



HARBOR HEALTH, LLC  
FAMILY MEDICAL CLINIC

**Information for Counseling Patients**

Welcome to my practice. I appreciate your giving me the opportunity to be of help to you. This brochure answers some questions that people often ask about therapy. I believe that our work will be most helpful to you when you have a clear idea of what we are trying to do. This brochure talks about the following:

- What will be the goals of therapy?
- What are my methods of treatment?
- How long might therapy take?
- What are the risks and benefits of therapy?
- How much do my services cost, and how do I handle money matters?
- What are some other important concerns?

After you read this brochure, we can talk together about how these issues apply to you. This brochure is yours to keep. Feel free to mark any parts that are not clear to you. Write down any questions you have so we can discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

**My Approach to Therapy**

I strongly believe that you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be most helpful to you. Let me describe how I see therapy.

My theoretical approach is grounded in relational psychodynamic psychotherapy as well as attachment theory, and training in reflective practice. The most central idea in my work is that we are each uniquely shaped by social interactions beginning in early childhood and continuing throughout life. These interactions and experiences help to shape how we see ourselves and our relationship to others and the world. A safe exploratory relationship is central to my approach to psychotherapy, allowing you to express thoughts and feelings you have trouble expressing elsewhere, including thoughts and feelings you've struggled to allow yourself to fully know. Through deeper awareness and understanding of our internal processes and emotional life we can experience a greater range of options for responding to challenges and freedom from patterned relating that contributes to feeling stuck.

I use a variety of techniques in therapy, working with you to find what will work best for you. These techniques are likely to include dialogue, reflection, interpretation, cognitive reframing, awareness exercises, mindfulness, self-monitoring experiments, journaling, play, drawing, and psychoeducation. You have the right to refuse anything I suggest.

I view therapy as a partnership between us. You define the problem areas to be worked on; I use my specialized knowledge to help you make the changes you want to make. Additionally, I work from the philosophy that you are the most informed regarding your own healing process. When and if you have ideas about how to heal, please consider sharing so that you can help create your counseling experience. I expect us to plan our work together.



We will agree upon the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our plan, its goals, or its methods.

I usually take notes during our meetings. You may find it useful to take your own notes, to remember important points or the steps you plan to take. You may also wish to take notes outside the office.

### **My Background**

I am a licensed clinical social worker with 11 years of experience. I am trained and experienced in doing individual and family therapy with adults and children. I have provided therapy services to adults in long-term substance use recovery settings, alternative to incarceration programs, and to adults and children in community and tribal mental health clinics. I hold the following qualifications:

- I have a master's degree in social worker from the City University of New York's Hunter College School of Social Work
- I am licensed as a clinical social worker in Alaska
- I am a member of the National Association of Social Workers
- I am pursuing endorsement as an infant mental health specialist through the Alaska chapter of the Alliance for Infant Mental Health
- I am currently participating in Child-Parent Psychotherapy training

### **How Long Therapy Might Take**

Length of therapy can vary depending on your specific needs and circumstances. Some people come to therapy with a specific issue or concern, and brief therapy may be the right fit. Often, that can last six to eight sessions. Other people come to therapy with more complicated issues they are grappling with and may feel they need a few months or more to understand and resolve their issues. Other people 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.

If you are unsure about what you need/want by way of length of treatment, we can discuss it together. Clarifying what you want from therapy can help you figure out if you have met your goals and when you are ready to stop therapy. As our work progresses, I periodically check in to see how you feel the work is going and to what extent you feel your goals are being met.

The process of ending therapy, called "termination," can be a very valuable part of our work and well worth spending our time on. We will review our goals, the work we have done, any future work that needs to be done, and our options.

### **The Risks and Benefits of Therapy**

As with any powerful treatment, there are some risks as well as many benefits of therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in 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. While in therapy, some people may have problems with people important to them, like relatives and peers.



Family secrets may be told. Therapy may disrupt a marital or couple relationship, and may even lead to a separation or divorce. Sometimes, too, a person's problems may worsen after the beginning of therapy. Risks like these are temporary and should be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out as you would like. All of these should be weighed against the costs of not changing and continuing as you are.

While you consider these risks, you should know also that many benefits of therapy have been shown by scientists in hundreds of well-designed research studies. 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. I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

### **Consultations**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you so that you can decide what is best. If you are treated by another professional, I will coordinate my services with him or her and with your own medical doctor if you want me to.

## **My Responsibilities to You as Your Counselor**

### **Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a "release-of-records" form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even let anyone know that you are in treatment with me without your agreement.

In all but a few rare situations, your confidentiality (that is, the privacy of what you tell me) is protected by federal and state laws and by the rules of my profession. Here are the most likely situations where your confidentiality is *not* protected:

1. If I believe that a child, older adult, or other dependent person has been or will be abused or neglected, I am legally required to report this to the authorities.
2. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or a crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.



3. Are you suing someone or being sued? Are you charged with a crime? If so, and if you tell the court that you are seeing me, I may then be ordered to show the lawyers my records. Please talk to your lawyer about what to say to me.
4. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling.

Parents and/or guardians with legal custody can be told about their child's diagnoses, the counseling methods used and recommended, significant safety concerns, and the progress of treatment, either as needed or when requested.

I participate in clinical supervision and consultation with other professionals because it helps me to provide high-quality treatment. These professionals are also required to keep your information private. I maintain your privacy with them. I never tell them your name, I change or skip some facts about you, and I tell only what they need to know to understand your situation and help me. This pursuit of quality assurance never involves your name or any specifics through which you might be identified.

In addition, Medicare requires that I notify your physician, by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made.

If we do family or couple therapy (where there is more than one adult present), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release of information.

As part of cost control efforts, health insurance companies will ask for information on your symptoms, diagnoses, progress, and outcomes. My policy is to provide only as much information as the insurance company will need to pay your benefits. This information will become part of your permanent medical record. I will let you know whether a company has asked for this and what it has asked for. If the company does not get the information it asks for, it may refuse to pay your benefits for our treatment. Please understand that I have no control over how these records are handled once they leave my office. For more on these issues, please read Harbor Health's Notice of Privacy Practices.

You can review your own records in my files at any time. You may add to them to correct errors or provide more information, and you can have copies of them (but you will have to assume the risks of loss of confidentiality when you receive and store your copies). If I believe that it might be in some way harmful for you to view your records, I may suggest that we review them together or that I provide you with a summary of the records in place of the entire record. I ask you to understand and agree that you may not examine records created by anyone else that you have had sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This may happen if I believe that the information will be harmful to you, but I will discuss this with you. You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation.

### **Other Rights**

You have the right to ask questions about anything that happens in counseling. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something you think will be helpful. You can ask me about my training for working with your concerns,



and can request that I refer you to someone else if you decide I'm not the right counselor for you. You are free to leave counseling at any time.

### **About Our Appointments**

We will usually meet for a 55-minute session once a week. We can schedule meetings at times convenient for both of us. I will tell you at least a month in advance of my vacations or any other times we cannot meet.

### **Cancellations and No-Shows**

If you need to cancel an appointment, please do so 24 hours in advance of the appointment time. A fee of \$50 will be charged for cancellations given within 24 hours of your scheduled appointment. Your insurance will not cover this charge.

### **Fees**

My current regular fees are as follows. I reevaluate my fees each January, based on changes in the cost of running my business, and implement the change in April. You will be notified several months in advance of any changes.

*Regular therapy services:* For an individual session of 55 minutes, the fee is \$160. For a family therapy session of 55 minutes, the fee is \$175.

If you think you may have trouble paying your bills at times, please discuss this with me. I will do my 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.

### **If You Have Health Insurance**

Because I am a licensed clinical social worker, many health insurance plans will help you pay for therapy and other services I offer. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or "Behavioral Health," or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know.

Your insurance provider can ask for and review all my records as part of its regular audits of providers and services. It may be satisfied with a phone discussion or a summary. It will usually be looking to see that the services are compatible with the severity of your limitations and diagnoses. This is called "evaluating the medical necessity of treatment." I will tell you if this happens.

### **If You Need to Contact Me**

Although I am usually in the office Mondays, Tuesdays, Thursdays, and Fridays from 9:30 to 5:30, I do not take phone calls when I am in session. You can always leave a message with the front desk or on my voicemail, and I will return your call as soon as I can. Generally, I will return messages daily except on weekends and holidays. During times I am scheduled to be away for a few days, another professional will be available for urgent issues.

If you have an emergency or crisis, mention this when you are leaving a message, and ask that I be contacted. If you have a behavioral or emotional crisis and cannot reach me or our administrative staff immediately by telephone, you or your family members should call your PCP or the nearest hospital emergency room.



### **Other Points**

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 me a message through the secure patient portal if you would like.

If you ever become involved in a divorce or custody dispute, or any other legal matters (such as a lawsuit over injuries), I want you to understand and agree that I will not provide my records, or evaluations, depositions, or testimony in court. There are several reasons for this: (1) I may not possess the professional skills to make decisions about issues besides those we deal with in therapy; (2) therapy often involves full disclosure of information that you might not want to have revealed in court; (3) if you are holding back information because of that fear, our work will not be as productive as it could be; (4) my statements will be seen as biased in your favor because we have a therapy relationship; and (5) what I might say in testifying or being deposed might change our therapy relationship, and I must put that relationship first. If you want custody evaluations and recommendations, I will be happy to refer you to those with this expertise.

### **Statement of Principles and Complaint Procedures**

It is my intention to abide by all the rules of the National Association of Social Workers (NASW) and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, I hope you'll talk about it with me so I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe I've been unwilling to listen and respond, or that I 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>

In my practice as a therapist, I 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. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial, ethnic, and cultural diversity.

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

Sarah Shaddy-Farnsworth, LCSW



## Consent to Counseling

I, \_\_\_\_\_ (name of client or person acting for the client), 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 brochure, I can talk with you about them, and you will do your 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 you before ending therapy with you.

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

\_\_\_\_\_  
Signature of client (or person acting for client)      \_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Printed name

Relationship to client:

- 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 client (and/or his or her parent or guardian or others related to this person's situation) for a suitable period of time, and have informed him or her about the issues and points raised in this brochure. I have responded to his or her 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 client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist      \_\_\_/\_\_\_/\_\_\_  
Date

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



**If I Need to Contact Someone about You**

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend—to protect you. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

You may give me more than one person.

\_\_\_\_\_