

1 INFORMED CONSENT FOR COUNSELING AND PSYCHOTHERAPY
ELIZABETH HARTSHORN, LPC
FULL CIRCLE COUNSELING & COACHING

I am licensed as a professional counselor by the Oregon Board of Counselors and Therapists. I also serve as a Board Member for the Oregon Board of Professional Counselors and Therapists. I have a Master's Degree in Counseling and a Bachelor's Degree in Psychology. I have had a great deal of training and supervision as a counselor. I am also a Certified Wellness Coach. I cannot provide therapy/counseling and coaching at the same time. It is important that you understand you are entering a counseling relationship with me, and if we discover coaching may benefit you, I will refer you to another life or wellness coach.

I prefer to primarily address counseling from a holistic and solution focused model. Holistic meaning addressing the whole life of the person, not just the problem they are seeking counseling for. This includes assessing one's health care needs, relationships, employment, spirituality, hobbies, activities etc. Solution Focused Counseling is specific to the chief complaint of the individual and is "here and now." It is orientated towards finding solutions and setting goals.

The goal of counseling is to reduce internal distress and problems in one's life. Some individuals may experience an exacerbation of problems or different problems in the course of counseling. These problems can increase anxiety, depression, sadness, sleep disturbance, intrusive thoughts, flashbacks, self-destructive or angry impulses, suicidal tendencies and problems in family relationships. In some situations, hospital care may be necessary.

Persons that are in counseling/therapy benefit from having a support system. Expressive activities such as exercise, art, writing and music are helpful in one's healing. Other treatment modalities such as family therapy, group counseling, 12 step groups and support groups, medication, natural and alternative healing modalities may be helpful. Referrals can be provided to help develop a support system at your request.

In most cases, therapy eventually improves a sense of well-being and one's relationships. In some cases you may obtain little or no benefit from therapy or become worse. It is not always possible to predict the outcome of an individual. Given this knowledge, the decisions to begin, continue or terminate therapy belong to you. You may opt for a second opinion at any time.

It is also important to consider if a genuine mental health issue is present and counseling/therapy is recommended, but not pursued, you may experience a worsening of symptoms and decrease in overall functioning.

Medical Concerns

I cannot recognize or diagnose medical conditions. It is recommended that you obtain a medical examination for you to determine any medical origins for your psychological problems, neurological disorders, endocrinological disorders, side effects of medication etc, Not being a medical doctor, I cannot prescribe medication but will refer you for psychiatric consultation if this appears to be indicated.

Assessment

Counselors and therapists must conduct both an initial and ongoing assessment to understand your psychological needs. It is essential that you cooperate by completing all forms requested. Please be completely open and honest about your symptoms and situations even if doing so may feel painful or embarrassing. I can only help you with your problems to the extent that you provide the whole truth.

Confidential Therapy

The content of your sessions will be held confidential. I cannot release any information, confirm or deny that you are in counseling without your written consent.

Confidentiality from Third Parties

Counseling and therapy is confidential from parties with important exceptions:

- 1) Information may be released to designated parties by written authorization of clients or legal guardians.
- 2) When you see reimbursement for therapy/counseling from insurance companies or other third parties, information, including psychological diagnosis, and in many cases, explanations of symptoms and treatment plans, and in rare cases, entire client records, must be provided to the third party. If health coverage is provided, employers may have access to such information. Insurance companies usually claim to keep psychological diagnosis confidential, but may enter this information into a national medication information data banks where it may be accessed by employers, other insurance companies etc. It may limit your future access to disability insurance, life insurance, jobs, etc. I can provide you with copies of reports submitted to insurance companies at your request. They are required by law to adhere to HIPAA regulations of confidentiality. If you would like more information about HIPAA, I will be happy to explain per your requests.
- 3) I am required to release information obtained from collateral sources, other individuals involved in your counseling/therapy to which such disclosure may help to advert danger of any psychotherapy client or others. This can include imminent risk of suicide, homicide, abuse of a child, disabled or elderly person, destruction of property that could endanger others. Counselors and therapists are required to report when you are at imminent risk of a life threatening danger. This includes suicidal or homicidal intent or action, suspected past or present abuse or neglect of children, adults and elders and children being exposed to domestic violence. I am required to report to the authorities including DHS and law enforcement based on information provided by you and or collateral sources.

If you are required to undergo counseling as a result of a court order or mandate from social services or probation departments I may be required to provide all notes of your therapy and contact with collateral sources in response to a court order or legitimate subpoena.

As a counselor and therapist, I often consult with other professionals on cases, and teach about the psychotherapy process. I disguise identifying information when doing so. Please indicate if you wish to place restrictions on consultation or teaching related to your case.

I reserve the right to release financial information to a collection agency, attorney or small claims court if you are delinquent in paying your bill.

Cell phone, fax machines, written letters and email communications can be intercepted by third parties. I cannot guarantee complete confidentiality when communicating with you or your insurance companies via these forms of communication. We can discuss how you want to communicate. I am required to make a record of each client contact. Emails are printed in full and become a part of your file.

Professional Records

The Oregon Board of Counselor and Therapists requires that I keep treatment records. I am required to keep your records for 7 years. At the completion of 7 years, I have your records destroyed via witnessing the act at a confidential recycling facility. Your documents are shredded. I am present and witness this event. Currently I use Garten Services for shredding. Additionally, I keep an electronic file with an electronic filing company called CAREPATHS. I have notified the Oregon Board of Counselors of my contact person in the event of my death or an illness that prevents me from managing my affairs.

Professional records can be misinterpreted and or upsetting to untrained readers. You are entitled to receive a copy of your records. I charge copying costs of \$2.00 per sheet for professional time spent responding to information requests. Your record includes a copy of the signed informed consent form, acknowledgment of receipt of privacy policies and practice, progress notes and any release of protected health information and copies of your bill. My records are kept in a locked file cabinet, in a locked office.

Alternative Treatments

Other treatment approaches are sometimes used when I counsel or provide therapy. I will also discuss these approaches before hand with you and ask for your consent to proceed. Such techniques may include, breath work, teaching meditation techniques, expressive journaling or art therapy, group counseling, referrals to 12 step groups, referrals to a variety of practitioners based on you request or interest. Additional alternative treatments can include guided imagery, energy field tapping, cognitive behavioral therapy, dialectical behavioral therapy. I will explain each of these methods to you prior to implementing them.

Fees

Counseling and therapy sessions and collateral contacts are \$125.00 per 50 minute session. This includes any time missed by being late or a missed appointment. Your initial session is 50-90 minutes long and the fee is \$187.50. I do not accept sliding fee scale. However, I will agree to enter into a payment plan, without interest until the balance is paid in full, as long as you make agreed payments on time. The payment schedule is a case by case situation. Insurance benefits are never a guarantee of payment. Regardless of what your insurance pays, you are ultimately responsible for the full amount of your sessions. Co-payments are required at each session. I accept cash, checks, and cashier's checks. I do not accept debit or credit cards.

Cancellations

Please understand that you appointment is reserved for you. I cannot put someone in your place if you do not give me enough notice to do so. You agree to call 24 hours in advance if you must cancel a session. If less than 24 hours notice is provided, unless a sudden medical emergency has occurred, you will be billed the regular session fee of \$125.00. Insurance will not pay for missed appointments. Couple and family counseling is billed at the same rate per 50 minute session.

Emergencies

I am on call 24 hours a day and seven days a week. I am not always immediately available by phone. It is imperative that you always leave a message on my voice mail with a phone number I can reach you at. Please call (503) 588-2113. If it is a life or death situation or you or another person is in severe mental health crisis CALL 911 or go to the nearest hospital emergency room. In the event that I am ill, on vacation, or not at a location where telephone access is available, I will provide you with back up numbers of the psychiatric crisis center, alternative counselors or therapist you may call.

Initial here if this section has been read and understood _____

Counseling and Therapy Contract

I have read the above information, have asked questions as needed, and understand the issues related to risks and benefits of therapy and counseling, medical concerns, assessment, confidentiality, collateral contacts with others, professional records, confidentiality form third parties, alternative treatments, lengthy of therapy, fee for therapy emergencies and cancellations.

Initial here if read and understood _____

Length of Counseling or Therapy

Some problems can be alleviated in just a few sessions. Other problems require longer treatment. It is often difficult to predict the length of therapy needed. The decision to terminate therapy belongs to you or at the therapist’s recommendation. If termination occurs before adequate treatment has been achieved, I will provide you with referrals to other providers, or you may choose to find your own therapist.

Social Media, Email

I do allow clients to contact me through email Elizabeth@fullcirclecounseling.com how this is not a forum for discussing very serious issues or counseling. So you can expect brief responses from me until we can talk on the phone or at your next session. I do not text. I do not friend or add any clients to Linked In accounts, Facebook, etc.

Contact Outside of the Office

As your counselor I am obligated to do my best at keeping our relationship confidential. Therefore, I cannot accept invitations to weddings, birthday’s etc. Additionally, if we run into each other in the community, I typically will not acknowledge you because of confidentiality reasons. I do not accept gifts from clients as I do not want you to feel obligated in anyway. I appreciate the kindness and generous thoughtfulness. However, a verbal or written “thank you” is more than enough and means a great deal to me.

I agree to treatment based on my informed wish to proceed.

Client Signature

Date

Counselor/Therapist

Date