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INFORMED CONSENT FOR PSYCHOTHERAPY SERVICES AND OFFICE POLICIES

Welcome! I look forward to working with you. I know that starting therapy is a major decision and you may have many questions. The purpose of this document is to inform you about my counseling services and business policies. Please read this agreement very carefully. The Arizona State Board of Behavioral Health Examiners requires that I obtain your signature acknowledging that I have provided you with this information. You may ask questions about any of these procedures at any time. When you sign this document, it also represents an agreement between us. You may revoke this agreement or any other agreement at any time. You will need to submit your revocation to me in writing either in person or by certified mail.

COUNSELING SERVICES:

The purpose of treatment is to help clients resolve issues they have not felt successful in resolving on their own. Therapy is most likely successful when clients diligently pursue and complete established goals. The length of treatment depends upon the clients individualized treatment plan. Clients need to feel comfortable with their therapist as well as their therapist's treatment methods. Depending on a client's needs, different methods of therapy may be used.

I have a master's degree in professional counseling and am licensed by the State of Arizona's Board of Behavioral Health Examiners. I am also certified by the National Board of Certified Counselors. I am an integrative psychotherapist. Generally, this means that I utilize and have been trained in a number of treatment approaches including: Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Emotionally Focused Therapy (EFT) Dialectical Behavioral Therapy (DBT), Mindfulness Based Stress Management, Internal Family Systems, and Reality Therapy/Choice Theory (RT/CT). This allows me to tailor your therapeutic experience to what will likely best suit your individual needs. I provide counseling and consultation to adults, adolescents, couples, families, and groups.

Together we will develop a personal treatment plan that outlines the major issues you wish to address. With this plan, we will see what combinations of approaches will be most beneficial in helping you best reach your goals. Upon reaching your goals, I ask that you participate in a closing session to review your accomplishments and also allow

time for me to assist you in identifying any support that might help you to maintain and enhance your growth in the future.

You are expected to actively participate while working collaboratively with me to achieve your goals. You have the right to participate in important treatment decisions as well as in the development of your treatment plan. Periodically, we will review and revise your plan to keep up to date with your current situation. Therapy is most successful when clients are willing to work diligently on their personal treatment plan in between counseling sessions. Thus, you may be asked to complete “homework assignments.”

Therapy can have its benefits and its risks. It often involves discussing things that can be painful and you may also experience unpleasant feelings, such as: sadness, anger, guilt and loneliness. The benefits associated with working through unpleasant feelings includes promoting healing, growth and lasting positive change. Benefits may also include, but are not limited to: happier-healthier relationships, a more positive self-image, a sense of wellbeing and solutions to problems. However, there are no guarantees what your experience will be.

The first session is a consultation and also the beginning of our journey together. The exploratory process may take a few sessions to complete. I will hear what you hope to gain from therapy and will also answer any questions you may have. I will share initial thoughts and a preliminary treatment plan. If I do not believe I am the appropriate person to be working with you, I may offer you the names of other counselors. If you do not believe that I am the right person for you, please do not hesitate to say so. Therapy often requires a significant amount of time, money and emotional energy. It is important for you to feel comfortable with me. Please feel free to ask any questions you may have.

You have the right to refuse any recommended treatment at any time throughout the therapeutic process. If you are uncomfortable with any treatment recommendations, please let me know immediately. Should you choose to end your therapy prior to meeting our goals it is recommended that you schedule a closure session with me.

With the exception of circumstances that involve danger to yourself and/or others, or if others have supplied information confidentially, you may examine and/or receive a copy of your clinical record (**This does not include process notes taken during session**). Your request will need to be in writing. Because these are professional records, they can be misinterpreted and/or upsetting to the untrained reader. For this reason, it is recommended that you initially review them in my presence, or have them forwarded to another mental health counselor so you can better discuss the contents. You may be charged a \$.20 per page copying fee. If the copying of the records lasts longer than 5 minutes, there will be an additional charge of \$3.00 for every 5 minutes of time to copy the requested records.

PROFESSIONAL FEES/APPOINTMENTS:

- Therapy Sessions: 45-50 Min – \$165.00
- Therapy Sessions: 80-90 Min – \$245.00
- Longer or shorter sessions will be billed in 15 minute increments.
- In addition to weekly appointment, I charge a \$150.00 per hour rate in 15 minute increments for other professional services you may need. These services may include, but are not limited to: Report writing, correspondence, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and time I spend performing other professional services.
- If you are involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including participation and transportation costs (even if another party requires my attendance). I charge a minimum of \$450.00 per hour for my time in any matter associated with any type of legal proceedings.

CANCELLATION OR LATE ATTENDANCE OF APPOINTMENTS:

Your therapy session is reserved for you. Please give 24-hour notice of cancellation otherwise you will be charged the full fee for the therapy session.

Should you arrive late to your appointment, you will still be charged for the full session and the session will still end on time.

OFFICE HOURS & CONTACT INFORMATION:

I am available for sessions most weekdays and have limited hours on evenings and weekends. My office number is: 480.427.3553. You can leave a confidential voicemail regarding scheduling/billing on this number during the day or after hours and your call will be returned as soon as possible.

My email is not to be utilized as a mode of communicating with me about important clinical matters.

In the event of a psychological emergency, and you are unable to wait for me to return your call, please contact the **CRISIS HOTLINE at 602.222.9444 or call 911.**

In the event of a medical emergency or a life-threatening situation, please call, 911, or go to the nearest emergency room immediately.

Minors: Parents/Guardians and minors please read carefully.

- If you are under 18, specific details of our communication will remain confidential; however, your parents do have a right to your medical records.
- It is my policy to request that parents agree to give up access to your records (If they agree, I will provide them with only general information about our sessions, unless I feel that there are safety concerns, particularly if I feel there is a high risk of you harming yourself or others)
- Prior to presenting parents with any information, I will discuss the particular matter with the minor and, if possible, I will try my best to resolve any objections.
- However, I will provide parents with a verbal summary of your treatment when it is at their request.

CONFIDENTIALITY: In general, the privacy of all communication between my clients and me is protected by law. I can only release information about our work to others with your written permission, with a few of the following exceptions:

- **Legal Proceedings:** In many legal proceedings, you may have the authority to prevent me from providing any information regarding your treatment.

In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony.

- **PROTECTION FROM HARM:** There are certain situations where I am legally obligated to take action without your permission to prevent others from harm.

If I believe a child, elderly person, or disabled person is being abused, I am required by law to file a report with the appropriate agency.

If I believe a client is threatening serious harm to another, I am required to notify the potential victim, the authorities, and/or seek the client's hospitalization.

If the threat of harm is to oneself, I may seek hospitalization or contact family members or others who may help provide protection.

- **Professional Misconduct:** I am obligated to disclose information regarding unprofessional conduct by another behavioral health professional.
- **Disease Risk:** I am justified in informing an identifiable third party of the risk of contagious or fatal diseases.

CONSULTING WITH OTHER PROFESSIONALS: On occasion I may find it helpful to consult other professionals.

- Such consultants are generally legally bound to keep information confidential and every effort is made to maintain your privacy and anonymity.

TERMINATION OF SERVICES: Please read the following information carefully:

- Participation in psychotherapy is voluntary and collaborative; however, both you and I have the right to terminate the services at any time during the duration of treatment.
- After 30 days with no contact from you, I consider my services terminated.
- After termination, our professional relationship may be renewed should we both agree to do so.

ACCEPTANCE OF TERMS:

I/We have read and understand the above information and consent to receive services as described above from Naomi Berry, MC, LPC.

Signature: _____ Date _____

Signature of second person: _____ Date _____

CONSENT TO TREAT A MINOR:

I/We, the parent(s) or guardian(s) of _____ have read and understand the above information and have discussed all aspects of informed consent with Naomi Berry, MC, LAC. I/We consent that _____ may be treated as a client by Naomi Berry, MC, LPC.

Signature of parent/guardian: _____ Date _____

Signature of parent/guardian: _____ Date _____

By:___ Parent___ Guardian