

Salix Counseling
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INFORMED CONSENT AND PRACTICE POLICIES

You have taken a great step today to invest in yourself and your mental health. Therapy is a relationship and with relationships, clear expectations ensure that the relationship is predictable. The following will help you understand how services at Salix Counseling work. We are excited to begin this relationship with you.

THE THERAPEUTIC PROCESS

I am a Licensed Clinical Social Worker and have been practicing since 2009. I am trained in CBT (Cognitive Behavioral Therapy) and EMDR (Eye Movement Desensitization and Reprocessing), both of which are research based interventions for depression, anxiety, trauma and many other issues. EMDR has been proven to be especially effective for trauma. We can discuss in session what interventions you prefer and any questions related to treatment. Treatment can be uncomfortable, so please expect that and plan accordingly, especially on session days. However, we will start with emotional regulation and grounding techniques in order to prevent treatment from being overwhelming.

PRACTICE POLICIES PAYMENT

You are responsible to pay for services you receive, even if you have an agreement with an insurance company. If you would like to request reimbursement from your insurance I can provide you with pertinent information. You may speak to me about billing your insurance and decisions will be made on a case by case basis. You are responsible to pay at the time of service. The total cost of one 50-minute therapy appointment is \$110.00.

APPOINTMENTS AND CANCELLATIONS

Please remember to cancel or reschedule 24 hours in advance. Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. The standard meeting time for psychotherapy is 50 minutes. Requests to change the 50-minute session needs to be discussed with me in order for time to be scheduled in advance and determine the appropriate payment amount. A \$10.00 service charge will be charged for any checks or payments returned for any reason for special handling.

TELEPHONE ACCESSIBILITY

If you need to contact me between sessions, please leave a message on my voicemail. I am often not immediately available; however, I will attempt to return your call within 48 hours. We will make every attempt to inform you in advance of planned absences ahead of time. In cases of emergencies, including suicidal intentions, call 911 or go to the nearest emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). If you would like to understand this further, please ask me questions when we meet.

ELECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including email and text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. MINORS If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential. If I feel there is a safety concern I will notify the parents immediately.

CONFIDENTIALITY

The content of sessions will be held confidential unless the client or guardian requests via writing for information to be shared with other parties. The following are limitations to this expectation of confidentiality:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally, in order to provide the best services possible, I will consult with other professionals about clients. This will be done without the inclusion of any identifying information.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you, but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

OTHER RIGHTS

If you are unhappy with what is happening in therapy, please talk with me so that I can respond to your concerns. Such feelings and concerns will be taken seriously and handled with care and respect. You have the right to be referred to another therapist at any time or end therapy at any point. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin or source of payment. You have the right to ask questions about any aspects of therapy and about the specific training and experience of your counselor.

TERMINATION

Therapeutic relationships end for a variety of reasons. If you desire to end therapy please talk to me to create a plan to end services in a manner that can provide closure and the future guidance you desire. If I determine that therapy is not being effectively used or if you are in default on payment, I will initiate the end of services. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. For whatever reason therapy is terminated I can provide a list of qualified psychotherapists that can provide services should you so desire.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT AND AM CONSENTING TO TREATMENT THROUGH SALIX COUNSELING.

Signed Name

Date

Printed Name