Trish **McCoy LCPC CHT NCC**

Informed Consent for Treatment

Introduction- Thank you for allowing me to enter into this professional counseling relationship with you. The role I take in your therapy process, what we talk about, what I do in our sessions together, what I suggest you do or think about outside of sessions, will depend a lot on you and about the feedback you give me as we progress relating to your preferences and your goals. I hope to enjoy a very meaningful and effective working relationship with you, however if you feel uncomfortable about anything that occurs within the counseling environment, please discuss this immediately with me. I look forward to working with you. If you have any questions about this document, I will be happy to answer them for you.

About the Counselor

Credentials - Bachelor of Arts degree in Education from the University of Montana, minor in Special Education, Master of Education degree in School Counseling, licensed clinical professional counselor, certified hypnotherapist, EMDR trained, nineteen years working with at-risk adolescents in the school environment, two years working with juvenile and adult offenders at the Gallatin Co. Detention Center, knowledgeable in the areas of special education and 504 law, co-taught graduate counseling classes at MSU-Bozeman, supervised graduate counseling students, specializing in working with at-risk adolescents, group, or relationship issues, phobias, habits, and personal introspection.

Licensing Regulations - Licensed Clinical Professional Counselor. Licensed through the State of Montana, Department of Labor and Industry, Board of Social Work Examiners & Professional Counselors, 301 South Park, P.O. Box 200513, Helena, Montana 59620-0513, (406) 841-2369. Certified in hypnosis through N.A. T. H. (National Association of Transpersonal Hynotherapists), P.O. Box 249, Goshen, VA 24439, 800-296-6463. Nationally certified counselor through NCC.

Ethical Guidelines - Adherence to the ethical code as developed by the American Counseling Association is strictly enforced. To obtain a copy of this guideline, log on to www.counseling.org. The guidelines can be located under the "resources" heading. To phone for the ACA ethical guidelines, call (800) 422-2648. Or they can be available by written request to: ACA, 5999 Stevenson Avenue, Alexandria, VA 22304.

About the Counseling Process

Counseling Approach/theory - The primary approach used in therapy will be that of individual psychology. This approach is based on a holistic perspective and recognition that, for proper understanding, behavior must be considered in context. Two constructs underlying this theory involve that of social interest and faulty lifestyle. Other therapies utilized are: cognitive-behavioral, the belief that altering our ways of perceiving can alter the emotions, RET (rational emotive therapy), this challenges self-sabotaging beliefs by examining previously unexamined belief systems, and Gestalt therapy, places an emphasis on a positive view of nature, or human potential, a theory of perception. Techniques may involve visual imagery with permission of the client or hypnotherapy upon request.

Voluntary Participation - Participation in therapy is entirely voluntary and the client may terminate at any time with no penalty.

No Guarantees - Ultimately, each of us is responsible for our individual growth and change, which usually occurs as a process over time, rather than as finite events. Your active participation in your therapy is essential in order for it to be effective. The results of therapy cannot be guaranteed because they depend on so many varied factors. The openness, honesty, and motivation of the client are at least as important as the therapist's skills.

Risks Associated with Counseling - Therapy can be a difficult process which requires the changing of long-standing belief systems, behaviors, and patterns of relating and communicating. Changing our way of being in the world sometimes makes if feel like things are getting worse before they get better. Risks might include experiencing uncomfortable levels of feelings like sadness, anxiety, guilt, anger, or frustration.

Length of Therapy and Termination - The length of therapy will be agreed upon between the client and the counselor, unless limited by third party payment. If limitation becomes an issue, the counselor will direct the client to an alternative source, which operates at reduced rates.

Interruption in Therapy - If an interruption in therapy occurs due to unforeseen circumstances, the client will be notified in a manner they deem appropriate. Please indicate on the line below how you choose to be contacted should an interruption in therapy occur;

_____

Counselor Involvement - Each session will last between 45 minutes to 1 hour in length. You will be provided with a receipt for payment after each session. Please call ahead of time if you think you will be late for a scheduled appointment. No shows will be billed for an entire session.

Client Involvement - The client is expected to be an active participant in the therapeutic process. This includes openness, honesty, self-disclosure, and a willingness for the participation of other involved parties.

Rights and Responsibilities of the Client

Confidentiality and Privilege - The client's personal information and information shared in the counseling session will be handled as confidential. Confidential and privileged information will be released to a third party upon the written consent of the client. Collegial consultation may be nessacary at times, However identities will not be revealed.

Exceptions of Confidentiality and Privilege - The exceptions to confidential and privileged information are the following: the threat to self or others (suicide ideation, self-harm or self-mutilation) and/or the disclosure of an unreported abuse situation.

Counseling and Financial Records - Counseling records are maintained in a locked file for up to 7 years. Upon termination of the 7 years, attempts will be made to contact the client to procure the records. Failure to make contact will result in the destruction (shredding) of the records.

Fees and Charges - A fee of $130 is assessed for each therapy session. Hypnosis sessions are temporarily suspended. Payment is expected upon completion of each visit unless insurance is billed. A receipt will be available for the client to submit to their insurance company for reimbursement.

Responsibility for Payment - The client is financially responsible for each counseling session unless the client is under the age of majority in which case the custodial parent(s) is responsible for payment. Delinquent accounts will be assessed a 15% late fee for each 30 day period of delinquency.

Disputes and Complaints - It is believed that most complaints can be managed between the client and counselor. However, if satisfaction cannot be obtained, the client may write to the Board of Social Work & Professional Examiners at the address above to file a formal complaint.

Responsibilities of the counselor

Colleague Consultation - In order to provide quality care, I may consult with other therapists. Every precaution will be taken to protect the identity of the client. No fee is assessed for this consultation.

Dual Relationship - The counselor has a policy of not socializing with clients as this may jeopardize the professional, working relationship. If the client and counselor meet each other in a public setting, the client has the choice of acknowledging the counselor. No gifts will be accepted from clients.

Closing Statement - I have read the information above with the counselor. The counselor discussed each of the items and I understand the information that is contained in this document. I give my consent to the terms of this document and agree to enter into a counseling relationship.

Client's Signature:

_____

Date _____

Parent/Guardian Signature: (If client is a minor)

_____

Date _____

I have discussed and explained the above information with the client.

Couselor's Signature:

_____

Date _____