

Crosscurrent Counseling & Psychotherapy Kate Hermanson, LPC, NCC

Counseling is likely to be more successful if client and therapist have a mutual understanding of the counseling relationship and process. This document provides you with important information regarding both ethical and administrative policies. Please excuse the exhaustive nature of this material and know it represents the current legal and ethical requirements for a licensed mental health practitioners.

ABOUT THE COUNSELOR

Credentials – Kate Hermanson holds a Master’s Degree in Counseling, is certified by the National Board for Certified Counselors (NCC) and licensed by the state to practice as a Licensed Professional Counselor (LPC). Ms. Hermanson’s practice includes work with individuals (adults, adolescents, and children), couples, and families.

Licensing Regulations – For more information regarding credentials or to file a complaint, you have the right to contact the Department of Regulatory Agencies (DORA.colorado.gov).

Ethical Guidelines – This practice adheres to the professional standards of the American Counseling Association (ACA). You may obtain a copy of ethical guidelines from the ACA at 5000 Stevenson Ave.; Alexandria, VA 22304; (800) 347-6647.

ADMINISTRATIVE POLICIES

Session Fee & Payment – Sessions last approximately 50 minutes. The regular session fee is \$100 per session. Credit or debit card payments are preferred whenever possible. All payments are due at time of service.

Other Services will be billed at the rate of **\$25.00 per 15 minutes** and will not be covered by insurance. These out-of-pocket services may include: consultation with another professional at client’s request, letter or report writing at client’s request, phone calls lasting for more than 5 minutes at client’s request, and research at client’s request.

Insurance – We will submit insurance claims as a courtesy, however the client/guardian is ultimately responsible for understanding your insurance plan benefits and for full payment of services when not covered by insurance. Accounts left unpaid more than 60 days will be turned over for collections.

Role of Diagnosis – The Diagnostic and Statistical Manual 5th Edition (DSM-5) published by the American Psychological Association is used by mental health professionals. A diagnosis must be released to insurance in order to receive coverage. If you elect to pay out-of-pocket for services, it is not necessary for a diagnosis to be released to your insurance carrier.

Cancellation & Late Policy – Appointments that are not cancelled with at least 24 hours’ notice will be charged the full session fee (\$100.00).

In attempt to provide on-time availability for all clients, we must reschedule when a client is more than 15 minutes late to a session. We are unable to bill insurance for a short session due to client lateness; therefore the client will pay the out-of-pocket fee (\$100.00) for that time.

Due to the sensitive and unpredictable nature of counseling, appointments may run late from time to time. We will do everything possible to remain on schedule. However, if a session runs more than 15 minutes late and you choose to cancel your appointment, you will **not** be charged. Please know that you will be given the same consideration when extra time is necessary for your care.

Emergencies – In the event that you need emergency services, please call the Crisis Hotline at 719-572-6100 or 911.

THERAPY & THE THERAPEUTIC RELATIONSHIP

Dual Relationships – Counseling ethics require that dual relationships be limited to preserve and protect confidentiality and the counseling relationship. Interaction between counselor and counsellee will remain within the counseling sessions. Limited interaction during the course of therapy outside of appointments occurs in the interest of your privacy and appropriate professional boundaries.

Voluntary Participation – Participation in therapy is always voluntary. The client decides to take part in therapy and also may choose to terminate therapy at any time. Your counselor reserves the right to terminate the therapy process if there is reason to suspect danger to self or others, or if it is deemed that the process is moving in a counterproductive direction.

No Guarantees – Desired results cannot be guaranteed. Your counselor will apply specialized training, but you, the client, must have a desire for change, a willingness to be open and honest, and a desire to engage in the counseling process. The responsibility for change ultimately belongs to the client.

Length of Therapy and Termination – Sessions last approximately 50 minutes. The length of therapy may be affected by such factors as the desire of the client, the opinion of the counselor, and protocols for presenting issues. Progress will be evaluated by both therapist and client, and goals may be revised as necessary. Whenever possible, it is best that therapist and client plan for the end date. If you choose to abruptly end your counseling participation, please contact your counselor by phone. Otherwise, you may not receive referrals, closure, or information regarding future availability of the therapist.

Counselor Involvement – Your counselor will implement an approach that is specific to your needs. Your counselor will make every effort to be on time. Your counselor will spend time preparing and planning your treatment outside of sessions to make the most of every minute of your therapy hour.

Client Involvement – You, the client, are ultimately responsible for your own progress by remaining open, desiring change, and engaging in the therapy process. You, the client, may be asked to complete homework to contribute to your therapy goals. In order to be fully engaged in your treatment, the presence of children is not permitted in adult individual or marital sessions (family services only). Children may not wait in the waiting room during parent sessions. Parents must remain on premises during sessions involving children (may not drop off and leave unattended).

Minor Clients – A minor child has a right to treatment. Though, parental consent is required, therapy with minors is often more effective when confidentiality is honored by parents. A parent without legal custody may not authorize treatment. When a child is brought by a parent to treatment, the parent must remain on premises at all times.

Benefits Associated with Counseling – While there are no guarantees, treatment may help you decrease symptoms, increase functioning, increase self-awareness, improve communication, gain insight into experiences, and correct problematic thought and belief patterns. While it is possible to improve your personal situation with other resources, research has shown that individuals who participate in professional counseling tend to improve more dramatically and experience long-term results.

Risks Associated with Counseling – Risks associated with therapy are thought to be minimal but may include an initial increase in anxiety, discomfort, and increased chaos before problem resolution. Such feelings may seem like general life disorganization while new thoughts, feelings, and behaviors are integrated.

Counseling Approach/Theory – Ms. Hermanson's theoretical orientation is *Integrative*, which allows for integration of several theories to include: Cognitive-Behavioral, Psychodynamic, Family System, and Solution-Focused. These approaches are established, researched, and respected therapies in the field of psychology.

RIGHTS AND RESPONSIBILITIES OF THE CLIENT

Exceptions of Confidentiality and Privilege – All information regarding the client will be held in strict confidentiality with the following exceptions:

Danger to self or others: Confidentiality is waived when client is a danger to self or others, or expresses intent to commit a crime. This includes: abuse/neglect of minors and vulnerable adults (elderly, mentally ill, handicapped, and intellectually disabled).

Legal Cases: Confidentiality is waived when requested information is court ordered or client files legal suit against counselor.

Payment and Billing: Confidentiality is waived for billing and payment processing. Your basic health and identifying information (required to file insurance claims) must be released to the contracted billing administrator and your insurance company.

Professional and Administrative Support: Confidentiality is waived when clinical consultation is needed for treatment planning.

Client Requested: Confidentiality is waived when client signs a HIPAA compliant authorization to release health information.

Records – All records are kept in a safe filing location. Records are kept for no fewer than seven (7) years. After that time, all records are destroyed.

CLOSING STATEMENT

I have read and agree to the terms of this Informed Consent Agreement as they pertain to my involvement in counseling. I understand that I am responsible for all fees for services provided to me. I understand my basic information must be released to a contracted billing administrator and my insurance company in order to facilitate payment for services.

Client's Signature _____ Date _____

Print Name _____

Only a legal parent/guardian may authorize treatment for a minor. By signing for a child, you attest that you maintain custody and have legal authority to request services.

Guardian Signature _____ Date _____

Print Name _____