

Informed Consent for Assessment and Treatment

Welcome to Sedona Psychotherapy Services. I am committed to exploring with you what it is that you most want for yourself, and what is getting in the way for you during our time together. A counseling situation offers a unique relationship between two people. In order that we start our relationship in a healthy way, I have put together this document to ensure that there are no misunderstandings about the various aspects of the counseling and psychotherapy services.

Background and Services

Leslie Filsinger is a Licensed Professional Counselor in an independent private counseling and consultation practice. Her credentials include a master's degree in Counseling, and she is licensed by the Arizona Board of Behavioral Health Examiners. She offers trauma-informed counseling and psychotherapy services to individuals in the areas of mental health, developmental, relational, and shock trauma, and attachment disruption. Clients that present in counseling with serious eating disorders, are sexually abusive or certain personality disorders as their primary problem 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 their needs in therapy are not a good match for my skills or experience.

Financial

Payment is expected at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. The fee for individual sessions is \$150.00 for 60 minutes. Any 90 minute session \$225.00

I am not affiliated with any insurance panels at this time and accept private pay only at the time of service. Cancellation policy: If you need to cancel or reschedule your appointment, I require you to notify me 24 hours prior to the time of your scheduled appointment. If cancelling less than 24 hour notice, you will be charged the full session rate for your appointment. Repeated late cancellations or missed appointments may result in termination of treatment.

Availability of services

Sedona Psychotherapy Service does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact 480-784-1500, Banner Help line - 602-254-4357, ValueOptions - 602-222-9444). Established clients with an urgent need to make contact may call or e-mail and leave a message, but an immediate response is not guaranteed. A quick or immediate response in one situation does not

constitute a commitment of rapid response in another situation. Leslie makes every attempt to return messages within 24-48 hours Monday through Friday by noon.

Privacy, Confidentiality and Records

Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved. I participate in NARM consultation, a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

If by accident, Sedona Psychotherapy Services transmits through facsimile, e-mail, or telephone voice mail and answering machine, and an unauthorized person or entities intercepts this information, the client waives any and all claims to breach of confidentiality. Please do not send personal/clinical information over text, e-mail or voice mail confidentiality is not guaranteed. Any information regarding the scheduling and cancellation of appointments are acceptable through electronic means.

There are also other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, if a lawsuit is filed against any therapist, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA regarding confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the HIPAA NOTICE OF PRIVACY PRACTICES may be revised. Any changes to these privacy practices will be posted on my website, but you will not receive an individual notification of the updates. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

I have access to and have read the HIPAA NOTICE OF PRIVACY PRACTICES and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the HIPAA NOTICE OF PRIVACY PRACTICES is incorporated by reference into this agreement.

Purpose, Limitations, and Risks of Treatment

Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions

about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Treatment Process and Rights

Your counseling will begin with one or more sessions devoted to an initial assessment so that we can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal.

Our Relationship

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to connect on social media, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained. If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

Consent for Evaluation and Treatment

Consent is hereby given for evaluation and treatment under the terms described in this consent document and the HIPAA NOTICE OF PRIVACY PRACTICES. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

COMPLAINT / GRIEVANCE PROCEDURE

Leslie Filsinger, MA, LPC, is the owner of Sedona Psychotherapy Services and is a trained supervisor for Masters level counselors and social workers who are working toward their hours to receive their independent license through the Arizona Board of Behavioral Health. In the event you are dissatisfied with the services you have received from Leslie or one of her supervisee's please contact her at Leslie@sedona psychotherapy.com. She will call you as soon as possible that same working day. Complaints must be filed within 6 months of last appointment. The complaint will be reviewed within 14 working days.

Once a decision is made on your complaint you will be notified of the outcome within 30 days. If you are not satisfied you may then contact: Arizona Department of Health Services Office of Behavioral Health Licensing Services 150 North 18th Avenue, Suite #410, Phoenix, AZ. 85007 (602) 364-2595

My signature indicates that:

- 1) I have access to or received a copy of my client's rights
- 2) I understand and have access to or received a copy of the agency's fee policy.
- 3) I understand and have access to or received a copy of my grievance procedure and contact information the Az Dept of Health Services
- 4) I understand that Leslie Filsinger, MA, LPC may supervise therapists that may be a treatment provider at Sedona Psychotherapy Services
- 5) I have read and understood the above information

Client Signature: _____

Date: _____

For Parent/Legal Guardian:

I, _____ am the parent or legal guardian with legal custody I confirm that the other natural parent and I give permission to Sedona Psychotherapy Services to provide behavioral health services for our child(ren):

Parent Signature(s) _____

Date: _____

For office use only-verification that the client has read and understands Informed Consent document
Authorized Representative: _____ Date _____