

JEWEL ANDERSON
Licensed Professional Counselor

COUNSELING INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights in which you should be aware. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Counselor

Confidentiality

With the exception of certain specific exceptions described below, you have the right to the confidentiality of your therapy. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

Electronic Communication

If you elect to communicate with me by email, please be aware that email is not completely confidential. All emails are retained in the logs of your or my Internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Communication through email should be brief. I will not address therapeutic content in emails, only housekeeping matters such as scheduling or billing. Phone calls are also to be used for limited communication, 5-10 minutes. I do not provide sessions over the phone or any online video communication, and under no circumstances do I use text message as a form of communication.

Confidentiality

Information disclosed in counseling sessions is considered confidential and will not be revealed to anyone outside counseling without your written permission, except where disclosure is permitted by law and deemed to be in the best interest of the client or as provided in this section. The following are legally permissible exceptions to confidentiality:

1. When there is reasonable suspicion of child, elder or dependent adult abuse or neglect;
2. When the client presents a serious danger of violence to others or the property of others;
3. When the client presents a serious danger of harm to him or her self;
4. Pursuant to a lawfully issued subpoena;
5. With a client's written informed consent.

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain your psychotherapy records and/or testimony by me. There will be a separate charge for this service. In couple or family therapy, or when

different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Counselor will use her clinical judgment when revealing such information.

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in couples' therapy with me. If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy.

Record-keeping

As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful in any way. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice.

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

Diagnosis

As a Licensed Professional Counselor working towards my clinical license I am unable to clinically diagnose without the approval of my clinical supervisor. Although I cannot formally diagnose I still utilize the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* and other diagnostic resources to help guide the therapeutic process.

Answering Questions

You have the right to ask questions at any time during the therapeutic process. You may ask about my training for working with your concerns, and can request that I refer you to someone else if you decide I am not the right therapist for you. You are free to leave therapy at any time.

If you are unhappy with therapy, I would highly encourage you to discuss your concerns with me. I will take such criticism seriously, and with care and respect.

Your Responsibilities as Client

I. You are responsible for coming to your session on time and at the time we have scheduled. Sessions last 50 minutes. If you are late, we will end on time and not run over into the next person's session.

II. You are responsible to pay for therapy at the beginning of every session. The cost for each 50 minute session is \$105. I do not keep a "running tab." You may pay by cash, check, or credit card.

Cancellation

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for sessions missed without such notification.

Divorce & Custody Disputes

If you ever become involved in a divorce or custody dispute, I want you to know and agree that I shall not provide evaluations or testimony. I advise you hire a separate mental health professional for any evaluations or testimony required of you. This stance is based off several reasons: (a) others could view my statements as biased in your favor due to our therapeutic relationship; and (b) the testimony could affect

our therapy relationship, and I shall always make our therapy relationship the highest priority.

Health Savings Account – Most HSA accounts will allow you to pay for counseling sessions from your HSA account.

My Training and Approach to Therapy

I have a BA in Art Education and a Masters of Arts in Counseling from MidAmerica Nazarene University. I am both a Licensed Professional Counselor in the state of Kansas and am nationally certified by the National Board for Certified Counselors.

I believe we were created to be in relationship; therefore I utilize Attachment Theory as the lens through which I gain an understanding of how client's function in relationship to others. I also know authentic change can only happen in the context of relationship--this is why I utilize Psychodynamic therapy, which focuses on the interpersonal relationship between the counselor and client. Neurologically we change through relationship involving authentic emotion—for this reason I rely on process oriented therapy placing a high priority on creating a strong and safe alliance with clients.

Risks and Benefits of Counseling

In therapy symptoms can sometimes become worse before they get better. This is due to highlighting and processing through the underlying emotions and patterns related to the client's presenting concern. Everyone processes emotion differently, therefore the level of emotional discomfort will range between all clients. The best part of this is doing it in relationship, together. No matter the difficulty, you will not be alone in the painful places.

Ways Therapy Might End

Generally, you will be the one who decides to end therapy. However, If I am not in my judgment able to help you, due to my training and skills, I will discuss this with you and provide you with several referrals. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care.

My Extended Absence

I am away from the office several times a year. I will tell you in advance of my absence, while also give you the name and phone number of the therapist who will be covering my practice during my absence. If you experience an emergency when I am out of town, or outside of my regular office hours please call 911, or go to the nearest hospital emergency room for assistance.

Supervision and Consultation

While I have my Masters of Arts in Counseling and license to counsel, I am currently pursuing clinical licensure in the State of Kansas. I regularly meet with my Clinical Supervisor, Amy Cain, M.A. LCPC, NCC and a group of supervisees to formally discuss clients and their cases. These individuals are required to keep your information confidential. Supervision of these cases helps to insure the highest quality of therapeutic services to clients. On occasion I may ask you if we can video/audio record a session for supervision purposes. These recordings are erased immediately after use and are never sent electronically. I am happy to answer any questions you might have about this. If you agree to occasionally be recorded please indicate here: **I agree to be video/audio recorded** **I do not agree to be video/audio recorded**

Waiver of Medical Consultation

I understand that under the provisions of KSA 65-6404 (b) (3) that a Licensed Professional Counselor is required to consult with my primary care physician or a psychiatrist to determine if there may be a medical condition or medication that is causing or contributing to any observed symptoms of a mental disorder: By checking the box below I am indicating that I waive my right to this consultation and that I do not wish for Jewel Anderson, LPC, NCC to contact my physician(s). I am also aware that this waiver will become part of my client record. *I waive my right to this consultation YES _____ NO _____*

Client Consent to Counseling

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I agree to pay the fees outlined in this document. I further understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Jewel Anderson. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Jewel Anderson. I am over the age of eighteen.

Client Signature Date

Client Signature Date

Counselor Signature Date

JEWEL ANDERSON
Licensed Professional Counselor

Electronic Payment Authorization

As mentioned in the informed consent I require payment at the beginning of every session. However, I require to have a credit card on file for every client in the case of a late cancellation or no show. In the case a session was not cancelled within 24 hours or a no show I will charge your credit card \$95, the full amount of the cost of session.

Cardholder Information:

Please indicate the name and billing address associated with the credit or debit card you wish to use.☐

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Credit/Debit Card Information:

Please provide your payment information below.

Card Type (circle one): Visa MasterCard Discover American Express

Card Number: _____

Expiration Date: _____

CVV: _____

Billing Zip: _____