

General Information and Informed Consent for Psychotherapy

Welcome to psychotherapy services at Harbor Health, LLC. This packet answers some questions that people often ask about therapy. After you read this packet, you can talk with your therapist about how these issues apply to you. This packet is yours to keep. Feel free to mark any parts that are not clear to you. Write down any questions you have, so you can discuss them at your next counseling meeting. We appreciate your giving us the opportunity to be of help to you.

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where, due to the subject matter, confidentiality does not apply to the information and/or the information is required to be disclosed by law. Here are the most likely situations where your confidentiality is *not* protected:

- 1. Where there is a reasonable suspicion of child, dependent, or elder abuse or neglect.
- 2. Where a person presents a danger to self or to an identified victim. Additionally, your therapist may communicate this threat to the potential victim or law enforcement.
- 3. Disclosure may also be required pursuant to a legal proceeding by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist.
- 4. In couple and family therapy, confidentiality and privilege does not apply between the couple or among family members, unless otherwise agreed upon. Note: Harbor Health will not release records to any outside party unless they are authorized to do so by all adult parties who were part of the family therapy, couple therapy, or other treatment that involved more than one adult client, unless required by law.

Emergency

If there is an emergency during therapy where your therapist becomes concerned about your personal safety or the possibility of you injuring someone else, they will do whatever they can, within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive proper medical care. For this purpose, they may also contact the person whose name you have provided as an emergency contact.

Health Insurance and Confidentiality of Records

Disclosure of confidential information may be required by your health insurance carrier in order to process the claims. A health insurance company may ask for information on your symptoms, diagnoses, progress, and outcomes. Harbor Health, LLC's policy is to provide only the minimal amount of information necessary to process your claim. Please understand that Harbor Health, LLC. has no control over how these records are handled once they leave the office. For more on these issues, please read Harbor Health's Notice of Privacy Practices.

Supervision/Consultation

Our therapists participate in regular clinical supervision and consultations with other professionals to ensure best practice and to provide high-quality treatment. Each patient's identity and confidentiality are fully maintained, and these professionals are also bound by confidentiality.

Records and Your Right to Review Them

As a client, you have the right to review your own records at any time. You have the right to add, correct errors, or provide more information. Should you request and receive copies of your records, you assume the risk of maintaining confidentiality when you receive and store your copies. If your therapist believes it might be harmful in some way for you to review your records, they may suggest you review them together or provide you with a summary of your records in place of the entire record. You have the right to ask that your information not be shared with family members or others. You may not review any records that were created by someone else that you have

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had sent to Harbor Health. When more than one person is involved in treatment, such as in cases of couple and family therapy, records will only be released with the signed authorization from all the adults (or all those who legally can authorize such a release) involved in treatment. Parents and/or guardians with legal custody can be told about their child's diagnoses, therapy methods used and recommended, significant safety concerns, and the general progress of treatment either as needed or when requested. If you have any concerns regarding your records, please discuss these concerns with your therapist immediately.

Fees and Insurance Reimbursement

You may receive a complimentary (no charge) initial visit of up to 30 minutes, if needed. This complimentary session allows for you and your therapist to meet and explore your needs, evaluate patient-therapist compatibility, and answer questions about services. However, this is not an actual counseling session. Should you agree to receive and the therapist agrees to provide services, an assessment session will follow. Our therapists do not work with clients who, in their opinion, they cannot help. In such a case your therapist will provide you with referrals that you can contact. Assessment sessions for both individual and family therapy are 55-minutes long. Subsequent regular individual and family sessions are 55-minute therapy sessions. See below "Fee Table" for fees associated with the aforementioned therapy services. For services requested, but not described above, a service fee will be determined at the time of the request. Harbor Health, LLC re-evaluates its fees each January with any fee changes implemented in April. Notification will be given at least one month in advance of any fee changes.

If you need to cancel or reschedule your appointment, please do so 24 hours in advance. A missed session fee will be charged for sessions missed without such notification. Your insurance company will not cover the fee assessed for missed sessions.

If you think you may have trouble paying your bills at times, please discuss this with Harbor Health, LLC. Harbor Health, LLC will do their best to work with you to ensure therapy is not interrupted. Please see Harbor Health's Payment Policy for more details regarding payment and billing.

Services	Description	Fee
Complimentary Consultation Session	Up to 30 minutes, if needed (individual/family)	\$0.00
Assessment Session	55-minute assessment (individual/family)	\$250.00
Regular Individual Session	55-minute therapy session (individual)	\$160.00
Regular Family Session	55-minute therapy session (family/two or more individuals)	\$175.00
Missed Session	Session cancelled, rescheduled, or missed with less than 24 hours notice	\$50.00

Fee Table

Office Hours, Contact, and Emergency Procedures

Harbor Health's office hours are Monday-Friday 9:00am-5:30pm and Saturdays by appointment. If you need to contact your therapist between sessions leave a message with the front desk at (907) 523-8888, and they will return your call as soon as possible. Please be aware that they do not answer calls during sessions.

Many people use email and text messaging, but these are not secure and could lead to a loss of confidentiality. Please feel free to send your therapist a message through the secure patient portal. If an emergency situation arises, indicate it clearly in your message. Please note that Harbor Health, LLC's counselors do not provide emergency after hours or unscheduled mental health services. Do not rely upon email, voicemail, or faxes for emergencies, as receipt of the message by Harbor Health, LLC, or your counselor may be delayed. If there is a medical or mental health emergency, call Bartlett Hospital Emergency Department: (907) 796-8900 or emergency services: 911.

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Risks and Benefits of Therapy

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Therapy requires your very active involvement, honesty, and openness. Most people will find their symptoms greatly lessened, will feel more confident and relaxed, and will improve their daily functioning. People who are depressed may find their mood lifting. Other people may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are resolved. Participant's relationships and coping skills can improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

Participation in therapy also carries risks, and when making treatment decisions you should weight both the risks and benefits. During therapy there is a risk that you will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other difficult feelings. You may recall unpleasant memories. These feelings or memories may bother you for a while. Some people may have problems with people important to them, likes relatives and peers. Family secrets may be told. Therapy may disrupt a marital or couple's relationship, and may even lead to a separation or divorce. A person's problems may worsen after the beginning of therapy, however risks such as these are often temporary. Changes will sometimes be easy and swift, but more often it will be slow and even frustrating. All of these risks should be weighed against the cost of not changing and continuing as you are.

Length and Process

The length of therapy varies depending on your specific needs and circumstances. Some people come to therapy with a specific issue or concern, and brief therapy often lasting six to eight sessions may be the right fit. Others come with more complicated issues and feel they need a few months or more to understand and resolve their issues. Furthermore, others come with long-standing problems or difficult feelings and may benefit from longer-term therapy. Regardless of why you are seeking therapy or the type of therapy you are doing, it is important to remember that ultimately it is your decision as to when you stop therapy.

Clarifying what you want from therapy can help you figure out if you have met your goals and when you are ready to stop. This process of setting goals and clarifying your needs will be discussed in the initial stages of therapy, and your therapist will periodically check-in as therapy progresses to ensure that you feel your needs and goals are being met. Furthermore, if you or your therapist feels it necessary, your goals and plans can be revisited and/or changed at any point throughout the therapy process. Your therapist may take notes during sessions. You may find it helpful to take your own notes to assist in remembering the important points or the steps you plan to take.

During the course of therapy, your therapist will draw on various techniques, working with you to find what will work best for you. You have the right to refuse, suggest, or ask questions about anything that your therapist suggests or anything that happens in therapy. You as the client, are the most informed about your own healing process, and if you have any ideas on how to heal please share them so that you can help create your own therapy experience. If you would benefit from a treatment that your therapist cannot provide, they will assist you in getting it. You have the right to ask about other treatments available, and their risks and benefits.

The process of ending therapy, called "termination", is a very valuable part of therapy and worth spending time on. During termination, goals will be reviewed along with the progress made, any future work that needs done, and your options for moving forward.

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Audio or Video Recording

Unless otherwise agreed to by all parties beforehand, there will be no audio or video recording of therapy sessions, phone calls, or any other services provided.

Statement of Principles and Complaint Procedures

Harbor Health, LLC's therapists intend to abide by all the rules of the National Association of Social Workers (NASW) and by those of their Alaska state licenses.

Problems can arise in the therapeutic relationship, just as in any other relationship. If you are not satisfied with any aspect of your therapy, please speak to your therapist and they will respond to your concerns. Harbor Health, LLC's therapists are committed to taking such criticism seriously, and with care and respect. If you believe your therapist has been unwilling to listen and respond, or that they have behaved unethically, you can file a complaint with the state licensing board. You can complete a Request for Contact form with the Division of Corporations, Business and Professional Licensing here: https://www.commerce.alaska.gov/web/cbpl/ComplaintFAQs.aspx

Harbor Health, LLC's therapists do not discriminate against clients because of any of these factors: age, sex/gender, sexual orientation, marital or family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by some federal, state, and local laws and regulations. We will always take steps to advance and support the values of equal opportunity, human dignity, and racial, ethnic, and cultural diversity.



I, ______ (name of patient or person acting for the patient), indicate by my signature below that I have read or had read to me the issues and points in this document. I have discussed those points I did not understand, and have had my questions answered to my satisfaction.

I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this packet, I can talk with my therapist about them, and they will do their best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns with my therapist before ending therapy.

By signing below, I agree to act according to the points covered in this packet, but this does not waive any of my rights.

	<u> </u>
Signature of patient (or person acting for patient)	Date

Printed name

Relationship to patient:

□ Self □ Parent □ Legal guardian

□ Health care custodial parent of a minor (less than 14 years of age)

□ Other person authorized to act on behalf of the client:

I, the therapist, have met with this patient (and/or their parent or guardian or others related to this person's situation) for a suitable period of time, and have informed them about the issues and points raised in this brochure. I have responded to their questions. I believe this person fully understands the issues, and I find no reason to believe that this person is not fully competent to give informed consent to treatment with me. I agree to enter into therapy with the patient, as shown by my signature here.

Signature of therapist

___/__ Date

We truly appreciate the chance you have given us to be of professional service to you and look forward to a successful relationship with you.

- □ Copy accepted by parent/guardian/other or
- Copy kept by therapist