**Healing Journeys Counseling LLC**

**Kelly Carlson MC, LPC, NCC (480) 734-7870**

**2929 N. Power Rd. suite C3 Mesa, AZ 85215**

**15821 E Kim Dr Fountain Hills, AZ 85268**

Thank you for your trust and participation in working together as a team in your mental health goals. A brief summary of my credentials as a therapist are as follows: earned Bachelor of Science degree California State University in 1990. Masters degree in Community Counseling University of Phoenix in 1998. Licensed by the State of Arizona Board of Behavioral Health in 2004. License L.P.C. #10451. Training: Interned at Christian Family Care Agency 1997-1998. On staff at Christian Family Care Agency as a child/family therapist 1998 through 2015. Specialties include but are not limited to: mood disorders, grief and loss, low self-esteem, blended family issues and childhood sexual abuse. I am trained in EMDR therapy as one of the most effective treatments for healing trauma and past negative experiences. I enjoy working with adolescents as well as women’s issues, couples and families.

**Informed Consent for Assessment and Treatment**

**\_\_\_\_\_\_\_\_\_\_Purpose, limitations, and risks of treatment**.

Counseling, like most endeavors in the helping professions, is not an exact science. Instead, it calls for an active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and outside of therapy sessions.

EMDR can bring up past events.

While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, therapy has also been shown to have benefits for people who actively participate. Therapy often leads to better relationships, solutions to specific problems, and reductions in feelings of distress. Therapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. There is no guarantee that therapy will yield positive or intended results. In the case of marriage and family counseling, interpersonal conflict can increase as we discuss family issues. Of course, the potential for a divorce is always a risk in marital counseling.

**\_\_\_\_\_\_\_\_\_\_Treatment process and rights.**

My treatment interventions emphasize a cognitive behavioral approach and generally will include “homework” assignments to help you meet your goals and accelerate progress. Your counseling will begin with one or more sessions devoted to initial assessment. Then we will work together as a team on a treatment plan early in your sessions with periodic review and reassessment of needs and revision of the plan. You have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal and withdrawal.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please schedule a time to discuss your concerns. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

I reserve the right to refer a client to another therapist or appropriate resource at any time if the client’s needs in therapy are not a good match for my skills or experience.

**\_\_\_\_\_\_\_\_Financial**

Our sessions are 50 minutes in duration and fees are payable at the time the service is rendered. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees.

**Currently, my fees are as following**

Initial Assessment- $165

Individual 50 minute session- $145

Couples/family/50 minute session- $155

90-minute session- $205.00 Insurance is billed/insurance co-pay is due at time of service

Agreed upon fee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per session Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Late Cancellation (less than 24 hours), NO SHOW- Full amount of the scheduled session is to be paid at next session.**

I accept CASH, check only, no credit cards are accepted.

Other professional services, (e.g. telephone sessions or coaching sessions, report writing, coordination with other professionals, preparation of records or treatment summaries will be billed at $145 an hour in 15 minutes increments. Legal services, (e.g. court appearances) and associated travel time will be billed at $175 per hour.

**Your time has been reserved for you. 24 hours notice is required for cancellation or you will be charged the regular session fee. Upon scheduling first appointment then no show, to reschedule will incur a $100 fee.**

**\_\_\_\_\_\_\_\_\_Insurance**

I am contracted with several insurances, however, you will need to confirm the coverage with your insurance provider since each plan is individualized and I do not directly work for any insurance company. I have no control over any insurance company’s decision for payment or reimbursement. If you are using one of these plans to pay for your treatment, the terms that govern the plan will apply (i.e. co-payments, deductibles, insurance filing, etc.). In all cases payment for services is ultimately the responsibility of the client, not the insurance company.

In the event that your insurance company will not authorize additional sessions or you exhaust the sessions that your insurance will provide, you understand that you will have to pay for the additional services rendered.

Using a third party to pay for the counseling implies that some information will be released in order to obtain payment for the services. Please see the *HIPAA NOTICE OF PRIVACY PRACTICES* for more information.

* **I understand that I am responsible for the payment of my counseling services received, should my insurance fail to reimburse Healing Journeys Counseling LLC.**

Client Signature: Date:

**\_\_\_\_\_\_\_\_Social Media, phone message.**

Due to professional counseling ethical practices and an inability to insure confidentiality I do not communicate via social media unless, the communication has been authorized by you below for each media.

\_\_\_\_\_\_\_text reminder/scheduled appointment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_phone message phone number to leave message\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contacting me**

My practice **does not** have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local crisis hotlines (Empact – 480-784-1500 or Magellan – 602-222-9444). Established clients with an urgent need may call me, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

**\_\_\_\_\_\_\_\_Appointments**

Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. Further, appointments canceled at the last minute are very detrimental to my practice. Therefore, we ask that you notify us a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel.  ***You will be billed for appointments you fail to cancel in accordance with this policy. Currently, the fee billed for this is your determined and agreed upon session fee. Repeated late cancellations or missed appointments may result in termination of treatment. In addition, if you arrive more than 15 minutes late to an appointment I can not bill the insurance company for a full session and you will be expected to make up the difference. Please note that these are personal financial obligations that you are responsible for; not the obligations of your insurance company.***

**\_\_\_\_\_\_\_Privacy and Confidentiality**

In general, the law protects the privacy of all communications between a client and a psychotherapist, and we can only release information about our work to others with your written permission. **There are a few exceptions to confidentiality:**

• **Court order exception**

• **Child or vulnerable adult abuse exception**

• **Danger to yourself or others**

• **If a lawsuit or board complaint is filed against me**

If I am required to disclose confidential information, I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of our client. The consultant is also legally bound to keep the information confidential.

**Records**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records or we can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I will review them with you in my presence so that we can discuss the contents, then you will be provided a copy or a summary at your written request. My fee for Records Review is **$155.00 per hour**. If you would like to review your records at anytime please speak me to schedule an appointment designated for this purpose. If you choose to review your records without me, you will need to sign a consent to receive records without review and against your therapist’s advice. Records requests will be honored within 10 business days of written request.

The *HIPAA NOTICE OF PRIVACY PRACTICES,* included in this packet of information, details the considerations regarding confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so. Periodically, the *HIPAA NOTICE OF PRIVACY PRACTICES* may be revised. Any changes to these privacy practices will be posted in my office, but you will not receive an individual notification of the updates. ***It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.***

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| **Initials** | **I have read the *HIPAA NOTICE OF PRIVACY PRACTICES*, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the *HIPAA NOTICE OF PRIVACY PRACTICES* is incorporated by reference into this agreement.** |

I \_(parent print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give consent for (child print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to be treated by Kelly Carlson of Healing Journeys Counseling LLC.

In case of a minor child, please specify:

Full name of minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent or Guardian Date

Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in this consent document and the *HIPAA NOTICE OF PRIVACY PRACTICES*. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided.

Client Signature: Date:

For office use only - verification that client has read and understands informed consent document

Therapist: Date: