – 5808