

Jeremiah Guidos, MA

LCPC-5366 – Idaho
LCPC-8307 – Montana
208-603-7514

Informed Consent

Welcome to counseling! It is my intent to provide high quality professional therapy services. It is my hope that the issues that have brought you into counseling may be resolved as we work together.

Prior to beginning the counseling process, it is important that you know about my counseling practice. Please consider the following important information.

Who I am

I earned a Masters degree from George Fox University in clinical counseling. I am currently licensed in the state of Idaho and Montana. I have been licensed for many years and participated in many trainings for clinical practice including but not limited to Christian counseling, Rogerian therapy, trauma therapy, grief/loss, addiction(Social media, gambling, sexual, food, etc.), anxiety(general and specific), personality disorders, depression, relationship challenges, neuroscience, attachment, equine therapy, play therapy, family therapy and experiential therapy. I am trained in clinical supervision and clinical ethics as well.

I look at counseling as a journey of personal health and well-being achieved through insight. I approach counseling as a collaborative effort in which the client and I work together on a treatment plan. Together we can discuss treatment goals, objectives, and methods according to your needs. I view my role as one of facilitator. I look to evaluate your lifestyle, choices and goals in order identify unwanted results and/or inconsistencies in your approach. I do this using a Rogerian therapy model unless we agree to shift the therapeutic approach for specific needs. Areas of consideration include: ***Biological, Psychological, Sociological, Cultural and Spiritual***

Professional Services

Please read the following information and sign the consent to treatment form. Feel free to ask questions about any aspect of the counseling process or office policies and procedures. I apologize for the length of the document and I am willing to explain and discuss any part of this document. We will review this document in its entirety during the first session.

Risks

The counseling process can be a very powerful process. As you commit to change and move through therapy, you will learn and discover many things about yourself. However, going through the process you might be faced with hard, scary and/or painful realities. These feelings may cause a person to want to pull away so they don't have to face and deal with the challenges. This can be a normal part of therapy. As a counselor, I will partner with you to help you manage anxiety and face the realities. This also requires an ongoing commitment to the process by all you and me.

Electronic transfer of information:

All electronic information is at risk of being public information. Electronic communication includes but is not limited to; phone, fax, email, texting, internet, bank transactions and video conferencing. I have taken and will take precautions to reduce the risk but cannot guarantee the effectiveness as technology is constantly changing. Electronic communication also has the risk of becoming part of a public domain. For example, if someone gets into your phone, looks at your computer history or sees a text because you have an automatic alert. I encourage you to think of these types of situations with regard to our communication and reduce the risk as much as possible. Also, I ask that you be aware of your surroundings if we talk via phone or video conference for any reason. You may be able to be heard through doors, walls or by being hacked and it is possible that someone walks into the room you are in. This is not intended to scare you but to ensure you are fully informed of the risks you take with electronic communication.

Confidentiality

All work provided in this office is protected by state and federal confidentiality laws as well as professional ethics guidelines. Information shared in session is confidential and can only be released with your written consent or as required by law.

Limits of confidentiality will be discussed. Some limits to confidentiality include (1) determination that the client is a danger to self or others; (2) disclosure of abuse or criminal activity; (3) an order by the court to disclose information; (4) if we are otherwise required by law to disclose information

I am required by law to disclose information you may share pertaining to suspected child abuse, dependent adult and elder abuse, abuse of the developmentally disabled or chronically mental ill, inability to care for one's basics needs for food, clothing, or shelter, and threatened harm to oneself or others.

Courts and attorneys may subpoena counseling records. It is my practice to request that your records not be transferred to the courts or attorneys but this isn't always possible. If subpoenaed to testify in court, I may have to give information harmful to you without your permission. You may want to discuss further limits of confidentiality with me.

I participate in quality assurance procedures, treatment coordination, and clinical case reviews. Your file may be discussed at these meetings. Any information shared is confidential within the professional relationships and are bound by the same confidentiality as stated.

Length of Session

The counseling session lasts approximately **50-55 minutes**. Longer sessions are available if you request them and we decide it is appropriate.

Payment for Services

The fee for individual sessions is **\$150 per 50-55 minute session**. Couples and families are **\$175 per 50-55 minute session**. We offer a same day payment discount. The payment is due at the beginning of each session or at an agreed upon interval. A \$25 fee will be charged for returned checks.

Fees for court appearances, should the need arise, fall on a completely different scale and is much more expensive. Please ask for details if you believe this may be a necessary part of your counseling process.

Cancellation

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice** is requested for cancellation. Sessions that are missed without the minimum 24 hour notice will be billed.

Counseling Relationship

The counseling relationship is a professional relationship. It should not, therefore, become a social or business relationship. This would be detrimental to the purposes of counseling and could contaminate the process. If we encounter each other outside of the counseling setting, **I will not acknowledge the existence of any counseling relationship.**

Referrals

Should a referral become an appropriate step during the course of the counseling relationship, I will take the responsibility of identifying referral services and assist in making the referral. Referrals may be made for a number of reasons including some of the following; (1) there is a source of conflict in our relationship; (2) you have a need requiring a greater degree of expertise or a different specialization; (3) there is a need for medical or psychiatric attention. Referrals will be discussed openly and the transfer completed to the best of my ability.

Legacy

In the event I become incapacitated for any reason, there is a plan in place to maintain confidentiality of your records and information. There is also a mechanism in place to transfer your information to another professional counselor who is also bound by the same confidentiality requirements who can help get you connected with a professional who can continue your care.

What you can expect from me:

- 1) To expect that I have met the minimal qualifications of training and experience required by state law;
- 2) To examine public records maintained by the Board and to have the Board confirm credentials of licensee;
- 3) To obtain a copy of the Code of Ethics;
- 4) To report complaints to the Board;
Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists
Website: <https://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=COU>
Address: Idaho Bureau of Licensing, 700 W State St, Boise, ID 83702
Email: COU@ibol.idaho.gov
Phone: 208-334-3233
- 5) To be informed of the cost of professional services before receiving the services;
- 6) To be assured of privacy and confidentiality while receiving services as defined by rule and law, including the following exceptions:
 - a) Report suspected child abuse;
 - b) Reporting imminent danger to client or others;
 - c) Reporting information required in court proceedings or other relevant agencies;
 - d) Providing information concerning intern case consultation or supervision;
- 7) To be free from being the object of discrimination on the basis of race, religion, gender, or any other unlawful category while receiving services.

What I expect from you:

As a therapist, one of the most critical aspects of our relationship is honesty and that is what is expected from you. Dishonesty devalues the connection we will have and will impact the accuracy of recommendations I make. If you do not feel that you can be honest, please state as such so the issue can be resolved or an appropriate referral can be made.

Communication Process

We will establish a communication process that works for us and takes into consideration risks and rewards. The process can include phone, email, texting, video conferencing or many other forms. The communication process will be worked out during the first session and may change throughout the process as we agree to change it together.

Statement of Understanding

I affirm, prior to becoming a client of the counselor named below, I was given sufficient information to understand the nature of counseling. This information included the nature of the counseling process, the professional identity of my counselor, possible risks and benefits of counseling, nature of confidentiality including legal and ethical limits, and alternatives to treatment. I have had all of my questions answered fully.

I have sought and do consent to take part in the treatment by the counselor named below. I understand and agree that the development of the treatment plan and regular review of progress toward meeting the treatment goals is in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this counselor.

I am aware that I may stop treatment with this counselor at any time and will only be responsible for payment for services rendered.

My signature below shows that I understand and agree with all of the above statements.

Minor Client: I affirm that I am the legal guardian of _____. With an understanding of the above information and conditions, I do grant permission for my child to participate in counseling.

Signature of client (or person acting for client)

Date

Printed Name

Signature of counselor

Date

Printed Name