



## **Informed Consent**

Welcome to my practice. This document will inform you about my counseling practice, about me and my theoretical orientation, the rules and regulations of this practice, how we will work together, and what your responsibilities are as a client. You will be asked to read and sign this document. You will keep a copy and a copy will be kept in your record. It is important that you understand this document, so please feel free to ask questions before signing or at any time in the future.

### **THE COUNSELING PROCESS**

Counseling is a voluntary process by which I assist you in solving presenting problems that may be troublesome for you. You and I will work together to examine the behaviors and circumstances that contribute to these problems, and explore alternative behaviors that may help you have a better outcome. As we work together, I will bring as many of these problem areas to your attention as I possibly can. You will participate in the development of your treatment plan, which we will review together from time to time to evaluate your progress. Your plan of treatment may change as the presenting issues change. Should you have any questions or comments, please feel free to discuss them with me. Your treatment may be enhanced by educating yourself and seeking information outside of your sessions. From time to time, I may want to consult with another mental health professional or colleague regarding the best plan of treatment for you. You will be aware of these consultations. I may also seek clinical supervision, about which you will know. Should I choose to use either of these constructs, I will not use your name or other identifying information, and will supply only the information needed for the consultation. Consultation and supervision practices are inherent in the standard of care and are supported by the counseling profession.

Although the counseling experience can be tremendously beneficial for most people, there are some potential risks about which you must be aware. Counseling can be an emotionally painful experience and some relationships in your life can become unbalanced. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, and helplessness because the process of psychotherapy often requires discussing unpleasant aspects of your life. As your counselor, I am available to discuss any of your assumptions, problems, or possible negative side effects of our work together. As a client, you have access to my resources and my willingness to apply them in good faith. In counseling, you as the client are ultimately responsible for change or non-change. Some clients remain “stuck” due to external influences. Because of many factors that influence treatment, no treatment outcomes can be guaranteed.

The therapist – client relationship is a unique one. You will share with me many intimate details of your life. Under West Virginia law, I am mandated to protect the therapist – client relationship.. That is, without your express written permission or by an order of the court, I am forbidden to disclose any information about our sessions or about you except in the following circumstances:

- 1) I suspect you may harm to yourself or others
- 2) you tell me of or I suspect any abuse, neglect, or molestation to a child, elderly, or disabled person
- 3) your records are ordered by a court of law
- 4) you waive your right to confidentiality either verbally or in writing.



Confidentiality will be respected in all cases, except as noted, and in those additional cases where, in my clinical judgment, the maintenance of confidentiality may be destructive to the client. In those cases, I will inform you of my judgment and you will have a final decision as to whether I maintain confidentiality.

### **THERAPEUTIC APPROACH/ORIENTATION**

I am licensed as a Professional Counselor in the state of West Virginia. Only mental health professionals licensed by the state may provide counseling services in West Virginia. I have been a Licensed Professional Counselor in the state of West Virginia since 2008. I am also a Certified Clinical Trauma Professional through the International Association for Trauma Professionals. I hold a Master of Arts (MA) in Counseling from Marshall University Graduate College. I have over 15 years of experience in the mental health field working with a variety of client populations; including home-based family preservation services, residential services for at-risk children and adolescent, and short-term psychiatric facilities for adults.

I have worked in private practice for approximately 7 years now, providing individual, couples, and family therapy to children, adolescents, and adults. My theoretical approach is a holistic one, integrating components of cognitive behavioral therapy, insight-oriented, and client-centered therapy. I also provide trauma informed therapy to assist clients in healing from past trauma and abuse. I incorporate a blend of conventional and alternative approaches, drawing upon a variety of styles and techniques that will be most beneficial to the individual needs of the client. My services include individual therapy, family therapy, and couples/marital therapy.

### **APPOINTMENTS**

Appointments will ordinarily be 45-60 minutes in duration, once per week, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I ask that you provide me with 24-hour notice. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect a "missed appointment fee" of \$40 (unless it is determined that you were unable to attend due to circumstances beyond your control). It is important to note that insurance companies do not provide reimbursement for cancelled sessions, thus, you will be responsible for the fee as described above. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time. You will not be liable for sessions that I may cancel with you. I will try to reschedule your session at the earliest possible convenience, if my schedule permits. I will inform you in advance of any sessions I will have to cancel, unless it is an emergency.

### **PROFESSIONAL FEES**

The standard fee for an initial intake session is \$200, and each subsequent session is \$120 for 45 minutes and \$160 for 60 minutes. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment can be made by check, cash, or credit card. Returned checks are subject to an additional fee of \$25.



In addition to weekly appointments, I may charge additional fees for other professional services such as report writing, telephone conversations longer than 15 minutes, attendance at meetings or consultations that you have requested, or the time required to perform any other service that you may request of me. If it becomes necessary or mandated that I appear in court on your behalf, the fee is \$600 per half day and \$1200 for one full day. If you anticipate becoming involved in a court case, I recommend that we discuss this fully before you waive your right to confidentiality.

## **INSURANCE**

If you wish to seek payment for services through your health insurance company, I will be happy to complete any necessary forms related to the reimbursement provided by you or the insurance company. Some insurances will reimburse clients for professional counseling services and some do not. Those that do, usually require that a standard amount be paid (copay) and/or deductible before they will pay the remainder of the bill. If you have questions regarding your mental health insurance coverage, please contact your insurance carrier. You should be aware that most insurance companies require that I diagnose you with a clinical/mental health diagnosis. Sometimes I may have to provide additional clinical information such as treatment plans or summaries. This information will become part of your permanent insurance record with your health insurance company. If you have any questions regarding the mental health diagnosis assigned to you, please let me know. By signing this agreement, you agree that I can provide requested information to your insurance carrier.

If I am not a participating provider for your insurance plan, I will supply you with a receipt for payment of services and/or a “superbill”, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse for out-of-network providers. If you prefer to use a participating provider, I can refer you to another mental health professional.

## **PROFESSIONAL RECORDS**

In accordance with HIPPA and the ACA Code of Ethics, I am required to keep all mental health records in a secure location. This includes client treatment plans, psychosocial assessments, psychotherapy session notes, and any other clinical information pertaining to your treatment. All records are kept for a period of seven (7) years after termination of your counseling sessions. After that time, they will be disposed of in a legal and confidential manner. All records are the property of Jennifer Young, MA, LPC.

In the event that I become incapacitated or unable to practice, Sarah Anderson, LPC will be assigned as the keeper of records. As keeper of records, she will act in my stead to contact you regarding your record. She may be contacted at (304)610-0824. All records will be kept for a period of 7 years.

## **ETHICAL CONSIDERATIONS**

I comply with the professional counseling ethics set forth by the American Counseling Association (ACA). The ACA Code of Ethics may be found at [www.counseling.org](http://www.counseling.org). Confidentiality is essential to forming a beneficial therapeutic relationship. I will uphold and respect your right to privacy and confidentiality in accordance with my professional code of ethics. However, there are some limitations to confidentiality, which you should be aware of. These exceptions include:



- 1) A release of information is signed by you, including for reimbursement of services by insurance companies.
- 2) If it is determined that you are a danger to yourself or others, the proper persons will be notified for your protection. Counselors have an ethical and legal duty to protect clients and others from potential harm.
- 3) If a judge orders me to disclose specific information concerning you and/or your life situation, I must comply.
- 4) I am mandated by state and federal law to report any confirmed or suspected abuse of a child, elder, disabled person, spouse (or rape) that may be taking place in your life.

I have a legal and ethical (HIPPA) duty to not disclose any information learned from you in our counseling process. You can, by written request, release or grant permission for me to provide information or records to a specific person or entity. By doing so, you will be waiving your right to confidentiality and privilege in this specific instance during our counseling process.

As your counselor, I have an ethical responsibility to refrain from forming personal relationships with my clients. I am unable to accept gifts or personal invitations. In addition, I am not able to accept “friend requests” from clients or their family members on social media.

If at any time during your counseling experience, you feel that you have been treated unethically, you may file a complaint with either the American Counseling Association (ACA), located at 6101 Stevenson Ave, Alexandria, VA 22304, (800) 347-6647, or my licensing board, which is the West Virginia Board of Examiners in Counseling, 815 Quarrier Street, Suite 212, Charleston, WV 25301, (800) 520-3852.

## **EMERGENCIES**

I am available from 9am-8pm Monday-Friday. Please feel free to contact me between sessions at (304)433-0961 or via email at [jenyo13@yahoo.com](mailto:jenyo13@yahoo.com). I am not a 24 hour counseling service and do not handle after-hours emergencies. Should you have an emergency after scheduled hours, please go to the nearest emergency room of your choice. If you have a life-threatening emergency, please call 911 and follow their directives. If you are a patient of a psychiatrist, please contact that person as well.

If you are experiencing an emergency that is not life-threatening, you may contact me on my cell phone at (304) 433-0961. You may leave a voicemail message and/or text message. I seek to return phone calls as soon as possible, but cannot guarantee that it will be on the same day. I attempt to respond within 24 hours, except on weekends. Please note that this does not replace your regularly scheduled counseling session.

## **TERMINATION/CONTINUITY OF CARE**

Since our counseling together is voluntary, each of us has the right to discontinue therapy at any time. It is customary to have a formal closing session when you and I feel that your work has been completed. We will decide this together by evaluating your progress and overall counseling experience. I will use all of my resources and expertise to help you accomplish your goals. However, if at any time, I feel that I can no longer be of benefit to you, I will refer you to another therapist or provide you with the names of therapists who I feel may be able to help you. If you feel that I am unable to effectively meet your counseling needs, you can discontinue services at any time. In order to further my professional growth and development, I ask that you address your concerns with me prior to termination so that these issues



can be potentially resolved and/or prevented in the future. If you are a court-ordered or mandated client, termination of counseling may have negative consequences for you. Please address your concerns with me (and other involved parties) prior to making this decision.

**COUNSELING CHILDREN/TEENS**

When working with children and/or teens, I often utilize a variety of play therapy techniques (such as sand tray, games, arts and crafts, etc). Throughout the course of therapy, I may provide small treats and/or incentives (such as snacks, small toys, stuffed animals, etc) to assist the child/teen in meeting their treatment goals. This is often beneficial in gaining the child’s trust and investment in the therapeutic process. However, please be advised that I will ask the parent or legal guardian’s permission before any rewards/incentives are given. Please inform me of any food allergies or if you prefer that no snacks/toys are given to your child.

*I have read and understand the terms of this agreement. I am aware of my responsibilities and the expectations of the counseling process.*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Therapist*

\_\_\_\_\_  
*Date*

**DESCRIPTION OF COUNSELING THEORIES AND TECHNIQUES**



### ***Insight Oriented Counseling***

In this approach, The client talks about what is on his/her mind. The counselor pays close attention to the client and ask questions to clarify presenting issues. This process can help you better understand your own thoughts and feelings. You may also feel relief through sharing uncomfortable things with an accepting and nonjudgmental person. This approach can produce upsetting thoughts, feelings, or memories during the counseling process.

### ***Cognitive-Behavioral Counseling***

This is often a useful approach in treating a variety of problems, including depression and anxiety. The basis of this approach is that upsetting feelings are tightly connected to our patterns of thought or behavior. Well we can't directly change our emotions, we can directly change our thoughts and behavior, which can reduce upset. This approach can involve a lot of work on the client's part--both in session and out of session. Clients may dislike being asked to try new and uncomfortable behaviors.

### ***Relaxation Training***

There are several message we can teach and practice with clients for reducing anxiety. One of the most effective techniques involve deep relaxation through progressive muscle relaxation, guided imagery, and/or diaphragmatic breathing.

### ***Solution-Focused Counseling***

This is a good approach for quick results when problems are tightly focused. The underlying theory is that we each have within ourselves the answer to our own dilemma. Solution-focused counseling uses a variety of techniques to assist the client in uncovering their own solutions.

### ***Trauma Reprocessing Therapy***

This strategy is helpful for clients who are plagued with upsetting memories and/or traumatic experiences. This approach involves courageously going toward the traumatic memory, often with use of homework assignments. Although the client may experience a temporary increase in distress, there is usually a substantial improvement in recovering from the debilitating effects of trauma.

### ***Communication-Based Couples Counseling***

This approach assists couples in effectively expressing and understanding each other's emotional states. Although this process can initially be quite upsetting, this method has the potential to greatly deepen and strengthen the couple's connection. However, couples may decide not to continue the relationship/marriage as a result of this work.

### ***Parenting and/or Family Counseling***

The family is the unit of treatment. More than one member of the family is generally seen (individually or conjointly) during the course of the therapy. Goals can include: 1) strengthening parent's (or other family member) understanding of family roles, 2) investigating strategies to stay in control, 3) learning how to establish/reinforce a loving connection with a difficult child (or other family member). A common complication is that the difficult child may escalate their attempts to remain in control of the family dynamics as the parents begin implementing new strategies.