

INFORMED CONSENT FOR TREATMENT

This document contains information about the professional services and policies of Anna Clark Miller, LPC-S, LMHC-S, NCC. For a list of frequently asked questions, go to www.empathyparadigmtherapy.com/therapy. When you sign this document, it will represent an agreement between you and your therapist.

ENGAGEMENT IN THERAPY

- Counseling services with your therapist are completely voluntary.
- By engaging treatment, you are agreeing to schedule regular appointments, log in for sessions on time, and be open with your therapist to facilitate change.
- Sessions will be approximately 50 minutes long and may be scheduled at whatever frequency you and your therapist deem appropriate.
- As with any treatment, counseling comes with possible risks and benefits. The benefits of counseling can include improved coping skills, behavioral changes, and the management of mental health symptoms. The risks are that, during treatment, you may experience difficult emotions, encounter unpleasant memories, or make some difficult life changes.
- Your therapist cannot guarantee any specific therapeutic outcome but will use their professional judgment to give you the best treatment possible.
- Except for emergencies, you are responsible for canceling or rescheduling appointments that you can not attend at least 24 hours in advance.
- You are free to determine how long you are in treatment and either you or your therapist may end counseling at any time.
- Your therapist may choose to terminate services with you under the following circumstances; (1) your therapist feels you are not benefiting from treatment, (2) you attend sessions while intoxicated, (3) you fail to pay overdue fees, (4) you miss three or more appointments, or (5) you behave in a sexually inappropriate way or make threats toward your therapist.
- Upon termination of services, if you desire additional treatment, your therapist will provide you with appropriate referrals.

QUALIFICATIONS & LICENSING

- Anna Clark Miller has a Master's Degree in Mental Health Counseling (2015) and holds the following licenses: Licensed Profesional Counselor in Texas (#75728), Licensed Mental Health Counselor in Washington (#LH61328702), and National Certified Counselor (#718936).
- Your therapist complies with the ethical codes set by the licensing boards listed below and if you feel that they have violated any of these codes, you may file a complaint at any time:
 - Texas Behavioral Health Executive Counsel, 1801 Congress Ave., Ste. 7.300, Austin, Texas 78701, (800) 821-3205, www.bhec.texas.gov

- Washington State Department of Health, P.O. Box 47865 Olympia, WA 98504, (360) 236-4700, www.doh.wa.gov
- National Board for Certified Counselors, 3 Terrace Way, Greensboro, NC 27403, (336) 547-0607, www.nbcc.org

CONFIDENTIALITY

- Your identity and the information you share in counseling will remain confidential according to the information in the Notice of Privacy Practices.
- Your therapist will only release information about you if you provide a written release of information specifying who you want to receive information.
- To protect confidentiality, your therapist will not acknowledge you in a public place unless you address them first and they will not accept friend or contact requests from you on any social networking platforms.
- Appointment reminders and credit card transactions may contain or be linked to protected health information but will only be sent or processed according to what you indicate in the client portal.
- There are some limits to confidentiality under the laws and standards of the counseling profession. Your therapist is legally obligated to violate confidentiality if:
 - A client is at imminent risk of serious harm to themselves
 - A client is at imminent risk of serious harm to another person
 - The therapist has reason to suspect the abuse, neglect, or exploitation of a child under 18 or an elderly or disabled person
 - A client reports sexual misconduct by a healthcare provider
 - A court of law issues a court order to disclose client information
- If your therapist reasonably believes you are in danger to yourself or others, they are authorized to contact any person in a position to prevent said harm, including your emergency contact, law enforcement, or medical personnel.
- Your therapist may consult with other therapists regarding your treatment but will protect your identity by not using any identifying information.
- Your therapist will not keep potentially hurtful secrets between clients who are in joint relationship counseling unless there are safety concerns.
- Neither you nor your therapist are permitted to record any part of your sessions unless you have obtained and provided written consent.

CLIENT RECORDS

- Client records include intake, consent, and release forms, appointment and billing information, and the therapist's notes.
- Your therapist will keep treatment records for the required seven years after services are terminated.
- Upon your request, any part of your record can be released to a person or agency you designate with a signed release of information.
- If your therapist dies or becomes incapacitated, a representative of Empathy Paradigm Therapy will take possession of your records and deliver them to a therapist of your choice.

TELEHEALTH

- Your therapist will conduct sessions via Telehealth, a mode of delivering treatment through communication technologies. The same rights and limits to confidentiality apply to counseling received via Telehealth as in-person counseling.
- To reduce the risk of being overheard by others during Telehealth, you are responsible for logging in from a private location free from possible intrusions.
- You or your therapist can discontinue any telehealth visit if it is felt that the audio or video connection is not adequate.
- To maintain confidentiality, you should not share your telehealth appointment link with anyone unauthorized to attend the appointment.
- The possible risks associated with participating in Telehealth include: (1) despite reasonable efforts by your therapist, counseling sessions may be disrupted, distorted by technical failures, or accessed by unauthorized persons, (2) miscommunications may occur between you and your therapist, and (3) Telehealth may not provide the same results as in-person counseling.
- There is no guarantee of specific therapeutic results from Telehealth.
- Telehealth is not an emergency service and your therapist may not be able to assist in an emergency situation.
- If your therapist believes you would be better served by in-person counseling, they will discuss it with you and refer you to appropriate services.

CONTACT & EMERGENCIES

- Your therapist will respond to phone calls, emails, and messages during regular business hours only.
- If you are in an emergency, report to a local emergency room, call 911, call the mental health crisis line at 988, or visit them online at [988lifeline.org](https://www.988lifeline.org).

FINANCIAL AGREEMENT

- You are responsible for paying in full after each session unless you and your therapist have a separate written agreement. If you choose to stop treatment, you will still be responsible for any outstanding balances.
- Unless otherwise agreed upon in writing, the fees for services with your therapist are \$150 for individual sessions, \$175 for couples/relationship sessions, and \$75 for missed appointments or cancellations within 24 hours.
- Additional fees may apply for sessions requiring extra time or complexity or if your therapist is asked or compelled to complete special documentation or consultation on your behalf.
- Your therapist operates on a private pay model and does not bill through medical insurance providers. Upon request, your therapist will provide you with a superbill for insurance reimbursement purposes but is not responsible if your insurance does not provide reimbursement.
- Your therapist is authorized to charge your credit card through Stripe via SimplePractice for any services rendered. Your credit card will be charged for any session not canceled at least 24 hours before the scheduled session.

- By signing, you certify that you are an authorized user of the credit card on file and will not dispute transactions with the bank or credit card company as long as they correspond to the terms in this document.
- Your therapist will not accept gifts or the trading of services with clients.

CONSENT TO TREATMENT

By signing this form below, you agree to the following:

I HAVE READ AND UNDERSTAND THE INFORMATION IN THIS DOCUMENT INCLUDING THE POSSIBLE RISKS AND BENEFITS OF TREATMENT.

I AGREE TO THE TERMS CONTAINED IN THIS DOCUMENT AND ALL QUESTIONS HAVE BEEN ANSWERED TO MY SATISFACTION.

I CONSENT TO TREATMENT WITH ANNA CLARK MILLER, LPC-S, LMHC-S, NCC, AND UNDERSTAND THAT I MAY CHOOSE TO STOP TREATMENT AT ANY TIME.

I UNDERSTAND THAT THIS CONSENT WILL REMAIN VALID UNTIL THE END OF MY TREATMENT OR UNTIL I REVOKE IT IN WRITING.