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**Informed Consent**

Welcome, and thank you for considering me as a provider for your mental health and counseling needs.  This document is provided to inform you of my background and experience, and to apprise you of rights and responsibilities.

My education includes a master’s degree in Counselor Education and a bachelor’s degree in Psychology. I am a Licensed Professional Counselor, holding licensure through the Arkansas Counseling Licensing Board.

My experience includes working with adults, children, and families, either in-home or in outpatient settings.   Approaches and techniques which may be incorporated into sessions include those found in Cognitive-Behavioral Therapy (CBT), Adlerian theory, Attachment theory, Child-Parent Psychotherapy, and Client-Centered theories. I also typically utilize creative family history exploration, creative expression techniques, relaxation techniques, play therapy techniques, and others as appropriate.  At times, out-of-session homework assignments are given to assist individuals and families in applying learned skills in their own life situations. As one of a limited number of providers in Northwest Arkansas with training in Child-Parent Psychotherapy, I assist sufferers of trauma, abuse, neglect, and many other distressing experiences in improving functioning and healing relationships.  Additional experience includes training in Trauma-Focused Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing (EMDR).

As a licensed counselor, I adhere to the ethics of my profession and the legal standards set forth in the state of Arkansas as they pertain to client-counselor relationships. Reports for court situations will be written as requested and as appropriate (with additional fees), and I do not actively testify in court and/or custody issues without additional fees.

**Goals of Counseling**

My approach is to support my client(s) in identifying their own goals, while also assisting them in gaining insight to help them in overcoming barriers to their goals associated with progress and/or healing. I aim to help you explore and process emotions and concerns while I also create a supportive, therapeutic, and empathetic environment. At times, it will likely be necessary for me to challenge your perceptions and perspectives, but it is my intention to do so consistently with compassion and understanding.

It is my experience that change is a gradual process. Often, within the process of growing and/or healing there are times that are considered progress even though disruptions and/or discomfort may occur. Please keep me informed during these possible times of uneasiness, so I can help you manage the associated effects.

**Rights and Responsibilities**

Counselors may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

*You have the right to have what you say be treated confidentially, except in the situations described below.* Confidentiality refers to the ethical responsibility of a counselor to safeguard clients from the disclosure of information without their consent.    In the state of Arkansas, Licensed Counselors are also bound by ACA Code of Ethics, which means that I have a legal obligation to keep all our counseling interactions confidential.  I cannot reveal any of our counseling interactions without your written consent.

Your records will be kept for a period of at least 5 years unless other arrangements are made.  Confidentiality cannot be guaranteed if dealing with a collection agency, insurance company, or in electronic communications.  Also, consultation (without disclosure of identifying information) may occur among myself and other trusted mental health professionals.

*There are some exceptions when confidentiality must be overridden by other legal and ethical obligations, including:*

* *When a client poses a clear and present danger to himself or herself.*
* *When a client poses a clear and present danger to another person.*
* *When there is reason to suspect that a person under 18 years of age or an elderly person has been subjected to abuse, sexual abuse, or neglect. Such a case will be reported to the appropriate authorities as mandated by law.*

Counselors should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that counselors will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, counselors should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

Counselors should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether counselors disclose confidential information based on a legal requirement or client consent.

Counselors should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Counselors should review with client’s circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the counselor-client relationship and as needed throughout the course of the relationship.

*You have the right to terminate the counseling process at any time if you entered counseling voluntarily.*  I would ask that you inform me if you make the decision to end treatment and/or to seek counseling from another source.    I will provide contact information for other providers if you desire.

*You have the right to ask questions about your counseling process.*

*You have the right to be free of coercion or pressure.*   A counselor might challenge thoughts/behaviors/feelings during the counseling process, but this is to be free of coercion.

**Appointments**

In order to reach goals as set out between client and counselor, you are asked to make a commitment to keep scheduled appointments to assist the counseling process.  It is my ethical responsibility to discontinue treatment when a person is no longer benefitting from therapy, and it is difficult to make progress without regular attendance.

If you are unable to keep an appointment, please call or text 479-310-5821 as soon as possible.  A voicemail message can be left 24 hours a day. If a scheduled appointment is missed or cancelled with less than 24 hours’ notice, dependent on circumstances such as emergency situations, you may be billed for the missed appointment at a rate of $40.00.  Excessive late cancellations and missed appointments may lead to termination of services.

**Fees and Payments**

Fee for a standard 50-55-minute session is $175; 40-45 minute sessions are billed at a rate of $110.   Intakes and other extended sessions will have a fee of $250. Please note that written reports or other forms may be subject to an hourly fee (minimum of 2 hours), which will be discussed if such a request is made.

Payment is requested at the time of services and may be made by cash, check, money order, credit card, unless prior arrangements have been made.   A receipt for payment will be provided if you desire. If for some unforeseen reason an account is unpaid after 60 days, interest at the rate of 15%, compounded monthly, will apply.   Default payments may be sent to a collection agency, at which time confidentiality cannot be guaranteed.

For clients choosing self-pay (not billing insurances), a sliding scale fee rate is available (ask for fee agreement).

In the case of minor client(s), parent or guardian is responsible for payment of services.

If a court appearance or report is demanded, a charge of $200 per hour will be applied and must be paid in full prior to said court date.

**Emergencies / Crisis**

If you need immediate attention in an emergency situation call 911 or go to the emergency room of the nearest hospital.   In the event of a crisis, you may call my number – 479-310-5821 – and leave a message; I will return your call as soon as possible.  However, please take necessary steps to ensure the safety of yourself and others.

**Additional information**

By signing this, you are acknowledging the following statements:

*I authorize the release of information necessary to process collection of payment.*

*I represent that I have the legal authority to obtain counseling for my minor children and will provide documentation to the counselor for verification of that authority, if applicable.*

*I understand that I am financially responsible for payment in full for all services rendered through Lehner Counseling Services, LLC, at time of service unless other arrangements are made.*

*I understand that further treatment may be limited if I fail to fulfill my financial responsibilities to Lehner Counseling Services, LLC.*

*I understand that, as outlined above, missed appointments are subject to fees and excessive missed appointments may lead to discharge from services.*

*I understand and agree that I am responsible for my own actions, therefore, I will not hold the counselor liable, nor will I hold any of the professionals or the landlord at this location liable.*

*By signing below,* you are indicating that you have read this carefully (or have had it read to you), fully understand what is being presented, and *agree to the terms listed above*.

Client (Printed name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client (Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client requested & received a copy:  \_\_\_\_ Copy offered but declined: \_\_\_\_