**Office Policies and Agreement for Counseling Services**

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**Counselor-Client Service Agreement**

Welcome to my practice. The purpose of this form is to share some important disclosure information about my professional services and business policies that guide my counseling process so that your decision to proceed in working together can be based on accurate, informed expectations. Please read this carefully and feel free to ask any questions about what you have read or to have further clarification. Informed consent is the client’s full and active participation in decisions that affect them, and freedom of choice based on the information shared. It is a continuous process throughout the counseling relationship. When you sign this document, it will represent an agreement between us. The client has the right to refuse and/or withdraw from counseling at any time.

**Professional Disclosure Statement:** I completed my graduate training in counseling at Walden University. I graduated with a Master of Science in Clinical Mental Health Counseling. I am currently licensed with the Washington State Department of Health as a fully Licensed Mental Health Counselor (License # LH 61152615).

I am a Narcissistic Abuse Treatment Clinician (NATC).

I am a National Certified Counselor and a member of the National Board of Certified Counselors (NBCC).

**Nature of Counseling:** I believe in individualizing treatment, my approach to working with clients may differ according to the unique needs and preferences of each individual. I also select different approaches based on age, developmental level, and modality (individual). I am a Narcissistic Abuse Treatment Clinician (NATC). I tend to use Internal Family Systems, Acceptance and Commitment Therapy, Lifespan Integration (Level 1 certified), Cognitive Behavioral Therapy, Solution Focused Therapy, and attachment-based approach to help individuals connect current relationship and behavioral patterns to their past history. I use techniques such as active listening, homework, psycho-educational discussions, role-playing, and Inner child work. I recognize that each person brings his or her personal experiences, so therapy should meet these distinctive needs. I hold unconditional positive regard and acceptance for clients and take a non-judgmental position, communicated through empathetic understanding. I consider the client’s perspective and needs as the foundation for therapy. I believe that clients have the capacity and resilience to resolve their own problems and make their own decisions. However, from time to time all of us need assistance, support, and direction and as such I will work with you to establish goals for your therapy.

**The Process of Counseling:** Counseling varies depending on the personalities of the counselor, the client, and the particular problems brought to each session. Counseling calls for a very active effort on your part. In order for therapy to be successful, you will have to work on things we talk about during our sessions and at home. Counseling has both benefits and risks. Since therapy often involves discussing unpleasant aspects of our life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has been shown to have benefits for people who go through it. Therapy can lead to better relationships, new coping skills, a significant reduction in feelings of distress, changing unwanted behaviors, and improved self-esteem. There are no guarantees of what you will experience. Counseling is a process of personal exploration and may lead to major changes in your life perspectives and decisions. Together we will work to achieve the best possible results for you. Our first few sessions will likely involve an evaluation of your needs. By the end of the evaluation, I will be able to offer some ideas of what our work will consist of. It is important for you to evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time and energy. If you have any questions about my procedures, we can discuss them whenever they arise. You also have the right to ask about other possible treatments for your condition and their risks and benefits. If you could benefit from any treatments that I do not provide, I have an ethical obligation to assist you in obtaining those treatments. If doubts persist, I will be happy to refer you to another counseling professional.

**Termination:** The ending of a therapeutic relationship is a mutual process that should be discussed. Upon termination, we will have discussed what therapeutic goals have been met and what indicators you can set for yourself that might help you determine when to return to counseling. Termination of therapy is imperative to the therapeutic relationship; we will discuss this together and make sure you have the resources available to aid you in your future endeavors.

Noncompliance with treatment recommendations my initiate early termination of services. It is your responsibility to make a good faith effort to fulfill the treatment recommendations to which you have agreed. I will exercise my professional judgment about which treatment I believe will work best for you. If you have any concerns about your treatment, please don’t hesitate, talk to me about your concerns and we will explore them so we can find a solution or resolve any misunderstandings. If during our work together, I am not effective in helping you reach any of your goals, I will discuss this with you and, if appropriate, terminate treatment and assist you with finding another qualified professional.

Any violence, verbal or physical threats or harassment to me, the office, or my family, I reserve the right to terminate your treatment immediately.

**Dual Relationships:** A therapeutic relationship will never involve sexual, business, or other dual relationships that could potentially blur professional and ethical boundaries and impair my objectivity and clinical judgment. If I become aware of any preexisting relationships that may affect our work together, I will do my best to resolve these situations ethically, if I cannot, we will need to terminate therapy. Any questions, please discuss this with me.

**Confidentiality:** One of the most important rights of the person seeking counseling is confidentiality. Information revealed by you during counseling sessions will be kept strictly confidential and will not be revealed to any other person or agency without your written permission, with the following exceptions:

* ***Duty to Warn.*** If an individual intends to take harmful, dangerous, or criminal action against another human being or against himself or herself, it is the counselor’s duty to warn appropriate individuals or agencies of such intentions. Also, any actual or suspected acts of a child, elder, or disabled person abuse (including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse) will need to be reported to the appropriate agencies by the counselor.
* ***Court Subpoena.*** When lawyers believe that a client’s counselor may have valuable information for their case, they will subpoena her/his notes, records, and in some instances even the counselor. In general, once a subpoena is served on a counselor, it must be obeyed, or the counselor can be charged with contempt. However, you will be notified of this subpoena and we will talk about this.
* ***Consultation.*** Information about you may be discussed in confidence, without revealing your identity, with other counseling professionals and or supervisors for the purpose of consultation and providing you with the best possible service.

**Counseling Sessions:** I normally conduct an assessment that may last two sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Once therapy has begun, I will usually schedule one 50-minute session per week.

**Record Keeping:** I am required to keep relevant records of the counseling services I provide. Records are maintained in a secure location in the office.  Brief records include the intake form, appointments attended, the goals and progress we set for treatment, your medical, social, and treatment history, records I receive from other providers, copies I send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you are entitled to receive a copy of your records on file. Because these are professional records, untrained readers can misinterpret them. If you do want to see your records, I will offer for you to review them in my presence so we can discuss the contents. If you would like your file to be made available to any other health care professionals, your written request will be required (i.e., release of information form).

**Client’s Rights:** You have the right to ask questions about anything that takes place in counseling. I am always willing to discuss how and why I have decided to do what I am doing and to look at alternatives that might work better. If you are unhappy with what’s happening in counseling, please feel safe to discuss this with me. I respect your thoughts and they will be taken seriously with respect and handled with compassion. You have the right to treatment without discrimination as to race, color, gender ethnicity, sexual orientation, age, religion, national origin, and social-economic status. You may request that I refer you to another therapist and are free to terminate therapy at any time; however, I would recommend that you participate in a termination session. If you are dissatisfied with my services, please let me know.

Upon your request and your written consent, I may release minimal information to any person/agency you specify, unless I conclude that releasing such information might be harmful to you. If that is the case, we will discuss this so I can explain my reason for denying your request.

**Contacting Me:** If you need to contact me between sessions regarding administrative issues (i.e., changing appointment times, running late, cancellations), you are welcomed to email me at **jennifer@newoutlookllc.com****.** In most circumstances, I return emails within 48 hours with the exception of weekends. If I am out of the office (i.e., vacation, family emergency) I will return messages when I return\*\*\*\* I will do my best to inform you in advance of planned absences. Please do not email me personal information related to your therapy session, as email is not completely secure or confidential and may be retained in the logs of your and my internet service providers. Also, emails I receive from you and any responses that I send to you become a part of your legal record.

I may not be immediately available by telephone. If you leave a message on my phone, I cannot guarantee any phone message is secure and your confidentiality may be compromised. I will return your call as soon as I can, but it may take a day or two for non-urgent concerns. I will also let you know who I have covering me if I plan not to take or respond to phone messages during my absence.

If you use SMS (mobile phone text messaging), I cannot guarantee SMS is secure and your confidentiality may be compromised.  If you still choose to text message me knowing I cannot guarantee your confidentiality, it can only be for administrative purposes such as appointment times, cancellations, or when running late.

**Note:** If we see each other in a public location, I will not approach you out of respect to your privacy, security, and confidentiality. Please understand, it is not because I don’t want to or that I do not like you, it’s simply because I want to keep you safe and I respect your privacy as well as mine. If you have any questions, we can talk more about this.

**Insurance:**  I do not currently take insurance. Clients wishing to use health insurance may request a receipt from the counselor and may then file the insurance themselves in order to receive some reimbursement. Clients may wish to contact their health insurance company and find out what, if any, coverage is available for out-of-network mental health providers.

**Fees:** My standard fee is $120. for a 50-minute individual session, which is paid at the start of each session unless other arrangements have been made. If you are late, our session will not run over into the next person’s session. If there is any fee increase, I will notify you 3 months ahead. Please provide a 24-hour notice in advance if you are unable to keep your scheduled appointment. Unless there are extenuating circumstances, you will be charged for missed appointments. Cash, check, or credit card payment is due at the time of the session. There will be a $10.00 fee for returned checks.

Emergency phone consultations of five minutes or less are normally free. Whether in crisis or not, a client may occasionally want to discuss an issue on the phone with the counselor. For this service, the counselor charges a minimum $30.00 fee, which includes up to 15 minutes of telephone counseling. If the call goes beyond that period of time, the client will be billed at a rate of $30.00 per 15-minute increments in addition. Health insurance companies do not reimburse for this type of contact therefore the client will be personally responsible for the fee.

**Fee Reduction**: I offer some lower feel slots, based upon income and circumstances. Any questions concerning my fee, please discuss it with me. If I am unable to accommodate your financial situation, I will provide you with referrals.

**Other Issues:** I do not fill out forms or write letters for clients regarding things like a leave of absence, unemployment, custody issues, and other specific requests. If you have any questions concerning this, please feel free to contact me.

**Emergencies:** In case of an emergency outside of my normal business hours please contact:

Suicide and Crisis Lifeline Dial 988 / SMS: 988

Pierce County 24 Hour Crisis Line at 1-800-576-7764

Recovery Support Warm Line at 253-942-5655 (3:00 pm to 11:00 pm)

The nearest Hospital Emergency Room

Dial 911 for immediate emergency care

**For suicide prevention:** Contact the National Suicide Prevention Lifeline at 1-800-273-8255 (TRS: 1-800-799-4889)

**Transfer Plan:** If for any reason I am unable to provide professional services or maintain client records due to incapacitation or death, I have designated Patty Milligan, MA, LMHC as my professional executor. My professional executor will be given access to all my client’s records and will contact you to provide psychological services or by your request, facilitate a referral for continued care with another qualified professional. If you have any questions about this, please bring this up in our next session so we can discuss them.

**Contacting the Washington Department of Health:** If you believe that my conduct is unprofessional, you have the right to contact the Washington State Department of Health so you may obtain a copy of the acts of unprofessional conduct listed under RCW 18.130.180. The contact information for reporting is: The Washington State Department of Health, Health Professions Quality Assurance Division, at P.O. Box 47869, Olympia, WA 98504-7869. Phone: (360) 236-4902. Mondays through Fridays, 8 am to 5 pm.

**My Private Practice Social Media Policy**

This document outlines my office policies related to the use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

**Friending**: I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). It is my belief that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. Interacting on social networking sites may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet, and we can talk more about it.

I keep a Facebook Page for my professional practice. You are welcome to view my Facebook Page and read or share articles posted there, but I do not accept clients as Fans of this Page. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality. In addition, the American Psychological Association’s Ethics Code prohibits my soliciting testimonials from clients. I feel that the term “Fan” comes too close to an implied request for a public endorsement of my practice.

Note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are more than welcome to do this.

Currently, I do not have a Twitter account. If I were to in the future, I would only follow other health professionals on Twitter, and I would not follow current or former clients on blogs or Twitter. My reasoning is that I believe casual viewing of clients’ online content outside of the therapy hour can create confusion in regard to whether it’s being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

**Interacting**: Please do not message me on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone. Direct email at jennifer@newoutlookllc.com is acceptable for administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

**Use of Search Engines:** It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

**Google Reader**: I do not follow current or former clients on Google Reader, and I do not use Google Reader to share articles. If there are things you want to share with me that you feel are relevant to your treatment whether they are news items or things you have created, I encourage you to bring these items of interest into our sessions.

**Business Review Sites**: You may find my counseling practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places that list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as my client.

The American Psychological Association’s Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: “Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.”

You have the right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. Please take your own privacy as seriously as I take my commitment to confidentiality to you. Remember, when using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

If we are working together, I hope that you comfortable enough to bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I’m your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection.

If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Washington State Department of Health, which oversees licensing, and they will review the services I have provided.

The Washington State Department of Health, Health Professions Quality Assurance Division, at P.O. Box 47869, Olympia, WA 98504-7869. Phone: (360) 236-4902. Mondays through Fridays, 8 am to 5 pm.

**Location-Based Services**: If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally “checking in,” from my office or if you have a passive LBS app enabled on your phone.

**Email**: I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

**Conclusion**: Thank you for taking the time to review my Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

(Policy adapted from Dr. Keely Kolmes [drkkolmes.com] with permission.