

Present Wellness Counseling, LLC

Katie Reed, LPC, NCC

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CLIENT INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

Counselor Background

I am an Licensed Professional Counselor and a graduate of UAB's Counselor Education Master's Program. I became licensed in 2015. I am also employed as a counselor in the UAB Addiction Recovery Program. In addition to years of working in various community settings, my experience includes family counseling, child and adolescent counseling with play therapy modalities, and individual and group counseling. I have worked with clients who hold a variety of concerns such as interpersonal conflict, anger control, domestic violence, substance abuse, depression, anxiety, suicidal ideation, trauma, and more. I am continually seeking additional training and am committed to using evidence-based and ethical practices with all clients. I am especially trained in using mindfulness practices, artistic and experiential therapies, and cognitive behavioral techniques.

About the Benefits and Risks of Counseling

Change is possible but it is not always easy. For counseling to be effective, it requires desire, work, and a trusting counseling relationship. Counseling is not a "quick fix". There will hopefully be times during the counseling process where you experience relief from your concerns. There may also be times you feel uncomfortable or distressed during the process. This is very normal, and often helpful for clients to expect.

Counseling is a choice and you may choose whether or not to participate or to terminate counseling at any time. If you are dissatisfied with the services you receive for any reason, please know you may communicate these concerns with me. I value ensuring that you receive the best services that you deserve. If for any ethical or professional reason I believe that I am not able to serve you effectively, I will provide you with an appropriate referral. Please know that I will not discriminate against the clients I serve based on race, gender, sexual orientation, religion, physical challenge, ethnic origin, or level of income.

Client Confidentiality

Confidentiality is an essential aspect of counseling. Your presence and what you say in session is private and I have an ethical responsibility to protect your right to this privacy. However, there are a few circumstances under which the details about your counseling will be discussed outside of session:

- Professional consultation (supervision, case consultation)
- When a client signs a consent for release of information
- When there is some indication that child or elder abuse has occurred, in which case your counselor is legally mandated to file a report
- When there is high risk of suicide (hurting oneself) or homicide (hurting someone else)
- When the disclosure is court-ordered

If you anticipate court involvement, this should be discussed at the onset of the intake prior to signing consent. Counseling records are protected and I encourage the protection of client records from court involvement. I do not provide custody evaluations or evaluations for court deposition. If you choose to have records subpoenaed and/or require my professional time with your court case, I will charge the fees for court to you. This includes time with paperwork, travel time and time in court.

I will keep records of sessions and together we will create your treatment plan and goals for counseling. These records are confidential, and are locked and kept secure. Release of such information requires your consent and documentation. Records are secured for at least 7 years before they are destroyed.

You may elect to use technology such as email or text messaging. I will take every precaution to protect you and your information from the public. However, I cannot guarantee unauthorized access with electronic communications. Please do not send private or sensitive information through these forms of technology. Additionally, while my practice has a social media presence, I do not make any personal connections with clients via social media.

Counseling Minors

In the state of Alabama, age of consent for mental health treatment is 14. If you are signing for a minor child or adult (who can't consent) for whom you are the legal guardian, you are stating that you have the legal right to sign this consent for them and agree to counseling. The minor is the client. The confidentiality of the session is important. As the custodian, you are entitled to know if the minor client is progressing, declining, unstable, in need of further services, or in an unsafe or concerning situation. If you are actively involved in a custody dispute or have legal counsel, I will not speak to an attorney that does not represent the minor client, and I will not make recommendations for custody agreements. *If I believe it to be necessary for the wellbeing of the minor*, I will consult with a Guardian Ad Litem representing the minor client to support their best interest.

Payment Policies

The Fee for Counseling will be \$ _____ for 1.5 hour or \$ _____ for 50 minutes.

You are responsible for all fees at the time of each appointment. I accept cash, checks, credit cards, and paypal. If you refuse to pay your fees in a timely manner, I reserve the right to use an attorney or collection agency to secure payment.

I ask that you please call with a 24 hour notice to cancel your appointment. Any missed session without cancellation is subject to payment. Same-day cancellations will be charged 25% of the set amount, and no-show appointments will be charged 50% of the set amount. A session is considered a no-show if you are more than 15 minutes late. Any client who presents under the influence of substances will be asked to reschedule and charged the full amount for the session. This is part of the agreement and expectations.

After Hours Contact

Present Wellness Counseling, LLC does not provide on-call services directly. I am available during normal business hours. I check my email and phone regularly to respond to calls that can be attended to within a 24 to 48 hour period. In case of the need for immediate care, please contact THE CRISIS CENTER at (205) 323-7777.

By signing below, you agree to the above conditions and acknowledge that these conditions have been discussed and explained fully to you for the counseling relationship between:

_____ and Katie Reed, LPC, NCC
Present Wellness Counseling, LLC

Client Name(s)

Client Signature (14 or older): _____ Date: _____

Client Signature (14 or older): _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Counselor Signature: _____ Date: _____