

Informed Consent for Psychotherapy

General Information

The therapeutic relationship is a unique and highly personal contractual agreement. This consent provides a framework for our work together by managing expectations and understanding how our relationship will work. Feel free to ask questions and discuss any or all contents of this Informed Consent with me and any point during our therapeutic relationship.

The Therapeutic Process

The Therapeutic Relationship is unique, personalized, empathic, and genuine in nature with boundaries designed to protect your privacy and confidentiality to create a safe space in which you can explore and process the experiences for which you are seeking help.

Benefits and Risks: While a therapeutic relationship can offer many benefits, the process can also involve emotionally “messy” feelings and dysregulated nervous system states, in which you (and/or yours involved) may feel worse before feeling better. Your abilities and/or willingness to admit, accept, explore, reprocess, integrate, and reintegrate all experiencing in this process, and to be vulnerable with yourself, me, and others, may determine your pace and ability to accomplish your therapeutic goals. This process often includes uncovering unhelpful thought patterns and stirring difficult feelings, and there are no miracle cures or ways to “fix-it.” I cannot promise your behavior(s) or circumstance(s) will change, and I can promise to help you better understand your nervous system and parts-of-self and develop skills to increase resiliency and heal. My reflections, hypotheses, and input may or may not fit for you, and we can learn just as much from what does not fit as to what does. Conflicting parts of self may leave you wondering whether therapy is helping and worth your time, money, and effort, which we can discuss openly at any time. I encourage your honest and open communication and will check-in periodically with whether and/or how this process is working for you.

Treatment Options: In addition to individual sessions with me, you have options for other services I offer, including group therapy, consultations, and coaching programs. Additional treatments and services provided by other professionals include but are not limited to group therapy, coaching programs and workshops, consultations, alternative treatments, or medical options with a physician or other appropriate prescription providers. If you are interested in any of these options, I will try to help you find referrals.

Referrals: Throughout this informed consent, when discussing referrals and/or possible transfer to other professionals, please know I will always try to help you find referrals. Please also know, however, these referrals may not have availability or feel their scope of practice is appropriate, and/or they may have an undetermined wait list before you can be seen. I will do my best to help you, you but given post-pandemic supply and demand issues I cannot guarantee these options.

Goals and Treatment Planning: At intake we will discuss your goals and treatment options, and I will develop an initial treatment plan. Over the first few sessions we will monitor and modify your plan until we come to a mutual agreement. Throughout treatment we will continue to monitor your goals and modify treatment as needed, and you may change your goals at any time. If there comes a time when you or I feel my training and experience is not in your best interest, or if your goals are changed to realms outside of my scope of practice, we may discuss referrals and possible transfer to other professionals.

Integrity of the Therapeutic Relationship:

Dual-Relationships: To protect the therapeutic relationship, we will try to avoid what is called dual-relationship, which includes any spectrum from social to business relationships in addition to our therapeutic relationship. Because we live in a small town, however, these may be unavoidable. As they may arise, we will discuss potential impacts and decide together if you or I feel dual-relationship can be avoided, or if you or I decide referrals and/or transfer to other professionals seem warranted.

Couples and Family Therapy: With couples and parent(s)-child/family counseling, it is important to protect the integrity of working as a unit and avoid working with members on an individual basis, and vice-versa. As a result, I may provide referrals for individual clients who desire couple or parent(s)-child/family counseling, and for couple and parent(s)-child/family clients, I may provide referrals for members who want individual counseling.

Counseling versus Consulting or Coaching: In addition to licensed counseling work with individuals and groups in Montana, I provide other consultation/coaching and support groups, including Permission to be ADHD.com and DementiaCaregiversNetwork.com. At some point, either prior to, during, or following our therapeutic work together, you may find these communities more beneficial than individual and/or group therapy. If this is the case, please note your benefit is my top priority and the choice is 100% yours however, understand and agree that joining a community will create dual-relationship between us and we must terminate any current and/or future therapeutic relationship. If you wish to continue therapy, I will try to help you find a referral for a new therapeutic relationship and you can continue to work with me as a community member, but again that will terminate our ability to engage therapeutically.

Social Media Sites: With therapy clients, I do not accept friend or contact requests from current or former clients on my personal Facebook, LinkedIn, Instagram, Twitter, or other social media platform pages. Having therapy clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy by entering dual-relationship, and thus will blur the boundaries of our therapeutic relationship. For my Group Coaching and social media accounts, I will accept contact requests from current and former clients as it pertains to group participation, and although we will be working in dual-relationship, we will still be working within professional boundaries and avoiding personal friendships.

Confidentiality

The session content and all relevant materials to your treatment will be held confidential unless you request in writing, through a Release of Information, to have all or portions of such content released to a specifically named person(s)/organization(s). Limitations of such client held privilege of confidentiality exist and are itemized below:

1. **Suicidal Threat/Intention:** If you seriously threaten or show intent to attempt suicide or engage in behaviors which have substantial risk of incurring serious bodily harm.
2. **Duty to Warn:** If you threaten or show intent to attempt grave bodily harm or death to another person(s), including exposure to HIV and other sexually transmitted infections (STI's).
3. **Suspected Abuse/Mandatory Reporter:** If I have a reasonable suspicion that you or another named person(s) are the victim of, perpetrator of, or observer of physical, emotional, or sexual abuse, as well as neglect, of children age 17 years or younger, or elderly and disabled persons.
4. **Subpoena:** If a court of law issues a legitimate subpoena for the information that is stated on the subpoena, which may include information relevant to court-ordered treatment.
5. **Government Agency or Insurance Audit:** If a government agency or insurance company conducts an audit of client medical records, medical necessity, payments, or other information.

Any disclosures made in these circumstances will include only the minimum necessary information for the particular purpose.

Minors: Age of consent without parental approval in Montana begins at age 16, which will require you to sign a Release of Information in order for me to discuss your information with your parents. If you are 15 years or younger, your parents may be legally entitled to some information about your therapy without you having to sign a Release of Information. I will discuss with you and your parents' or guardians what information may be appropriate to share and what may be more appropriate to keep confidential, which may vary on a case-by-case basis.

Consultations: Occasionally, I may need to consult with other professionals in their areas of expertise to provide the best treatment for you, but I will not use your name or other individually identifiable information. If I discover someone with whom I am consulting knows or can identify you, I will ask you to sign a Release of Information or, if you do not agree, ask that individual to leave the room and not participate in consultation if/when I discuss your case.

Out in Public: If we see each other accidentally outside of the therapy office, to protect your confidentiality and to avoid dual-relationships, I will not acknowledge you first. By my nature, as I often do with strangers, I may smile and say hello, but I will not stop to talk or initiate conversation. If you attempt to talk to me, I will be happy to speak briefly with you, but if you do not wish to acknowledge or speak with me, especially in an *introduce-me-to-your-friend* moment, please know this is appropriate and will not affect our work together or our therapeutic relationship.

Including Others in Sessions: For confidentiality, and to protect your therapeutic space, sessions are generally limited to the individual, couple, parent(s)/child, or family in treatment. In the event you want to include other individual(s) in a session, we will first discuss your reason(s) for inclusion and ensure you are aware of possible risks and implications. You will also have to sign a Release of Information before he/she/they will be able to join us.

Telehealth Counseling

Since Covid-19 and the increased requests for continued Telehealth Counseling (sometimes referred to as telemedicine, telemental health, telebehavioral health, or teletherapy), my work is now 100% online through my Zoom (or similar) virtual office. Telehealth is a broad term that includes consultation, treatment, emails, telephone conversations, and other exchange of medical information between a client and practitioner who are not in the same physical location using interactive audio, video, or data communications. I offer HIPAA-compliant, video-based Telehealth Counseling sessions to individuals who reside in Montana. Below are other important considerations for participating in Telehealth Counseling:

Appropriateness of Telehealth Counseling: Many aspects of Telehealth Counseling services will be similar to in-office services; however, it is not appropriate for every client, and may be contraindicated in certain situations. Should it become apparent you would be better served by a different type of therapeutic service (e.g. in-person, local treatment) due to any reason, including clinical and technological, we will discuss various options and I will request to see you in person or make referrals to other professionals in your area. Therapeutic services are only offered to clients residing in the state of Montana.

Considerations for Telehealth Counseling: Although there is research suggesting Telehealth Counseling treatment outcomes are similar to in-person treatment outcomes, this is an emerging field. It is not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized. There are some differences inherent in Telehealth Counseling vs. in-person counseling services:

- There are ways in which technology issues may impact Telehealth Counseling. For example, technology may intermittently or completely stop working during a session, our privacy could be compromised, or stored data could be accessed by unauthorized people or companies. I will do my best to assess and mitigate these risks to the extent I am able by using HIPAA-compliant software for this service and following best practices emerging in the area of Telehealth Counseling.
- You will be responsible for maintaining privacy on your end of communication. This includes securing a space that is private, quiet, and where you will not be interrupted through the duration of our session; taking measures to ensure our conversation will not be overheard; and fully exiting the program following our sessions. You should use your own computer or electronic device for our sessions, and not a public device or one belonging to an employer. Using a device that is not your own could compromise your privacy significantly.

- You will need to be familiar with using the software I use (currently Zoom). We may occasionally need to use some time in our sessions to resolve technological issues, and you should have access to a phone in the event of connection difficulties. If technology problems become an unresolvable barrier to using simultaneous audio and video for sessions, we may need to terminate Telehealth Counseling treatment. I may recommend in-person treatment with me or refer you to another provider.

Emergency Situations for Telehealth Counseling: Telehealth Counseling is not appropriate to use if you are experiencing a crisis or are having suicidal or homicidal thoughts and need immediate care. In our initial work together, we will discuss options available in your area should you need a higher level of care or immediate intervention. In the event of a life-threatening crisis, you agree to call 988 for the National Suicide Prevention Lifeline or call The Bozeman Help Center at 406-586-3333. You may also call 911 or go to the nearest emergency room. Because I cannot guarantee availability, do not seek consultation from me via the video-conferencing software we are using for sessions (currently Zoom), or through my phone, text, email, or social media accounts. You may contact me via phone, text, or email to schedule an unplanned follow-up session, but again note I cannot guarantee immediate availability. Also, please note in the event of disruption during a telehealth session in which I do not hear immediately back from you and/or I suspect danger to yourself and/or others, understand and agree I will contact your local police for a well fare check on your current address on file.

Telehealth Rates and Insurance: My rates for Telehealth Counseling sessions are equivalent to in-person sessions. Please note your insurance plan may treat Telehealth Counseling sessions differently than in-office sessions, resulting in different deductible, copay, or coinsurance determinations. Please see my *Insurance Information & Approval* form for assistance in calling your insurance provider to learn more about your benefits and see my Practice Policies for details on being 100% responsible for payment of all invoices not covered by your insurance.

Initiating Telehealth Counseling Sessions: The link for my Telehealth Sessions remains the same for each week, which is currently www.Zoom.us. Simply go to Join, then Join Meeting with Meeting ID 406 219 5600, which is my phone number, and type the passcode Change. If you are using a phone or pad, you'll first need to download the Zoom app. At your scheduled appointment time, simply click on this link or type in my number and then wait in my waiting room until your session begins. You may tText me if there is a problem. .

About the Counselor

Credentials: I hold a Master of Arts in Speech Communication, as well as a Master of Science in Health & Human Development with an emphasis in Marriage and Family Counseling. I hold a Licensed Clinical Professional Counselor (LCPC) license in the State of Montana, and a National Certified Counselor (NCC) designation from the National Board of Certified Counselors.

Continuing Education, Training, and Supervision: Continuing education is required to maintain licensure, and I value further training on treatment modalities. These opportunities may include supervision of my work by other mental health professionals, as well as audio or video

recordings of sessions to facilitate professional growth. In these events, I may ask you to sign a Release of Information and/or Permission to Record session(s) to allow me to share my work in supervision. Supervisors are also bound to confidentiality, and focus is on my training rather than your concerns. Please note you do not have to agree, and your denial will not affect our work together or our therapeutic relationship.

Therapeutic Foundations: My foundational conceptualization of cases and approaches to helping stem from Gestalt Psychotherapy, which involves how we engage with our environments and others through different parts of self-experience in effort to satisfy our wants and needs. We often grapple with conflicting parts of self and are thus left with partial access to our full experiencing and expression. This, in turn, limits our abilities to stay fully present and integrated with all our parts of self so we can process and regulate our emotions and make well-informed decisions. I plan to complete my Somatic Experiencing Practitioner certification this December 2022 with www.TraumaHealing.org, and I'm a Registered Yoga Teacher - 200 Hours with www.YogaAlliance.org, a Grief Recovery Method Specialist with www.GriefRecoveryMethod.com, and a Polyvagal Informed Practitioner with www.PolyvagalInstitute.org. Others on whom my lenses rely include: Brene Brown, Kristen Neff, Pia Mellody, Jeff Brown, Sheila Rubin, David Bedrick, Ariel Schwartz, EmbodyLab, Rob Bell, Ann Weiser Cornell, and Unyte ILS for the Safe & Sound/Focus Protocols. These ebb and flow so feel free to discuss with me.

Talk, Somatic, Movement, and Touch Therapies: I tend to begin the therapeutic relationship with talk therapies in order to gain information, get to know your wants, needs, and goals, and create a treatment plan. At our earliest convenience, however, when pacing and timing are right for you, we will transition into more Somatic, or body-based, therapies including exploring physical sensations, movement to pair experiencing to meaning, yoga and meditation, self-touch/self-compassion practices, and, if in person, consensual therapeutic touch techniques.

Lapses in treatment: While I will remain committed to showing up on time for our pre-scheduled appointments and will expect you to do the same and abide by cancellation and no-show policies as delineated in my Practice Policies, there are times I will be unavailable to meet. Some of these times will be communicated in advance with adequate notice, and some may be unexpected and unavoidable. Some may occur last-minute with or without options to reschedule, and some may last for extended periods of time. These include but may not be limited to vacations, holidays, professional trainings, and other personal reasons, as well as illnesses, emergencies, or other unanticipated and unknown factors. In such cases, in case of crises you will have access to Bozeman's Help Center at 406-586-3333. I also may provide referrals to other mental health professionals for coverage while I am away, or for transfer of treatment to other professionals.

Court appearances: Other than limits to confidentiality mentioned above, if you or someone that involves you asks me to be a witness, give testimony, or take other actions on your behalf for lawsuits, depositions, trials, mediation, or other purposes, I will deny such requests without a subpoena. My training does not explicitly include expert testimony or other legal activities, and participation may violate your right to confidentiality. While we can explore how participation in legal activities may be impacting your life, counseling process, and therapeutic progress, please

refer to legal counsel or trained expert witnesses for these other legal purposes. If you want me to speak with your lawyer or witness or other person(s), a Release of Information must be signed; however, I still may decline the request.

Consent to designate: In the event I become incapacitated or die, I may have designated a specific person or mental health clinic to take over your medical record and help you transfer to another professional. This person or clinic may contact you to inform you of my status, and may, within their scope of practice and under similar terms outlined above, honor your confidentiality.

Acknowledgement of Understanding and Agreement

Thank you for reviewing this Informed Consent and taking time to understand our agreement for working together. If you ever have questions or concerns, I invite and encourage you to speak with me about it. I look forward to working with you.

YOUR DIGITAL SIGNATURE IN YOUR CLIENT PORTAL AT THERAPYPORTAL.COM INDICATES YOU HAVE READ AND UNDERSTAND THIS AGREEMENT, AND THAT YOU AGREE TO ITS TERMS. IT ALSO SERVES AS AN ACKNOWLEDGEMENT YOU HAVE RECEIVED AND UNDERSTAND THE HIPAA NOTICE DESCRIBED HEREIN.