Heartfield Counseling

Introduction, Confidentiality and Exceptions

I'm a Licensed Professional Counselor (LPC) with a master's degree in community counseling. I work exclusively via telehealth, using Zoom or phone. Initially, I trained and practiced as a Rolf(R) Structural Integration bodywork therapist. In 2004 I headed to grad school at Oklahoma State University and eventually became licensed as a professional counselor.

My practice is holistic, meaning that I am interested in most any area of a person's life: body, spirit, mind. I am fascinated to hear the stories about how you got to this moment in time, and how you desire your life to be different now. What's missing, to make it a great life, one that you are totally stoked to be living?

Information divulged in our sessions will be confidential, though there are a few ethical restrictions: if I am concerned that you are in serious danger of harming yourself or another, or if a medical emergency occurs while you are visiting with me.

Informed Consent

BENEFITS: Thoughts, emotions, body sensations, or behaviors which have interfered with your personal functioning may change for the better. You may experience greater satisfaction from your daily life, relationships, and interactions. This may also lead to greater maturity and growth as a person, and/or to the resolution of problems. You also might learn to kick ass and take names. (Just checking to see if you are really reading this :-)

RISK: Working with a counselor may provoke unpleasant feelings. Also, sometimes significant change occurs in a human life, which can be disruptive to the status quo.

MEDICAL LIMITS: I don't provide emergency services, and it is outside my scope of practice to work with people in life-threatening crisis. For emergency, please call 911 or other appropriate emergency services. Your signature here gives me permission to do so on your behalf if you are in danger, and/or to contact your designated person in an emergency.

REFERRAL: Should it appear that my services may not be appropriate, I will provide referrals and terminate services.

CONSULTATION: While information will not be released without your permission, my colleagues and I sometimes confer, bound by confidentiality.

FEES: my regular fee is 100/session. I also offer a need-based sliding scale, determined case-by-case. Several pro-bono sessions are available each month, as well.

I understand this document, and give my consent for services as described:

Name: _____

Signature: _____

Date: _____