



Modern Wellness Psychotherapy & Healing

333 North Dobson Rd Suite 5, Chandler, AZ 85224

480-280-8888

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(#16586)

INFORMED CONSENT FOR PSYCHOTHERAPY FOR MINORS

Disclosure Statement and Client Information

Welcome to Modern Wellness Psychotherapy & Healing. We are honored to have you here. Clients seek therapeutic services for a variety of reasons, and it can sometimes be an intimidating process. We look forward to collaborating with you to offer support and guidance on your journey.

The purpose of meeting with a therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parent, guardian, doctor or teacher had concerns about you. When we meet, we will discuss these problems. Your therapist will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to your therapist about the issues that are bothering you. Sometimes these issues will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, your therapist will keep the information you share with me in our sessions confidential, unless I have your consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information in a therapy session.

This document includes information about your legal rights as a therapy client. Both State and Federal law require that you are provided with this information intended to

assist you in making informed choices as you begin your therapy. Because you have the legal responsibility to choose a clinician and an approach to therapy that are most appropriate for your needs, you will also find information regarding our practice, background, services, fees and policies. If you ever have any questions about this information, please ask.

Background and Services

We offer psychotherapy, EMDR, DBT, and consultation services to individuals, children and families in the areas of grief, loss, trauma, anxiety, depressive symptoms, family concerns, adjustment to life changes, existential crisis, self-worth enhancement, parenting, and stress management. We work with adults, children, and families. Because our office does not have in-house psychiatric medication management or crisis services we do not work with serious mental illness, violent behaviors or personality disorders. If you present with these conditions, you may be referred to other professionals or programs that specialize in these areas. We reserve the right to refer a client to another therapist.

Associate Clinicians

Some therapy services at Modern Wellness Psychotherapy & Healing are provided by associate clinicians who are not yet independently licensed to practice psychotherapy by the Arizona Board of Behavioral Health Examiners. However, all associate clinicians do have a license to practice psychotherapy with appropriate supervision. All associate clinicians receive regular and ongoing clinical supervision by Heather Brosseau, LPC or an appointed contract clinical supervisor if Heather will be out of the office or is unavailable. This is to inform you that Heather has full and unrestricted access to all client records and files as required by the Arizona Board of Behavioral Health Examiners. She can be reached at 480-280-8888 or heather@mod-well.com. If you are receiving your therapy treatment from an associate clinician you will receive additional written notice to be signed and agreed upon.

Interns

Some therapy services at Modern Wellness Psychotherapy & Healing are provided by interns who have not yet completed their master's level program in Social Work or Counseling. All interns are contracted with their respective graduate level programs to receive regular and ongoing clinical supervision by Heather Brosseau, LPC or an appointed contract clinical supervisor if Heather will be out of the office or is unavailable. Individuals or families receiving services from an intern are limited to 6 sessions of services. Heather has full and unrestricted access to all client records and files. Heather can be reached at 480-280-8888 or heather@mod-well.com. If you are receiving your therapy treatment from an intern you will receive additional written notice to be signed and agreed upon.

Purposes, Limits, and Risks of Treatment

The majority of individuals, children and families that obtain treatment with psychotherapy & counseling services benefit from the process. Self-exploration, increasing affect tolerance, gaining insight, exploring options for coping, learning new skills, or sharing painful feelings/experiences are generally quite useful, but there are some risks. Psychotherapy & counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of psychotherapy is to reduce your distress through a process of personal growth, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of psychotherapy usually involves working through distressing personal issues that can result in some emotional or psychological pain for the client. Please understand that some people experience uncomfortable feelings and that exploring life issues may elicit feelings of unhappiness, anger, sadness, grief, guilt, or frustration. These feelings are difficult, but a natural and normal part of the psychotherapeutic process for growth. Further, addressing concerns that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

Treatment Process and Rights

Your counseling will begin with one or more sessions devoted to an initial assessment so that your provider can get a good understanding of the presenting concerns, your background, and any other factors that may be relevant. When the initial assessment process is complete, you and your provider will discuss ways to approach the concern(s) that have brought you into counseling and develop a treatment plan. *You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal.*

Privacy, Confidentiality, and Records

Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence.

The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons.

In addition, there are numerous exceptions to confidentiality defined in the state and federal statutes. Some of these limitations of such client held privilege of confidentiality exist and are itemized below:

1. If a client threatens or attempts to die by suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm. In other words, if you tell your therapist that you plan to cause serious harm to yourself or to kill yourself, and I believe you have the intent and ability to carry out this threat in the very near future, I must inform others.
2. If a client threatens grave bodily harm or death to another person. In other words, if you tell your therapist that you plan to cause serious harm or death to another person, and I believe you have the intent and ability to carry out this threat in the very near future, I must inform others.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you or others at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

For example, if you tell your therapist that you have tried alcohol at a few parties, your therapist would keep this information confidential. If you tell your therapist that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, your therapist would not keep this information confidential from your parent/guardian.

Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your

life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

In addition, our providers also participate in a process where selected cases are discussed with other professional colleagues to facilitate continued professional growth and to get you the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

In the event that group, family or couple's counseling are provided, information may be disclosed by the provider to another individual if it appears advisable for the treatment process. In such cases, the provider or practice will not be held responsible for breach of confidentiality. In addition, the provider or practice will not be held responsible for breach of confidentiality by other participants.

There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against your provider or the practice, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA NOTICE OF PRIVACY PRACTICES, included in this intake, details the considerations regarding confidentiality, privacy, and your records. This 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. You may request an updated copy at any time. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

It is imperative that you read and understand the limits of privacy and confidentiality before you begin psychotherapy services.

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Obtaining a copy of your records

In order to obtain a copy of your records you can directly contact your therapy provider at 480-280-8888 and request a copy. Your therapist will provide you with a Release of Information to complete after which your records can be released directly to you.

What to Expect from Our Relationship

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or religious functions. The purpose of these boundaries is to ensure that you and your provider are clear in your roles for your treatment and that your confidentiality is maintained. If there is ever a time when you believe that you have been treated unfairly, please talk with your provider about it. It is never the provider's intention to cause hurt to clients, but sometimes misunderstandings can inadvertently result in hurt feelings. Your provider intends to address any issues that might get in the way of therapy as soon as possible. This includes administrative or financial issues as well.

If you ever become involved in a divorce or custody dispute, you understand and agree that your provider will not provide evaluations or expert testimony in court. If you have reason to believe this may occur in the future, you should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) Your provider's statements will be seen as biased in your favor because of the individual therapy relationship; and (2) the testimony might affect the therapy relationship between yourself and your provider.

If you and your provider see each other accidentally outside of the therapy office, your provider will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance and your provider will not jeopardize that privacy. However, if you acknowledge your provider first, they will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

About Our Appointments

The very first time you meet with your provider, you will review your intake information together. In addition, you will spend the remaining session time discussing the challenges or concerns you are experiencing, history gathering, testing or questionnaires, and completion of forms. For this reason, 60 minutes is scheduled for this first meeting. Following this, you will usually meet for a 55-minute session once a week, or more or less often as you and your provider agree is appropriate. In addition, due to the nature of psychotherapy, there are times when intensive sessions are appropriate that extend over a span of hours. These will be scheduled in advance with appropriate preparation for the sessions.

Your session time is reserved for you. If you must miss your scheduled session, Modern Wellness Psychotherapy & Healing requires a 48 business hour notice at minimum. Appointments for Monday morning require cancellation by Friday morning at 8am of the prior week. This policy allows to open up your cancelled session spot for another client who may need it. Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency*), if you provide less than 48 hours notice for missing a session, you will be charged the full appointment/late cancellation fee of \$175 or your decided upon sliding scale fee* if you are meeting with an associate or intern. Consistent attendance is paramount to progressing in therapy.

Availability

Modern Wellness Psychotherapy & Healing does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to community emergency services (911) or to the crisis line (MMIC Behavioral Health Crisis Line, 602-222-9444). Established clients with an urgent need may contact their provider directly by phone or email, but an immediate response is not guaranteed. Modern Wellness Psychotherapy & Healing main line is: 480-280-8888. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation. Please note that email and text communication is not considered to be a secured form of communication, and therefore information shared over email or text message cannot be guaranteed kept confidential.

Generally, voicemails and emails are returned within 48 hours, unless received on the weekends, holidays, or while your provider is out of the office. You can always leave a message on your provider's confidential voicemail, and they will return your call as soon as possible.

Electronic Communication

Modern Wellness Psychotherapy & Healing cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, your provider will do so. While your provider will try to return messages in

a timely manner, an immediate response cannot be guaranteed. Therefore, we request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies.

Social Media Policy

Because of the nature of the therapeutic relationship, it is not appropriate for a client and therapist to have connections or to 'friend' or 'follow' one another through personal use of social media including, but not limited to: Facebook, Instagram, Twitter, Snapchat, etc. Due to the importance of your confidentiality and the importance of minimizing dual relationships, our providers do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. If you have questions about this, please bring them up with your provider for discussion.

However, Modern Wellness Psychotherapy & Healing has professional social media webpages that you are welcome to follow. Note that any information you share on any social media webpage of Modern Wellness Psychotherapy & Healing is not able to be kept confidential as it becomes public data. Any information that you share on the social media pages of Modern Wellness Psychotherapy & Healing is shared at your own discretion without liability to Modern Wellness Psychotherapy & Healing. Also note that Modern Wellness Psychotherapy & Healing will not respond to posts from clients on social media.

Termination Policy

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. Your provider may terminate treatment after appropriate discussion with you and a termination process if your provider determines that the psychotherapy is not being effectively used or if you are in default on payment. Your provider will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, your therapist will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons Modern Wellness Psychotherapy & Healing will consider the professional relationship discontinued.

Statement of Principles and Complaint Procedures

It is our intention to fully abide by all the ethical guidelines of the American Counseling Association and the Arizona Board of Behavioral Health Examiners. Problems can arise in the relationship with your provider, just as in any other relationship. If you are not satisfied with any area of your work with your provider, please raise your concerns with your provider immediately. Your therapeutic work together will be slower and more challenging if you not able to address your concerns. Your provider make every effort to hear any complaints you have and to seek solutions to them. If you have a complaint or concern, you have the right to contact the Arizona Board of Behavioral Health Examiners regarding your concern.

Missed Appointment/Late Cancellation Agreement

Appointments MUST be cancelled 48-business hours prior to the scheduled session time. When an individual misses an appointment, and has not called to cancel that appointment at least 48 business hours before the scheduled session time, this is considered a 'missed appointment'. The client will be responsible for the \$175.00 (or agreed upon sliding scale fee) for missed appointment/late cancellation fee for missed appointments. This payment will be due before that next appointment can be scheduled.

I have read and received a copy of this policy. I understand and agree with the policy that I will be responsible for the missed appointment fee before my next appointment will be scheduled.

Consent for Treatment and Evaluation

Consent is hereby given for my therapy provider at Modern Wellness Psychotherapy & Healing 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. I understand that I have the right to participate in treatment decisions as well as the development and periodic review and revision of my treatment plan. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this information. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this information. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Minor's Signature _____

Date _____

Parent Signature _____

Date _____

Parent Signature _____

Date _____

Witness Signature _____

Date _____