



Vibrance Counseling, LLC

vibrancecounseling.net

1883 N. Wildwood Way (Building B, Office F) Boise, ID 83713

Phone: (986) 234-3898

Email: amanda@vibrancecounseling.net

Informed Consent and Professional Disclosure

Hello! My mission is to offer space and a relationship which allows you to explore, grow, and work towards finding vibrancy, the best version of yourself. I know that you are the expert on your life and I am honored to be part of the healing and helping journey. Here is some more information on what that process will look like:

Counseling Process:

Sessions are typically 50 minutes but 30-minute sessions are offered on a need basis. Frequency of sessions varies depending upon issues presented, client preferences, scheduling, etc., and will be established together by client and counselor. The termination of counseling can be determined by you or your counselor at any time. As your counselor, it is my goal to assist you in exploring your concerns and the goals that are important to you. In order to provide these services efficiently, active participation is required by both of us.

Client Rights and Responsibilities:

- You have the right to be informed of the counselor's licensing status and clinical experience, including the limitations and restrictions of services.
- You have the right to be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling.
- You have the right to request to be seen by another counselor if dissatisfied with the services provided (I will not be offended. I want you to succeed in counseling and if there is a better fit with a different counselor, I am happy to make referrals).
- You have the right to terminate counseling at any time.
- You have the right to refuse any services and to understand the implications of refusal.
- You have the right to actively participate in treatment decisions and the development of your treatment plan.
- You have the right to expect fair and equal treatment in all circumstances.
- Counseling records are the property of Vibrance Counseling, LLC. However, you do have the right to the information. If you would like access to your own record, please discuss that with me and we can make a decision as to how we would like to move forward.
- You have the right to file a complaint with the Idaho Bureau of Occupational License located at P.O. Box 83702 Boise, ID 83720-0063, Phone #208-334-3233, Fax #208-334-3945, Email inv@ibol.idaho.gov, and Website www.ibol.idaho.gov
- Sexual intimacy is never appropriate between a therapist and client and should promptly be reported to the Idaho Bureau of Occupational Licenses.



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Benefits of Counseling:

Benefits of counseling may include: an improved ability to relate to others; a clearer understanding of self, your values and/or goals; increased productivity and an ability to cope with everyday stress; ability to release past traumatic experiences, negative thoughts and beliefs about yourself. There are no guarantees that counseling goals will be achieved.

Risks of Counseling:

While benefits are expected from the counseling process, there may be periods of increased anxiety or confusion, which may affect significant relationships, your job and your understanding of self. Therapy often requires us to dig deep. Rather than turning away from our suffering, healing sometimes requires an exploration into the depth of the wounds that fuel our beliefs, feelings, and behaviors. It is impossible to predict the extent to which you experience these changes. You and I will work together to maximize the benefits of the counseling process. If you are experiencing an increase of negative symptoms, please share this information with me so the issues can be addressed.

Counselor Credentials:

As a graduate with my master's in counseling from Boise State University and my prior professional experience in behavioral health, I have worked specifically with people with substance use disorders and mental health field in Idaho since 2012. I currently hold licensure as a licensed clinical professional counselor (LCPC) in the state of Idaho (LCPC- 7245) and am continuing my professional development through the use of conferences, workshops, books and online educational tools. I strive to always be learning and growing in order to provide the best care for my clients. I am trained in CBT, DBT, and Motivational Interviewing which is used to address a wide variety of issues. I am always seeking professional growth and open to educating myself in any area.

~ Clients must initial the following ~

Confidentiality:

_____ Information about you that is obtained during a counseling session will not be revealed to anyone outside of Vibrance Counseling, LLC without your consent, except in the following situations where disclosure is required by law:

- 1) When there is a reasonable suspicion, or report of abuse to children or vulnerable adults.
- 2) When you present as a serious danger to yourself or others.
- 3) If a judge through a court orders a counselor to do so.
- 4) In the case of law enforcement emergency or a national security issue as determined by the government.

_____ Our paths may cross in social situations but your therapeutic relationship comes first, along with the protection of your confidentiality, therefore I do not initiate the greetings. Our



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contact will be limited to counseling sessions, except in the case of urgency when contact may be by phone. If our paths do cross outside of your counseling session, I will not talk with you about any confidential information or issues you may have. Those will be reserved for counseling sessions only.

_____ I seek consultation at times from other professionals. Your case may be discussed for the purpose of maintaining a high quality of care. A professional consultant is also bound by the legal responsibility of protecting your confidentiality. Additionally, Vibrance Counseling, LLC may have non-licensed staff, such as a secretary, that may schedule appointments, make reminder calls, arrange files, or perform other tasks that would allow them to know you are a client of Vibrance Counseling LLC. Such staff is also bound to confidentiality as part of their work agreement. If you have any questions about this please ask.

Privacy within the Community and within Social Media:

_____ In order to protect your confidentiality and maintain professional boundaries with you, I do not engage in social interactions with current or former clients. I do not accept friend, contact, or follow requests on any social media platforms from current or former clients. If you have any questions or concerns, please bring them up during your session.

Professional Fees:

It is important for our therapeutic relationship that we have clear financial agreements.

_____ The fee is \$165 for your intake session, \$150 for a 50 minute, or \$80 for a 30 minute session due at the beginning of each session. You will be charged for phone time with you or on your behalf, not related to scheduling issues, and letters or reports including preparation time, at \$25 per hour, which is not covered by insurance.

_____ You are responsible for any balance not covered by insurance. If you have an outstanding balance and payment agreement has not been made between the responsible party and Amanda Juhasz, LCPC, your account may be sent to collections and a 30% fee will be added to your account.

_____ Forensic Rates and Court Appearances. My focus in providing counseling and psychotherapy is on treatment and healing. It is NOT my intention to become involved in cases that require evaluation (either written or otherwise) or my testifying in court. When subpoenaed, I may obtain my own legal counsel. If I am required to appear in court or conference via telephone, **the client or guardian associated with the subpoena/court request will be REQUIRED to pay the following fees: \$1600 per day**, including travel time and all the time at the courthouse or waiting to testify. I require a minimum of \$1000 plus estimated travel time to be paid 48 hours in advance. Because I must cancel all other appointments for these appearances, this payment will NOT be refunded for any reason. If I am required to appear in court, you will



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be charged for the full day regardless of how many hours I am there for. If a subpoena is issued to me without my approval (see above) the subpoena will be directly turned over to my attorney and a bill will be rendered for immediate retainer fee payment. Even though you are responsible for the testimony fee, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case and to my professional opinion. The rate for all subsequent therapy services such as: attending parent/teacher conferences, attending school related meetings such as an IEP/504 meeting, conducting classroom observations, participating in legal depositions, consultations with attorneys, etc. will be billed at \$120.00 per hour and is not a service that is covered by insurance. If a check is returned, a processing fee of \$25.00 will be assessed to your account. Additionally, you will need to make a cash or money order payment for the returned check and \$25.00 processing fee. After a returned check, I may require cash payment of future appointments.

Cancellation Policy:

_____ Cancellations must be made at least 24 hours in advance. After one cancellation within the 24-hour time period, we will discuss whether to continue at your scheduled time moving forward. If there is a second cancellation within that time period, you will be charged 50% of the session fee and 100% thereafter.

Emergencies:

Please call one of the following numbers for assistance

- General Emergencies: 911
- National Crisis Line: 800-784-2433 OR 800-273-8255
- Trevor Project: 866-488-7386

By signing below, you agree that you have read this document, you have been given an opportunity to ask whatever questions you deem necessary, you have received a copy of the Privacy Notice, you agree to the terms of service, and wish to initiate treatment.

Printed Client's Name _____

Client's Signature _____

Date _____

***Parent/Guardian** (if client is minor parent/guardian signature required)

Printed Parent's Name _____

Parent's Signature _____

Date _____