



Bonners Ferry Family Medicine

6488 Chinook Bonners Ferry, ID 83805

Ph. (208)267-8710

Kelli Wright, MSW LCSW

What is Therapy and What Are the Potential Risk and Benefits

Psychotherapy is a professional relationship between you and your therapist, devoted to your wellbeing and psychological healing. Relieving your emotional pain, reducing your symptoms, improving relationships, or change in your behavior or lifestyle may be part of that goal.

The main way we achieved the goals of psychotherapy is by talking together. Patients are more likely to improve if they trust their therapist, feel understood by their therapist and experience a genuine concern and support from their therapist. Patients can facilitate this by disclosing any concerns they have about psychotherapy and/or about the therapist's perceptions or comments.

Sometimes other kinds of "expression" can be used including art, play (*often used with children but can have benefits for adults*) or writing in a journal. Other methods such as relaxation training, meditation, and so on may be suggested. However your therapist will use only approaches with which you agree. You have a right to be informed and understand the purpose of these activities, as well as any risks, and reasonable expectations of success of any approach.

Your Bonners Ferry Family Medicine (BFFM) therapist will recommend "homework" for the patient to do between sessions. Homework may include reading, writing in a journal, practicing assertive communication, exploring job options, spending quality time with your partner, or any other activity designed to help the patient learn something new, practice skills or overcome anxiety. You should always let your therapist know if you are uncomfortable with, or confused by, any homework they suggest or assign. Regardless of how they approach psychotherapy, your BFFM therapist will begin by identifying what brings you to therapy and what goals you wish to achieve. They will ask you for specific symptoms in order to make a clinical diagnosis (*required by insurance companies*). They will ask you about your history, including any previous counseling or mental health treatment you may have had.

At BFFM, we believe that a spiritual assessment is also important. Your therapist will likely ask about your understanding of spirituality, your spiritual heritage, your religious or spiritual practices, and the importance of spirituality or religion in your life. The BFFM therapist understands that there may be things that you are reluctant or unwilling to disclose or discuss at the beginning of psychotherapy but may be shared later as you learn to trust your therapist or gain confidence in the process of therapy.

Bonners Ferry Family Medicine (BFFM) is sensitive to the importance of cultural factors in how people perceive their world, their problems and possible solutions. Sharing information about your specific cultural background or values is one way to improve the benefits of psychotherapy.

The therapeutic relationship is not a social relationship. Therapists are discouraged from providing psychotherapy to individuals with whom they have a personal or social connection. Psychotherapy rarely, if ever, involves physical contact other than a handshake, pat on the shoulder or occasional hug.



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Personal relationships, especially intimate relationships, are inappropriate and illegal both during and after therapy has ended. Although you may feel a very close relationship to your therapist, please understand that the boundaries they placed on the relationship are a necessary part of psychotherapy.

Therapy is often challenging work. You may learn to pay attention to your thoughts, your feelings, and your relationships and to honestly acknowledge them (*including feelings you may wish you never had*). You may work with unwanted aspects of yourself; learn to feel painful things and to face painful realities. You may learn to talk candidly and respectfully with people you would rather avoid; to accept difficult but inevitable situations and confront frightening but important realities. The therapist may guide and support you during this process but ultimately the work is done by you.

The therapist's job is to: listen carefully, to point out strengths that have been unnoticed and weaknesses that have been ignored, to look for hope when you are hopeless and danger when you are naïve, to allow you to be dependent when you fear depending and to challenge you to be self-reliant when you would love to have someone solve your problems. In short, their therapist's job is to assist you to learn to meet your needs, satisfy your desires, and to live more freely in this world.

Known Benefits of Psychotherapy

Research has shown psychotherapy to be a success and useful tool to treat patients. Over 80% of treated patients are found to be more successful in their healing journeys than not and BFFM is happy to walk hand in hand with those we treat.

Therapy is very helpful when the patient is depressed, anxious, unhappy, a survivor of trauma, or suffering from a problem which requires lots of emotional energy. People who can talk and listen reasonably well, who are comfortable being along with another person, and are willing to pay attention to their own feelings, thoughts, and motivations probably will do well in psychotherapy. Sometimes, after exploring/researching options, the benefits of psychotherapy can be enhanced by medications designed to decrease depression or anxiety symptoms.

Common Risks Associated with Psychotherapy

There are potential risks to psychotherapy. People may initially feel worse as the therapy progresses. In rare cases, psychotherapy may even trigger some people to have thoughts about wanting to hurt themselves or end their lives. When this happens your therapist will be able to help you understand and cope with these feelings safely, and can direct therapy to be more supportive until you are feeling stronger. It is always important that you tell your therapist if you are having any frightening or dangerous thoughts or feelings, or if you are considering harming yourself or someone else.

Some clients develop strong feelings about their therapist. This is especially true in longer therapies. Such feelings are normal, even if sometimes uncomfortable or confusing. Any feelings are possible, and the rule for them all is to talk them over with the therapist. They are experienced with this and will help you understand how this is part of your progress.



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Therapy can complicate your life. Therapy is often about making changes or about looking at yourself differently. Therapy can change how you live, and it can change how you feel about your relationships. Your therapist will help you anticipate these changes and will let you decide what changes are best for you, and when.

Psychotherapy is not free and for many there is a personal financial cost. Generally, if you have health insurance, it will pay some portion of the fee. Prior to beginning therapy, we recommend you speak to your insurance representative and find out how much you are expected to pay and if there are limits to the number of sessions your insurance will provide.

Insurance companies have the right to ask about your counseling to determine if treatment is necessary and appropriate. Your therapist will be required to provide a diagnosis and may need to submit a report outlining what you are working on and how long it is likely to take achieving your goals. If there is anything you wish to discuss in therapy that you do not want shared with anyone, including your insurance company, please discuss this with your therapist.

As mentioned above, insurance requires that we provide a diagnosis using the nationally approved DSM 5 criteria. Your diagnosis, like all of your medical information, is protected by privacy and confidentiality rules and practices. However, some clients fear being labeled or “stigmatized” by their diagnosis, for fear that it could limit their career options or insurance rates. If you have any such fears, please address this with your therapist.

Some research suggests that when one spouse or partner meets alone with the therapist to discuss problems involving the other partner, there is a chance that this could increase tension for the couple. For this reason many marital or relationship problems are best addressed with both individuals coming to therapy together.

While your therapist could offer suggestions and advice when asked, research shows that the therapist advice about life problems is often no more than helpful to you than anyone else's. Helping you find your own solutions to life problems is a far more effective approach.

Finally, not all therapy is effective. If you have been in therapy for several weeks or months, and it does not feel like you are making progress, you should speak to your therapist. It may be that you would do better with a different approach to therapy, or even with a different therapist. As therapist, we know that we cannot be everything to everybody and we are comfortable helping you make a change if needed.

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Patient Signature: _____ Date: _____

Therapist Signature: _____ Date: _____



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NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPPA"), I have certain rights to privacy regarding my protected health information. I understand this information can and will be used to:

1. Contact, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal healthcare operations such as quality assessment and physicians certifications.

I understand that your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information is posted at Bonners Ferry Family Medicine. I understand that this organization has the right to change its Notice of Privacy Practices from time to time. I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand you are not required to agree to my requested restrictions, that if you do agree that you are bound to abide by such restrictions.

Patient Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____



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CLIENT RIGHTS AND RESPONSIBILITIES

Client Bill of Rights

1. The client has the right to choose from among many providers in the region. A complete list of providers is available from the Department of Health and Welfare or Far North NAMI.
2. The client has the right to terminate services or any portion of services and transfer to another provider at any time.
3. The client has the right to impartial access to treatment, regardless of race, religion, gender, ethnicity, age or handicap.
4. The client deserves respect for the personal dignity in the provision of all care and treatment.
5. The client has the right to adequate and humane services, regardless of the source of financial support.
6. The client has the right to receive services within the least restrictive environment possible.
7. Client has the right to an individualized treatment plan based on assessment of current needs.
8. The client has the right to participate in the planning of the treatment.
9. The client has the right to request that Department of Health and Welfare staff review the treatment plan or the services provided.
10. Each patient's personal privacy shall be assured and protected within the constraints of the individual treatment plan.
11. In accordance with Bonners Ferry Family Medicine policy, a written, dated and signed informed consent to treat shall be obtained from the patient, the patient's family, or the patient's legal guardian, as appropriate, prior to initiation of treatment.
12. The patient has the right to qualified staff and to terminate/transfer services at any time without notice.
13. The patient has the right to protection and advocacy services and legal assistance.

Crisis Hours

I also understand that I have access to 24-hour crisis services if necessary.

Client Responsibilities

Participation: It is our policy and Health Care Insurance policy; our patients are expected to work with the treatment plan and goals, recommendations and decisions as much as possible. Patients and family members of patients (particularly when children are receiving services) will be required to participate in order to ensure progress. Parents are usually expected to be present or available during most therapy sessions. Failure to participate or work with treatment recommendations may result in the need to release the patient from services. In addition, the Department of Health and Welfare may not reauthorize services or allow access to similar programs in the future.

Financial Obligation: It is our policy to submit billing claims directly to your insurance company, including Medicaid. If you are responsible for a co-pay, we must receive payment prior to your session. **If you lose your benefits at any time or they change in any way, you must notify our office immediately. At any time during treatment should you become ineligible for insurance coverage, you will become responsible for 100% of the bill.**

I, _____, have read the above information and have been given the opportunity to understand it completely and ask questions. I understand my rights and responsibilities as a patient of Bonners Ferry Family Medicine.

Patient Name: _____

Signature: _____

Date: _____



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NO SHOW POLICY

For Patient: _____

Date of Birth: _____ Phone: _____

Bonners Ferry Family Medicine requires a 24 hour notice of
Behavior / Mental Health appointment cancelation.

Failure to notify the clinic within 24 hours will result in a \$25 fee.

Advance Beneficiary Notice of Non-Coverage (ABN)

Procedure	Reason Medicaid or Other Coverage May Not Pay	Estimated Cost
No Show Fee	Not a covered service	\$25

What you need to do now:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- The fee of \$25 cash **must be paid before** being seen for next appointment.
- If two consecutive NO SHOW appointments then all future appointments will be canceled.
- Note: Medicaid and other coverage policies do not always pay for services requested by medical and/or behavioral health offices. Although such services may be ordered and deemed medically necessary or suggested by a medical or behavioral health provider, we expect that your coverage policy will not pay for the above listed service.

Signing below means that you have received and understand this notice. You may also receive a copy.

Signature

Date