



Susan Strong

M.Ed. in Counseling
 AZ Licensed Professional Counselor (LPC)
 AZ Licensed Independent Substance Abuse Counselor (LISAC)
 Nationally Certified Counselor (NCC)
 Distance Credentialed Counselor (DCC)

Informed Consent

AGREEMENT FOR PSYCHOTHERAPY SERVICES CONDUCTED BY SUSAN STRONG, LPC, LISAC, NCC, DCC

Starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, state and federal laws, and your rights. If you have any other questions or concerns, please ask me and I will do my best to give you all the information you need.

THE PROCESS OF THERAPY & EVALUATION

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behavior. I will ask for your feedback and views on your therapy, its progress and other aspects of the therapy and I will expect you to respond openly and honestly.

RISK OF TREATMENT

Psychotherapy, like most endeavors in the helping professions, is not an exact science. There are no guarantees that the treatment provided will be effective or useful. Moreover, the process of individual counseling usually involves working through tough personal issues that can result in some emotional or psychological pain. In the case of relationship counseling, interpersonal conflict can increase in the process of therapy. The potential for a divorce is always a risk in marital counseling.

METHODS OF THERAPY

Sometimes more than one approach can be helpful in dealing with a certain situation. During the course of therapy, I will utilize various therapeutic techniques based in part on the problem that is being treated and my assessment of what will best benefit you. These approaches include but are not limited to Cognitive Behavioral Therapy (CBT), EMDR (which can only be done in person), guided imagery, and biblically faith-based non-denominational perspective. If you are NOT comfortable with a specific therapeutic technique, please indicate which technique(s):

TREATMENT PLAN

During the first session and throughout the treatment process, you and I will discuss your understanding of the problem, treatment plan, therapeutic objectives, and your view of the possible outcomes of treatment. If you have unanswered questions about any of the procedures used in the course of your therapy, the possible risks, my expertise in employing them, or about the treatment plan, please ask me. You also have the right to ask about other treatments for your condition and their risks and benefits.

DUAL RELATIONSHIPS

Not all dual relationships are unethical or avoidable. There are, however, specific dual relationships which are not permitted. Sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair my objectivity, clinical judgment, or therapeutic effectiveness, or that could be exploitative in nature. In addition, I will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, I will preserve the integrity of our working relationship. For this reason, I will not accept any invitations to socialize with clients, nor via social networking sites, nor will I respond to blogs written by clients, not accept comments on my blogs from clients.

TERMINATION OF TREATMENT

During the initial intake process and the first few sessions, I will assess if I can be of benefit to you. If you have requested online counseling, my assessment will include your suitability to psychotherapy delivered via technology. Not everyone is suited to distance counseling. Also, each therapist's skills and styles are different. I want to be sure that we have a good match between client and therapist. I do not accept clients who, in my opinion, I cannot help. In such a case, I will give you a number of referrals that you may contact.

If at any point during psychotherapy, I assess that I am not effective in helping you reach your therapeutic goals, I am obligated to discuss this with you, up to and including termination of treatment. In such a case, I will give you a number of referrals that may be of help to you. If you request and authorize in writing, I will talk with the psychotherapist of your choice in order to help with the transition.

If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified and if I have your written consent, I will provide him or her with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, I will offer to provide you with names of other qualified professionals whose services you might prefer.

CONFIDENTIALITY & PRIVACY

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Likewise, you are expected to keep our communications confidential and you understand that all records of communication between client and therapist remain the property of Susan Strong. Most of the provisions explaining when the law requires disclosure were described to you in the Notice of Privacy Practices that you received with this form.

WHEN DISCLOSURE IS REQUIRED BY LAW

Some of the circumstances in which disclosure is required by law include: 1) when there is a reasonable suspicion of child, dependent, or elder abuse or neglect; 2) when a client presents a danger to self, to others, to property, or is gravely disabled. For more details, see the Notice of Privacy Practices form.

WHEN DISCLOSURE MAY BE REQUIRED

Disclosure may be required pursuant to a legal proceeding. If you are involved in a custody dispute or if you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by me. In couples and family therapy, or when different family members are seen individually,

confidentiality and privilege do not apply between couple or among family members. I will use my clinical judgment when revealing such information. I will not release records to any outside party unless I am authorized do so by all adult family members who were part of the treatment or unless compelled to do so by law or a valid court order.

HARM TO SELF OR OTHERS

If there is an emergency during our work together or if in the future after termination I become concerned about your personal safety, the possibility of your injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact law enforcement, hospital, or an emergency contact whose name you have provided.

CONFIDENTIALITY OF EMAIL, CHAT, CELL PHONE, AND FAX COMMUNICATIONS

Therapeutic e-mail and chat exchanges are delivered via HushMail. You agree to work with me online using HushMail or another encrypted email/chat service determined to be suitable by Susan Strong. If you choose to e-mail me from your personal email account, please limit the contents to housekeeping issues such as cancellation or change in contact information. I will not respond to personal and clinical concerns via regular email. If you call me, please be aware that unless we are both on land line phones, the conversation is not confidential. Likewise, text messages are not confidential. If you send a fax to me, my fax line is in a secure location. Any computer files referencing our communication are maintained using secure and encrypted measures. If you wish to use email as a way to “journal” information between sessions, you understand that I may not have the opportunity to review your journal emails until our next scheduled session. You understand that emails between sessions that contain confidential information will be sent using encryption.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors, and friends. I encourage you to only communicate through a computer that you know is safe (where confidentiality can be ensured). Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, e-mail me to schedule a new session time.

LITIGATION LIMITATION

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to: divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

CONSULTATION

I consult regularly with other professionals regarding my clients, however, the client’s name or other identifying information is never disclosed. The client’s identity remains completely anonymous and confidentiality is fully maintained.

RELEASE OF INFORMATION

Considering all the above exclusions, if it is still appropriate, upon your request and signed Release of Information, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

If you were referred by your family physician, a release of information signed by you would be necessary to discuss matters regarding your treatment. Also please be aware that for purposes of billing insurance, your diagnosis and dates of service will be required to collect payment of services.

EMERGENCY PROCEDURES

Established clients who need to make contact with me between appointments to alert me of an emergency may call 928-445-0055 but an immediate response is not guaranteed. Your call will be returned as soon as possible. Messages are checked daily during regular business hours (less frequently after hours, weekends, or holidays).

My practice does NOT have the capability to respond immediately to counseling emergencies. In the event of a life-threatening emergency, please call the emergency National Suicide Hotline at 800-784-2433 or dial 911. Additional crisis hotlines are listed on my website. If a life-threatening crisis should occur, you agree to contact a crisis hotline, dial 911, or go to a hospital emergency room.

FEES

Current rates for therapeutic services are posted on my website.

PAYMENT INFORMATION

Payment is expected prior to your appointment. Session payments via debit or credit card can be processed through PayPal, Google Checkout, or ProfessionalCharges.com. Sessions are usually purchased in 30 and 60 minute increments. Therapeutic email exchanges can be purchased one at a time or as a package.

Clients who are attending therapeutic sessions face-to-face (in person) in my office may provide payment at the time of their session. In-person session payments may be cash, check, or money order.

INSURANCE PLANS

Please note that most insurance companies only cover services that are provided face-to-face. Insurance plans do not usually cover services that are provided at a distance.

For clients who are attending therapeutic sessions face-to-face (in person) in my office, I am able to accept some insurance plans and would be pleased to bill them for you. Please have your insurance card and co-payment amount with you to help accelerate this process. Although a claim for your session is issued to your insurance company that does not guarantee payment from the insurance company (you will be responsible for payment). If your insurance provider is not one of the insurance plans I accept, you have the option to pay privately or use your insurance provider's "out of network" service (if that is part of your insurance plan). That would involve your paying in full at time of service and then you would submit a super bill to the insurance provider to recover whatever percentage they pay. There is usually an upfront "out of network" deductible. I will be happy to help you with this process.

MEDIATION & ARBITRATION

All disputes arising out of or in relation to this agreement to provide therapeutic services shall first be referred to mediation before, and as a precondition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of Susan Strong and the client(s). The cost, if any, of such mediation shall be split equally, unless otherwise agreed in writing. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association that are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

CANCELLATION

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or cancelling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification.

If I am not able to keep the scheduled appointment and did not give you 24 hours prior notice, I will offer you a session free of charge. Our time is equally valuable.

CONSENT FOR EVALUATION AND TREATMENT

You as the client understand that phone and email sessions have limitations compared to in-person sessions. This includes the lack of "personal" face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that most insurance companies will not cover this type of therapy. You understand that psychotherapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy is not appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that I follow the laws and professional regulations of the State of Arizona (USA) and the psychotherapy treatment will be considered to take place in the State of Arizona (USA).

Your signature below indicates that you have reviewed the information available on my website and have read and understand this Informed Consent and the HIPPA Notice of Privacy Practices.

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

Client Name (printed): _____

Client Signature: _____

Date: _____

We will discuss this Informed Consent during our first session. If our sessions are scheduled online, please fax or mail this form to me with your signature: Fax: 928-445-0055 US Mail: PO Box 26033, Prescott Valley AZ 86312