



hope . wellness . authenticity .

## **MW COUNSELING**

### **INFORMED CONSENT FOR TREATMENT**

#### **General Information**

The therapeutic relationship is unique in that it is a highly personal, and at the same time, a contractual agreement. As such, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with your therapist. Please read and indicate that you have reviewed this information and agree to it by signing your name at the end of this document.

#### **Psychotherapy**

Psychotherapy and counseling are often used interchangeably. This type of mental health service is an investment you make in yourself. Each person's experience and journey in therapy is unique and different. As therapists, we are not here to give advice or tell you what to do. Instead, we will act as your guide as we partner together to decide what is best for you. We will make goals and develop a course of action to meet those goals. At times we may ask you difficult questions to help you think through something in a different way, offer a strategy or technique that might be helpful, or ask you to do work in between sessions. While therapy can look very different from person to person, you are ultimately the person in charge and get to have control over where we journey together.

You are always entitled to receive information regarding our methods of therapy, techniques used, and your counseling records.

\*The practice of licensed or registered persons in the field of psychotherapy is regulated by the Arizona Board of Behavioral Health Examiners and can be reached at 1740 West Adams Street #3600, Phoenix, Arizona 85007, (602) 542-1882.

#### **The Therapeutic Process**

You have taken a very positive step by deciding to seek therapy. Most people attend therapy with the goal to find relief of emotional and relational concerns. Our approach is to help you increase your emotional awareness, develop skills, and work through events that bring you distress. As your partner and advocate, your therapist will use various methods including mindfulness, play, experiential, cognitive behavioral therapy, narrative therapy, person-centered therapy, gestalt therapy, EMDR, and interpersonal neurobiology all from a trauma-informed, strength-based, attachment lens to help you work toward personal, achievable goals on your mental health journey.

The outcome of your treatment depends largely on your willingness to engage in this process. Your therapist at MW Counseling is dedicated to supporting you and will do their very best to understand you and your repeating patterns, as well as help you clarify what it is that you want for yourself. It is your responsibility to optimize your treatment by completing assignments, being open and honest, and addressing any questions or concerns that may arise.

It is important for you to know that therapy has both benefits and risks. Therapy often requires recalling unpleasant events and struggling with troubling issues. Consequently, people sometimes experience uncomfortable feelings such as sadness, fear, anger, or loneliness. At times, symptoms may increase prior to improving. As you make changes in your behaviors, this may affect personal relationships in your life. Entering into a counseling relationship does not guarantee that therapy will work for you, though this is the hope. Additionally, it is important to know that change is typically a gradual and slow process. It also requires your active participation both inside and outside of sessions.

Conversely, therapy has been shown to have benefits for those who undertake it. Counseling can help you work toward and meet goals you set for yourself. Although there are no guarantees about the outcomes of therapy, people often report significant reductions in feelings of distress, satisfactory resolution of specific problems, greater control and understanding of their thoughts, emotions, and behaviors, and an improvement in relationships and overall quality of life. Overall, you may experience a good deal of personal growth and increased self-efficacy.

### **Our Relationship**

As professional counselors, it is our duty to only do work that is in the best interest of our clients. As counselors, we have a duty to uphold the standards of the profession, which includes following the American Counseling Association's ethical code (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>). We will do our best to abide by these ethics. These ethical codes put limits on the relationship between counselor and client. Below is a brief explanation of these limits:

1. As counselors, we are trained in psychotherapy. We are not trained in other professional occupations such as law, medicine, or finance; as such, we are unable to give you counsel in any of these areas.
2. We are trained to not reveal who our clients are. If we see our clients out in public, we do our best not to acknowledge them so as to preserve their privacy and confidentiality. You may feel free to greet and address us should you so desire.
3. We cannot give or accept gifts, monetary or otherwise, from our clients.
4. We can only be your therapist if we do not engage in a relationship inappropriate to our counseling relationship. One example of this is having a sexual or romantic relationship with a client – which is never appropriate. You should report any sexual action towards you from your counselor to the Arizona Department of Health Services, Office of Division of Licensing Services or Arizona Board of Behavioral Health Examiners (contact information listed below).

### Information About Your Therapist

Michelle Wayman is a Licensed Associate Counselor in the state of Arizona (License #: LAC-19074). She holds a Master's Degree in Clinical Mental Health Counseling from Colorado Christian University. She is a member of the American Counseling Association, Arizona Counselors Association, Association for Play Therapy, Arizona Association for Play Therapy, and Chi Sigma Iota Professional Honor Society. She is also a Certified Synergetic Play Therapist through the Synergetic Play Therapy Institute. She has advanced training in Synergetic Play Therapy which focuses on nervous system regulation and is appropriate for use with all ages. She also has training in EMDR Trauma Therapy, Motivational Interviewing and Applied Suicide Intervention Skills. Michelle has over 12 years of experience in working with children, adolescents, and parents. This gives her the ability to work with a diverse group of clients.

Her approach to counseling combines a person-centered relationship with techniques based in interpersonal neurobiology, mindfulness, attachment theory, experiential therapy, and trauma-informed therapy. This means that she works collaboratively with her clients using many evidence-informed practices (techniques that have been proven affective) in the "here and now" while viewing you, the client, as the expert on your own life. Whether she is working with you or your child, she will work with you as a partner to determine what the best course of treatment is for you.

You are free to ask questions at any time about your therapist's background, experience, and professional orientation. **Note:** Your therapist should indicate his/her licensure status before you complete this form.

Your therapist is:

Name of Therapist:	Michelle Wayman, MA, LAC, NCC
License Type:	LAC
License Number:	LAC-19074
Contact Information:	MW Counseling 2487 S Gilbert Rd. Ste 106-140 Gilbert, AZ 85295 (480) 608-5655

**\*\*If your therapist is an intern or associate level clinician, their practice is conducted under the supervision of a licensed mental health professional. Feel free to contact the Clinical Supervisor to discuss any concerns related to the treatment provided by your clinician. The Clinical Supervisor's name, license type, license number, and contact information are listed below:**

Name of Clinical Supervisor:	Leslie Pechkurow, MC, LPC
License Type:	LPC
License Number:	LPC-1434
Contact Information:	Joyful Hearts Counseling 2345 S. Alma School Rd #110 Mesa, AZ, 85210 (480) 420-8426

## **Confidentiality**

(Please refer to the Notice of Privacy Practices for additional information.)

You understand confidentiality is integral to successful treatment, and that information about you will be collected during the course of your treatment. All of your information and records will be held, or released, in accordance with the state laws regarding confidentiality of such records. You acknowledge that if you have a third-party payer (such as a pastor or family member), that your signature gives your consent to release the information necessary to collect payment on your behalf. You also understand that laws exist which cannot guarantee confidentiality when the following conditions exist:

- In cases of physical or sexual abuse, including neglect, of minor children or the elderly;
- In cases where there exists a danger to one's self;
- In cases where someone else may be in danger;
- In cases where a subpoena or a court order is issued from a court of law; and/or
- In cases where legal or civil suits are filed against the therapist.

## **Other Confidentiality Considerations**

1. Therapists are legally mandated to report all known or suspected instances of child abuse, dependent adult abuse, and elder abuse to the appropriate authorities. Therapists are also required to notify the police as well as an intended victim if it is determined that a client presents a serious danger of physical violence to another person. A therapist may also break confidentiality when she or he believes a client is likely to be dangerous to him or herself.
2. The Notice of Privacy Practices, available on request, details the considerations regarding confidentiality, privacy, and your records. This Notice contains information about your right to access your records, should you choose to do so.
3. Occasionally, MW Counseling may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. It is common for licensed therapists to participate in consultations and training groups within the mental health community. Your therapist may regularly meet with other professionals regarding their clients; however, their client's identity remains anonymous, and confidentiality is fully maintained. Information about you may be shared in this context without using your name.
4. If you see your therapist accidentally outside of the therapy office, they will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to them, and they do not wish to jeopardize this. However, if you acknowledge them first, they 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.
5. In the event of your therapist's death/incapacity, MW Counseling will follow up with you if you are actively receiving services (seen within the past month). In such a situation, you have the right to continue treatment with another professional recommended by MW Counseling, discontinue treatment, or ask for a different referral. Records for inactive clients will be handled by MW Counseling, which will be responsible for record requests and destroying records when the legal time frames for records retention are satisfied.
6. In the event of the death/incapacity of the owner of MW Counseling, Michelle Wayman, follow-up and record services will be handled by a lawfully appointed representative.

## **Confidentiality in Group Therapy**

Group therapy presents some obstacles in maintaining confidentiality. Due to the nature of group therapy, we cannot guarantee that other group members will maintain confidentiality of material shared in therapy sessions. However, as therapists, we will make every effort to maintain your confidentiality by reminding and requesting that group members maintain confidentiality. As therapists, we, of course, will keep what you share confidential as well. Please note that the above exceptions to confidentiality apply to group counseling as well.

## **Your Rights as a Client**

1. You have the right to ask questions about and/or refuse any therapeutic technique or recommended treatment and the right to be advised of the consequences of such refusal or withdrawal.
2. You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. If you wish, your therapist will provide you with the names of other qualified therapists.
3. You have the right to participate in treatment decisions and in the development and periodic review and revision of your treatment plan.
4. You have the right to request your medical and billing records. Please see Notice of Privacy Practices.

## **Therapy Services & Fees**

**Session Fee:** Standard counseling sessions are 50 minutes. Our standard fee is \$100 per 50-minute session, and \$150 per 80-minute session. EMDR Therapy sessions are 50 minutes and are \$125 per session. Initial intake sessions (80-minute sessions) are \$140. Scheduling is handled through your therapist. Please use the client portal through Simple Practice to schedule your session. If you have any problems scheduling sessions this way, please call (480) 608-5655 during the normal business hours of Monday through Friday, 9:00 a.m. to 6:00 p.m. to schedule or cancel appointments. Requests to change the 50-minute session should be discussed with your therapist in order for time to be scheduled in advance. You are encouraged to schedule sessions as often as you feel will be helpful. Your therapist will recommend a schedule that they believe will be most beneficial for your goals.

**Payment:** Payment is due at the beginning of the session. MW Counseling currently accepts Debit Card, Credit Card, or HSA Card.

**No-show/Late Cancellation:** If you are unable to attend your scheduled appointment, you must call 24 hours in advance or you will be charged a \$50 late cancellation fee. If you miss the session, or you contact the therapist less than 2 hours before your scheduled session, a no-show fee (the full session fee) will be charged. These fees will be charged to the credit card on file.

**Other Fees:** Telephone conversations of a clinical nature may be charged as regular sessions. If a call is under 10 minutes, the fee is waived. Clerical or administrative work requested by you (such as faxing,

phone calls, and/or writing reports for insurance purposes or other agencies) will be charged at a rate of \$100/hour.

**Retainer and Advanced Fees for Court/Legal Fees:** Any court testimony, appearances, or other requests for legal services such as: testimony-related matters such as case research, report writing, phone conversations pertaining to legal matters, travel, depositions, actual trial testimony, cross examination time, and courtroom waiting time will be charged at a rate of \$250/hour with an advanced deposit of \$1,000. MW Counseling may require an additional advanced deposit of fees or costs and expenses. Included in the advanced deposit is a \$250 non-refundable retainer. MW Counseling will refund to you any remaining balance of the advanced deposit.

### **Therapist Availability & Emergency Procedures**

MW Counseling does not provide emergency care or crisis services. Our therapists are often not immediately available by telephone. They do, however, check periodically for telephone messages. If you feel you are unable to keep yourself safe or you need to talk to someone immediately, call 911 or go to your nearest hospital emergency room. You may also contact the following crisis lines: Empact 24-hour crisis line (480) 784-1500, Banner Help Line (602) 254-4357, or Mercy Maricopa (602) 222-9444. You are solely responsible for all costs arising from such care.

You may leave a message at any time on MW Counseling's confidential voicemail at (480) 608-5655. Therapists check messages throughout the day and will return your call as soon as they are able. On weekends and holidays, therapists check their messages less frequently and may only respond to urgent calls. Non-urgent phone calls are generally returned by the following business day. If your therapist has not returned your call within 48 hours, please call again. Please note that therapeutic calls lasting 10 minutes or longer are billed pro-rated at the regular fee.

Secure chat communication through Simple Practice is for non-emergencies only. It may be used for appointment changes, referrals, and non-clinical questions. Therapists check written electronic messages as often as possible, but if you are canceling an appointment with less than 24 hours' notice, please call (480) 608-5655. Aside from emails sent securely from MW Counseling through Simple Practice, MW Counseling will only use email communication in rare circumstances. MW Counseling has no way to guarantee the confidentiality of electronic communication so please use at your own discretion. If you communicate confidential or highly private information via email, MW Counseling will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted. Written electronic messages (secure chat or email) taking more than 5 minutes to read and respond to will be charged at the regular hourly rate prorated. Additionally, written electronic messages containing treatment-related or pertinent information will be added to the Client Record.

Please do not use text messages or messaging on Social Media to contact your therapist and/or MW Counseling. Social media sites are not secure, and your therapist may not read these messages in a timely fashion. Because it is not possible to guarantee the confidentiality of text messages (for example, we cannot be sure that it is you sending the text), it is MW Counseling's policy that they do not text with

clients. If you have information that you need to communicate to your therapist, please call your therapist directly

### **Acknowledgement of Practice Policies & Notice of Privacy Practices**

In addition to this document, by signing below you further acknowledge that you have read and understood the Practice Policies and Notice of Privacy Practices forms.

### **Consent for Treatment**

Consent is hereby given for evaluation and treatment under the terms described in this consent document, the Practice Policies, the Notice of Privacy Practices, and any applicable Addendum. It is agreed that either party, client or provider, may discontinue the evaluation and/or treatment at any time and the client is free to accept or reject the treatment provided.

Please initial next to each paragraph indicating that you have read and understand the following:

\_\_\_\_\_ I choose to participate in therapy services with MW Counseling.

\_\_\_\_\_ I understand that participating in these services is voluntary and collaborative, and that I may end services at any time. I agree to verbally advise MW Counseling when I decide to terminate services. I understand that, unless otherwise contracted or part of my treatment plan, no contact for three consecutive months will result in file closure. My file may be reopened upon agreement by both parties.

\_\_\_\_\_ I understand that MW Counseling has a 24-hour cancellation policy. If an appointment is missed or not cancelled within 24 business hours of the scheduled time, a partial or full fee will be charged to the debit/credit card on file.

\_\_\_\_\_ I understand that my Client Record will be kept confidential, and that confidentiality includes all aspects of the topics discussed within the therapeutic setting. I also understand that, by law, there are limitations to confidentiality and as such the confidentiality may be broken under certain circumstances.

\_\_\_\_\_ I understand that my therapist may consult with or seek supervision from a colleague when it is required or deemed necessary, in order to ensure quality care. I understand that my identity will be protected.

\_\_\_\_\_ I understand that I have a right to request a copy of my record in writing and that there will be a document fee of \$35 for processing this request.

\_\_\_\_\_ I understand that I have the right to participate in treatment decisions including the development and periodic review and revision of my treatment plan. My therapist will work with me to determine the recommended services based on my situation. I have the right to refuse treatment and to withdraw my informed consent for treatment by providing a written request. I understand that if I submit this request, my therapist at MW Counseling will no longer be able to provide me with services.

\_\_\_\_\_ I understand that any therapist that I am working with at MW Counseling has the right to terminate services with me, whether for therapeutic or personal reasons. I understand that should this occur, I will be provided with information on how to obtain alternative therapy services (referral to another therapist or treatment provider).

\_\_\_\_\_ (Teletherapy Clients Only) I understand that my therapist is licensed in the State of Arizona. I certify that I am a resident of the State of Arizona and/or at the time of treatment will be located in the State of Arizona. I also acknowledge the risks associated with engaging in teletherapy including, but not limited to connection issues, ability to be overheard, privacy risks, etc.

By signing below, I am stating that I have read, understand, and agree to the items contained in this document, and I further consent to participate in evaluation and/or treatment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name