

Informed Consent for Counseling Services



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Welcome to counseling! This form will describe my treatment philosophy and methods, and service policies. It is your right and responsibility to choose the provider and treatment that best suits your needs. To help you make your choice and to help facilitate our work together, here is some basic information about me and my therapy practice. Please read this information carefully and ask me to explain anything that you don't understand. This statement, in its entirety, serves as our agreement to our respective rights and responsibilities as therapist and client. You will be asked to sign it after reading it and before we begin our therapy together.

EDUCATION

2016 M.S. Education: Clinical Mental Health Counseling, Portland State University
2000 B.A. Mathematics, The University of Texas at Austin

ADDITIONAL TRAINING

2016 Certificate of Distance Counseling, Renewed Visions Counseling Services
2015 Certificate in Addictions Counseling, Portland State University

MY APPROACH TO COUNSELING

Learning how to live a satisfying life can be tricky, and balancing all the moving parts can seem overwhelming. Anxiety, worry, and sadness are just as much a part of life as tranquility and happiness. My view of counseling focuses on generating growth by cultivating self-awareness. I believe that people have the inner capacity for healing, and are most fulfilled when they live with integrity, in accordance with their personal beliefs. Increasing self-awareness and authenticity also allows clients to take responsibility in their lives. Developing goals and interests that are healthy and satisfying can be accomplished by exploring personal values. My approach to counseling incorporates humanism, existentialism, and mindfulness-based cognitive behavior therapies. Exploring your needs and styles are essential to tailoring your therapy experience to you. In therapy, we will discuss which approaches are most suited to your unique goals and preferences.

CONFIDENTIALITY

You have the right to choose a counselor who best suits your needs and purposes and if ever you or I feel that our therapeutic relationship does not suit your needs, I would be happy to provide information for other practitioners. You also have the right to a confidential relationship to the extent as provided for by state law.

While I will generally keep information about you confidential, there are a few exceptions to confidentiality, spelled out below. Please note that in order to protect your confidentiality, if I see you in public, I will not acknowledge that I know you.

- I may discuss your personal information if you have given me written consent.
- Note that when you pay for services by credit card or check, your bank/credit card company and my bank will have information about that payment.
- I may release information **without your consent:**
 - If I suspect that a child or dependent person is being abused
 - If you intend to seriously harm yourself
 - If you intend to seriously harm someone else
 - To consult with my confidential supervisors or clinical peers regarding my counseling work
 - To discuss your health with your other health care providers.
 - To respond to a court order or subpoena.
 - To defend myself from a lawsuit or board complaint brought on by you.

SUPERVISION

Because I am working towards licensure, I have a supervisor, Elizabeth Snyder, MS, LMHC. She can be reached at 360-734-5552. I may discuss your personal information with my supervisor for the purpose of providing you with the best counseling possible.

DISTANCE COUNSELING

Distance counseling can refer to video conferencing, emails, texts, phone calls, and other distance communication to provide mental health support. I typically use video, but some clients prefer to use other methods as their primary communication, such as email or text. For phone contact, email exchange, or text exchange of more than 10 minutes, a fee will be charged at our usual hourly rate.

Potential Benefits The potential benefits of receiving mental health services online include both the circumstances in which the counselor considers online mental health services appropriate and the possible advantages of providing those services online. For example, the potential benefits of video counseling may include: convenient, eliminating the commute to the counseling office, increased comfort for the client as they are counseled in their space. The potential benefits of secure email messaging may include: (1) being able to send and receive messages at any time of day or night; (2) never having to leave messages with intermediaries; (3) avoiding not only intermediaries, but also voice mail and "telephone tag"; (4) being able to take as long as one wants to compose, and having the opportunity to reflect upon one's messages; (5) automatically having a record of communications to refer to later; and (6) feeling less inhibited than in person.

Potential Risks There are various risks related to electronic provision of counseling services related to the technology used, the distance between counselor and client, and issues related to timeliness. For example, the potential risks of email based counseling may include (1) messages not being received and (2) confidentiality being breached through unencrypted email, lack of password protection or leaving information on a public access computer in a library or internet café. Messages could fail to be received if they are sent to the wrong address (which might also be a breach of confidentiality) or if they just are not noticed by the counselor. Confidentiality could be breached in transit by hackers or Internet service providers or at either end by others with access to the client's

account or computer. People accessing the internet from public locations such as a library, computer lab or café should consider the visibility of their screen to people around them. Position yourself to avoid peeping by those around you. Using cell phones can be risky in that signals are scrambled but rarely encrypted. There may be a time zone difference between client and counselor, and cultural and/or language differences may affect delivery of services. Note that email, text messages, or voicemail should not be used for urgent communication.

BILLING PRACTICES

Payment for services will be due before the session via online payment. My basic individual counseling rate is \$125.00 per 50-minute session. If you fail to pay for 2 sessions, I will not see you again until you have paid for previous sessions. If you have financial constraints, please discuss this with me, and I will look for referrals to better suit your needs. In the case of court involvement, (including letters or court evaluations), my fee is \$100.00 per half hour.

Credit cards: I do accept credit cards and therefore need to inform you that to process your card I will be disclosing a minimal amount of information during the processing of the credit card which will limit your confidentiality. This information includes the name of my business, your name, your address, and the cost of the session. By paying through your client portal, all invoices and receipts will come to you confidentially through this portal. Payments made by credit card will appear on your credit card statement as being made to Kara Eads Counseling. Please consider who might have access to your statements.

HSA or FSA: If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

Late Payment: If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I may no longer provide services and may hire a collection agency. In most collection situations, the only information I release includes name, address, phone, dates of services and the general nature of services provided, and the amount due. No clinical information will be provided to a collections agency.

APPOINTMENTS

Your appointment times are reserved for you alone. I try very hard to begin and end on time, out of respect for both of our schedules. If you are late to your appointment, it will still need to end on time, and you will be charged for the full session. If you need to cancel an appointment, please notify me by voice mail at least **24 hours in advance**. If you do not show for an appointment or if you cancel with less than 24 hours notice, you will only be charged a fee of \$50. There will be no fee if you have to cancel due to an

emergency or illness. I will try to give 24 hours notice if I need to change your appointment due to unforeseen circumstances.

Video. Distance counseling video conferencing will be done through your client portal. For security reasons, I will not use other video programs such as Skype or Google Hangouts. For best video quality, plug directly into your modem or be in an area where your wireless connection is very strong. In the event of a poor Internet connection, I will attempt to contact you by phone. It is your choice whether to complete the session on the phone or to reschedule for a different time. Phone sessions are billed at the same rate.

Location. I will typically be in my private home office located in the Bellingham area in Washington during counseling sessions. I may counsel from either Washington or Oregon states. Due to the nature of distance counseling, you may be located somewhere other than your home. Please make every effort to ensure that you are alone in a private location. Take a few minutes before your session to check the lighting, temperature, and sound levels to make sure that you will be comfortable during your session.

COMMUNICATION POLICY

If you need to contact me, I can be reached by:

- Phone at 360-922-4747. You may leave a message on this voicemail, which is confidential. This phone and number are used solely for my counseling business and the phone is not connected to the internet.
- Secure Email/Message through your client portal login. This is a secure and confidential way to send me a message. If you need to send a file (word, pdf, photo), you can also send this through your client portal login.
- If you wish to communicate with me by normal text message (360-922-4747), or normal email (kara@karaeadscounseling.com), please request the Consent For Non-Secure Communications form.

Social Media. I do not connect with clients or former clients on social media. Please refrain from making contact with me using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

Response Time. You can expect a call/email back within 1 business day. Be aware that there may be times when I am unable to receive or respond to messages, such as when out of cellular range or out of town. If a phone contact, email exchange, or text exchange of more than 10 minutes is necessary, a fee will be charged at our usual hourly rate. Online messages, text messages, or voicemail should not be used for urgent communication.

Emergencies. Please do not rely on text message or email in case of emergencies. If you are unable to reach me when you feel the need for urgent help, you may call:

Care Crisis Line at 1-800-584-3578 (24 hours a day, 365 days a year, toll free)
If life-threatening, call **911** or go to the nearest **Emergency Room**.

Third-Party Access to Communications. Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages we exchange with each other.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about any concerns you have regarding my preferred communication methods.

RECORD KEEPING

I will keep accurate records of our work together in counseling, including all assessments, treatment plans, and notes for each session. Records will be kept for at least 7 years. Records will always be kept double locked, for example inside a locked cabinet inside a locked room.

Electronic and Paper Records. I may keep and store records for each client in a record-keeping system produced and maintained by Adaptive Telehealth. While my record-keeping company and I both use security measures to protect these records, their security cannot be guaranteed. I may also keep records on paper, depending on the client preferences and specific situation.

Custodian of Records. In the event of my death or disability preventing me from counseling, my custodian of records will gain access to my files. They will be able to give you copies of your records and provide referrals to other therapists as needed. The Oregon Board of Licensed Counselors and Therapists has the information on file about my custodian of records.

Video-recording. I will not record any part of our sessions. I do not allow my clients to record any part of the sessions unless we have discussed it and decided that a recording may be helpful for you. In such a case, we will have our agreement in writing, specifying what parts of which sessions we both give permission to record. For example, if we work on a meditation in session, and you'd like to review it later, you may want a recording of it.

CLIENT RIGHTS

As a client, you have the right to refuse treatment, and the responsibility to choose the provider and type of treatment which best suits your needs. You have the right to set your

own counseling goals. I may give input or help you, but ultimately you make the decisions about your goals.

Termination. You have a right to terminate counseling at any time for any reason. I may terminate our counseling relationships and refer you to another therapist if I feel that I am not the right fit for you. For example, I may refer you to another therapist if I am not knowledgeable enough about your specific needs to provide effective treatment.

COMPLAINTS

If you are ever dissatisfied with my services, I encourage you to talk to me about your concerns. Your thoughts provide very important feedback for me, and may be growth for you as well. If I am not able to resolve your concerns, you may contact my supervisor at the number listed above and/or the state board overseeing counselors. You may contact the WA Department of Health, Health Professions Quality Assurance Division. My Washington Licensed Mental Health Counselor Associate number is MC60704221.

TREATMENT CONSENT

I have been informed of the type of counseling I will receive from Kara Eads, the methods and techniques used, her education, training and experience and the cost of counseling services. Furthermore, I have received this information in writing. Counselors in Washington practicing for a fee must be registered with the Washington Department of Health for the protection of public health and safety. Registration of practice standards does not necessarily imply the effectiveness of any treatment.

I have been provided a copy of the required disclosure information the “Notice of Privacy Practices” and read and understand the information provided.

Initial here to acknowledge receipt _____

I have read and understood these policies, have received my own copy of this Disclosure, and consent for treatment with Kara Eads.

Client Signature

Date

Counselor Signature

Date