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Welcome to Santosh Wellness, LLC. This document contains information about the professional qualifications, services, and business practices of Kari L. de Boer, LPC, ATR. When you sign this document, it will represent an agreement between you, Kari L. de Boer, LPC, ATR and Santosh Wellness, LLC.

I am credentialed with the Art Therapy Credentials Board as a Registered Art Therapist, and am a Licensed Professional Counselor with the State of Michigan. I have completed training with the Equine Assisted Growth and Learning Association and the New Service Provider Training offered by the Michigan Coalition to End Domestic & Sexual Violence. In 2010, I proposed, developed, and implemented an art therapy program at Bronson Children's Hospital funded by 100% philanthropy to offer free art therapy at bedside to patients and their families. I have provided therapy, consultation, and supervision to new professionals since 2011.

My education and clinical experience has prepared me to provide counseling for adults, adolescents ages 12-18, children ages 5-12 and families. Art therapy is a mental health profession that utilizes the creative process of art making to improve and enhance the physical, mental, and emotional well-being of individuals of all ages. I act as a psychotherapist utilizing both art and play; therefore, I will provide traditional verbal therapy, as well as, art and play therapy in practice. The following list includes areas that I find to be my strengths professionally:

- Adjustment and Life Change
- Art Therapy Assessment
- Coping with physical and chronic illness
- Dating violence
- Grief and loss issues
- General counseling
- Life transitions
- Relationship, family and parenting issues
- Sexual abuse issues
- Sexual harassment

I strive to understand the uniqueness of each individual and to assist them in utilizing their strengths to cope with stressors and mental health concerns that impact their lives. My goal is to empower individuals by giving them new skills and tools to build on those strengths and assist them in effectively coping with stressors, symptoms and life events that may be difficult to manage. I provide therapy to assist you or your child in identifying and obtaining your goals for change. For both adults and children, I offer art and play as a modality to reaching therapeutic goals and believe that art and play are a natural way for people of all ages to communicate.

What one talks about in therapy is confidential; what children play in play therapy is confidential as well. Any visual expression made in art is also considered confidential. Under most circumstances, I will not disclose what children or adolescents say or play in our therapy sessions, just as adults' confidentiality is guarded and kept. Parents are of course invited to be active participants, either in the session room with children or in periodic consultation separate from their children. With children and adolescents, however, if they disclose something that I feel must be shared with their adult caregivers, I will help them and support them in sharing that information themselves. In addition, there are legal, ethical, and perhaps, situational circumstances in which confidentiality cannot be maintained, which I detail here:

1. If you choose to use your medical insurance for reimbursement of treatment expenses, I will be required to provide them with demographic information, appointment dates, possibly a treatment plan, and a psychiatric diagnosis of medical need. I will be happy to review with you any information that is provided to the insurance company on your behalf.
2. If you threaten suicide, I am required by law to assure your safety (or that of your family member) by contacting the proper authorities, generally your emergency contact.
3. I am required by law to report any suspected abuse or neglect of any individual, whether a client or community member, to the proper authorities. That includes physical punishment practices that are administered in the context of discipline and parenting which are considered psychologically and emotionally abusive to children.
4. Because Santosha Wellness, LLC is a training facility, your case may be discussed in supervision for educational purposes. In addition, the ethics of my profession dictate that I obtain supervision or consultation as needed from other qualified mental health or medical practitioners, to ensure that you and your family receive the best quality mental health care.
5. We may communicate with you via email - future appointments, requests for information, case progress, etc. – as you may choose to communicate with us. Although we maintain secure internet environments and verify email addresses in advance, confidentiality of email in any environment cannot be totally guaranteed.

Other than these instances, your information is kept confidential, locked, and password protected per HIPPA regulations. It will only be released upon your written consent. For children and adults involved in divorce, files can only be released with the written consent of both legal custodial parents. If at any time you have questions about confidentiality, feel free to clarify them with me. By signing this consent form, you are acknowledging that you have read and understand the limits and exceptions to confidentiality. You will be providing consent for Santosha Wellness, LLC to release confidential information to all persons mandated by law or as stated in the limitations above. By signing this consent, you are acknowledging that you have received a copy of this disclosure. As such, your permission is requested for occasional photographs, or to video tape your session or your child's session for supervision and training purposes. Finally, we engage in a form of electronic record keeping, in that we use an electronic clinical note-taking process that records the session, and attaches the digital image or audio recording to written notes. The audio-jpg file is kept in a separate, external safe-keeping per HIPPA regulations. If at any time you feel that our counseling relationship is not productive and you would like to be referred to another clinician, please discuss this with me. You are in control of your treatment and have the right to refuse any type of treatment or techniques/suggestions that you don't believe will be helpful for you.

FEES: The charge for your first evaluation appointment is \$150. All individual sessions thereafter will be billed at \$120.00 per session. Family sessions including two or more individuals will be billed at \$160 per session. Support group or group therapy sessions will be billed at \$45 per person per session unless otherwise state in group therapy contracts and may not be billable to your insurance. Most therapy sessions are 45 – 50 minutes in length unless otherwise agreed upon by the therapist and the client. Requests for special reports, referrals, telephone conferences, requests for production of clinical records, and attendance at meetings other than therapeutic sessions are billed at \$150 per hour and are not payable by medical insurance. If you elect to use medical insurance for therapeutic sessions, those fees will be billed on your behalf, requesting the insurance company to pay Santosha Wellness, LLC. You are responsible for co-pays, deductibles, and non-therapeutic

service fees at the time of service, in addition to those fees for which your insurance company fails to provide payment within 90 days. Our business office will strive to keep you informed of the payment process. If you wish to reschedule or cancel a reserved appointment with less than 24 hours' notice (except for illness or emergency when the charge may be waived) a charge of \$35 will be applied for that appointment, for which you will be responsible as well. Santhosha Wellness, LLC clinicians are often not immediately available by telephone. While office hours vary, clinicians are often unable to answer the phone when in a session. When unavailable, the telephone is answered by voice mail that is monitored throughout the day. We will make every effort to return your call within 24 hours from the time you make it, with some exceptions of weekends and holidays. In emergencies, contact your family physician, the nearest emergency room and ask for the psychiatrist on call, or call 911. If your clinician will be unavailable for an extended time, you will be provided with the name of another clinician within the agency to contact.

INFORMED CONSENT: With the above considerations in mind, I consent to begin mental health treatment for myself or my family member, with Kari L. de Boer, LPC, ATR. I understand that I may discontinue treatment at any time by informing her of my intentions, understanding that I may still owe outstanding fees for previous treatment sessions. I further understand that I have the right to contact the following organizations with concerns:

Michigan Department of Community Health
Health Regulatory Division
PO Box 30670
Lansing, MI 48909
(517) 373-9196

Art Therapy Credentials Board
3 Terrace Way
Greensboro, NC 27403
(877) 213-2822

Client Signature _____

Guardian Signature _____

Print name _____

Print name _____

Date _____

Date _____

