

This document is an agreement between you and Life Quest Counseling and Consulting, LLC for Counseling Services. Please read it carefully and ask any questions you may have prior to signing below.

Financial

☐ Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees.

Rates are as follows:

- Initial Intake for Individual/Family/Couples Counseling - \$90.00 per session
- Individual/Family/Couples Counseling - \$80.00 per session
- Group Counseling \$50.00 per session - \$75.00 per session (couples)

Most sessions will be conducted in person in the office, however if appropriate, phone and web-based sessions may be available for your convenience. These services will be charged at the standard hourly rate. These sessions will need to be paid in advance. Brief general emails will be returned, however, lengthy or detailed emails will be charged a rate of \$50 per occurrence. Fees must be current before the start of a session. Fees are posted in the office. We reserve the right to change fees with 30 days' notice. You have the right to be informed of all fees that you are required to pay and the refund and collection policies. Please discuss these with us if you have a concern.

Availability of services. The practice does not have the capacity to respond immediately to counseling emergencies. True emergencies should be directed to 911, the nearest emergency room, or the Central Arizona Crisis Line at 602-222-9444. Every attempt will be made to return calls and emails within 24 hours. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Appointments. Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. An hour or more is reserved for each appointment. Appointments canceled at the last minute are very detrimental to the practice and to your progress in therapy. Therefore, please notify us a minimum of 24 hours prior to your appointment if you need to cancel. ***You will be billed the standard session rate for appointments you fail to cancel in accordance with this policy. Repeated late cancellations or missed appointments may result in termination of treatment. It is the policy to cancel all future scheduled appointments until the past due fees are paid in full. In addition, if you arrive more than 15 minutes late to an appointment, this will be considered a late cancellation. Emergencies will be dealt with as they arise; however, forgetting an appointment does not constitute an emergency.***

Privacy, confidentiality, and records. Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when child/elder abuse or neglect is involved. We also participate in a process where selected cases are discussed with supervisors and/or other professional colleagues to facilitate continued professional growth and to allow 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.

You have the right to complete a Release of Information Form for anyone with whom you want your records or case to be discussed.

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 us, 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 NOTICE OF PRIVACY PRACTICES, included in this packet of information, details the considerations regarding confidentiality, privacy, and your records. This packet 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 the office, but you will not receive an individual notification of the updates. ***It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.***

<p>_____</p> <p>Initials</p>	<p>I have read the NOTICE OF PRIVACY PRACTICES, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the NOTICE OF PRIVACY PRACTICES is incorporated by reference into this agreement.</p>
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Purpose, limitations, and risks of treatment. Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain. Attempting to resolve issues 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. In the case of marriage and family counseling, interpersonal conflict can increase as you discuss family issues. The potential for a divorce is always a possibility through the process of marital counseling.

Treatment process and rights. Your counseling will begin with one or more sessions devoted to an initial assessment so that your counselor can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, you and your counselor will discuss ways to treat the problem(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.

Technology Applications. Although you may agree to have some of your sessions conducted via technological methods (phone, Skype, etc.), it is critical to understand that maintaining the confidentiality and security of such methods is challenging. This practice utilizes an Electronic Medical Record (EMR) which is secured software. This EMR is shared in the office with other professionals employed by or contracted with Life Quest Counseling and Consulting, LLC. The law prohibits any employee to access your record unless they are directly involved in your care and treatment. Each staff member has a unique password accessibility. Contracted IT staff may be utilized for the maintenance of the EMR system and they are held to confidentiality laws.

If you choose to send emails, allow voice mails or other means, understand that your family members may inadvertently access your communications. Any technology used by the counselor will be password protected and secure/encrypted when possible. Your identity will be verified by the counselor when providing services via technology applications. A code may be used to verify an email source. Web sessions may not always have a secure connection or internet service cannot always be guaranteed. In the event that a web session is interrupted due to connection or application failures, a phone call will be initiated. In the event that encryption is not possible, communication will be limited and general in nature.

Laws prohibit practicing counseling outside of state/international boundaries. However, if you happen to be travelling after the Consent is signed and initial session completed and you need a session during that time, it may be arranged.

Records are stored for a period of time regulated by state statute.

You have the right to receive counseling services in your native language and in a culturally sensitive and respectful manner.

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 we are clear in our 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 or you have a concern or complaint about your counseling services, please talk with your counselor about it. It is never our intention to cause this to happen, but sometimes misunderstandings can inadvertently result in hurt feelings. We want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well. Your counseling services are being provided by _____, at Life Quest Counseling and Consulting, LLC, supervised by Diana Canfield, Canfield Counseling. If you and your counselor are not able to resolve issues, you can contact Diana Canfield directly at 208-449-0966.

Helpful Resources

Arizona Board of Behavioral Health Examiners - www.azbbhe.us

American Counseling Association Code of Ethics - www.counseling.org



Informed Consent for Assessment and Treatment Counseling Services

4435 E Chandler Blvd, Suite 200
Phoenix, AZ 85048

Consent for evaluation and treatment. Consent is hereby given for evaluation and treatment under the terms described in this consent document and the 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. In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child, legally able to unilaterally consent for treatment and that I authorize services for the child under the terms of this agreement.

Individual signature [Guardian/caregiver signature(s) if applicable]:

Date:	_____	Date:	_____
Name:	_____	Name:	_____
Signature:	_____	Signature:	_____
Relationship:	_____	Relationship:	_____
Phone:	_____	Phone:	_____

In the case of a minor child, please specify the following:

Full name of minor: _____ DOB: _____

- ☐ **Absentee Parent Attestation:** By initialing this section, the parent/guardian present, is stating the child's noncustodial parent has been continuously absent from the household and that all other information provided is truthful to the best of their knowledge.
_____ Initials

In the case of online completion of this form, checking the I AGREE box and entering your initials will serve as your electronic signature.

I AGREE ☐ _____ Initials

For office use only - verification that client has read and understands informed consent document

Authorized Representative (Print & Sign): _____ Date: _____

