

Self-Unlimited Counseling & Coaching, LLC

Informed Consent for Treatment

Thank you for choosing Self-Unlimited Counseling & Coaching. We understand that choosing to participate in therapy is an important decision and you may have questions about what to expect and what will be expected of you throughout the process. This document was created to inform you of our policies and your rights. Throughout therapy, you may have additional questions or concerns that arise and we encourage you to keep an open dialogue about these questions and the counseling process with your therapist.

Kelly O'Connor is a Licensed Professional Counselor in the state of Arizona (License Number LPC-14374). She is also Nationally Certified under The National Board for Certified Counselors as well as The National Society of Health Coaches. She received her bachelor's degree from the University of Arizona and her Master's in counseling from the University of Phoenix in Tucson, AZ. Kelly has also completed 60 hours of hypnosis training through The Milton H. Erickson Foundation, Inc. in Phoenix, AZ. Kelly has extensive experience providing treatment for adults with a variety of issues and concerns, including trauma, anxiety, depression, substance abuse and addictions, mood disorders, and grief and loss. Kelly also has experience working with individuals wanting to make health behavior changes. She utilizes coaching interventions in her therapy sessions. The interventions are based on Motivational Interviewing, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy and Solution Focused Therapy. Kelly also uses mindfulness based interventions, experiential techniques and other therapeutic approaches that are appropriate based on individual client needs and goals. When appropriate, and once discussed with clients in session and with a signed informed consent, Kelly is able to use clinical hypnosis to augment therapy strategies.

_____ (initials) Purpose, Risks, and Expectations

The goal of counseling is to improve quality of life through a process of change. Counseling is goal driven and as such, one or more sessions will be devoted to assessment and treatment planning to outline goals and objectives you wish to achieve. The treatment plan will be reviewed with you and revised periodically as your counseling needs change. This process provides a base-line from which to start and road map to make the most of your counseling time. While engaging in therapy for difficult or sensitive issues, it is not uncommon to experience negative emotions and feel worse before feeling better. As a result of therapy, clients may make significant changes in emotions, attitudes, beliefs, behaviors, and work or living situations. Sometimes those changes affect important relationships and it may be difficult for others who see the changes, even when the change is positive or beneficial to the client. Change typically requires making adjustments and adaptations for individuals and those around them. Therapy affects all clients differently and no specific treatment outcome can be promised or guaranteed.

Sometimes in the process of therapy, new concerns arise that may need attention beyond what Self-Unlimited provides. In the event that your mental health needs are outside the scope and practice of Self-Unlimited, efforts will be made to provide you with a referral to a therapist with appropriate training and qualifications. In the event that Self-Unlimited is no longer able to provide services for an extended or indefinite period of time due to unforeseen events, an appropriate referral will be provided to you. If you are ever concerned that our work together is not helping, please discuss it with us.

Please note:

1. You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with the names of other qualified therapists or resources to identify an appropriate therapist for you. Please note that unless otherwise contracted, no contact for 30 days may result in file closure; your file may be reopened upon agreement from both parties.

2. You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual method of psychotherapy practices with you.
3. You have the right to refuse the use of any therapeutic technique. I will inform you if I intend to use any unusual procedures and explain any risks involved.
4. You have the right to learn about alternative methods of treatment. I will discuss options with you during our work together if you wish.

_____ **(initials) Confidentiality**

Your verbal communication and clinical records are strictly confidential except when Self-Unlimited is required to share information for any of the reasons described below:

- Indication/report of physical or sexual abuse of a minor, an elderly adult or a vulnerable adult.
- Possible indication/report that you are in danger of harming yourself or others.
- When otherwise required by law.
- If a collections agency is needed to collect unpaid fees.
- Emergency situations.
- In the case of emergency or if Kelly becomes incapacitated and unable to contact you herself, you will be notified by a third party, (either Katherine O'Connor or Serap Franz-Under, LPC) who will have access to your information for the purpose of contacting you to provide notice and referrals if appropriate.
- Information necessary for case consultation (in this instance, no identifying information will be used). Your counselor regularly participates in consultation with peer professionals as a part of ongoing professional development and trainings. No identifying information is used in case discussions.

You have the right to request copies from your records by indicating this request in writing to your therapist. You may be charged a fee for each copy made. In the case that you do make this inquiry, we highly recommend that you review the file with your therapist to avoid any confusion and for better understanding of file contents.

Please be aware that Self-Unlimited Counseling and Coaching does not specialize in issues related to custody and will not agree to testify in court for these purposes. In this case, referrals will be provided to you for follow up with an alternative professional.

_____ **(initials) Emails, Cell Phones, Computers and Faxes**

It is important to be aware that computers, cell phones, and email in particular are vulnerable to unauthorized access. For instance, servers can access to emails that go through them and backup copies of emails may exist even if the file has been deleted. Additionally, faxes, emails and texts can be sent erroneously to the wrong recipient. They can also be intercepted by people in your home, work or other environments that can access your phone, computer, or other devices that you use to read and write messages. My computer is equipped with firewall, virus protection, and a password. Please notify me if you decide to avoid or limit, in any way, the use of any or all communication devices, such as email, phone, or faxes. If you communicate confidential or private information via electronic media, we will assume you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted. Please note that the best way to contact your therapist to reschedule appointments is by phone.

_____ **(initials) Client/Counselor Relationship**

Successful counseling is a collaborative effort between client and counselor and is contingent upon the quality and openness of the client/counselor relationship. The client/counselor relationship is unique in that it is exclusively

therapeutic, making it inappropriate for a client and counselor to socialize, to bestow gifts, or to attend family or religious functions, or engage in social media type communication such as LinkedIn or Facebook. The purpose of these boundaries is to ensure clear roles and to maintain your confidentiality. If there is ever a time when you believe that you have been treated unfairly or disrespectfully please discuss this with your counselor so we can, together, address any issues that inhibit your therapy. Part of therapy is learning to use open and assertive communication in stating needs and preferences. Please understand that you have the right to refuse therapy at any time. Kelly will work with you to provide appropriate referrals if recommended or desired.

_____ **(initials) Financial**

Self-Unlimited Counseling & Coaching, LLC is a private counseling agency supported by client fees. The standard fees are listed in the Payment and Cancellation policy. If we change our fees you will be provided a minimum of 30-days' notice. Payment is requested at the beginning of sessions. At this time, we accept cash, credit card, money orders and personal checks. Post-dated checks will not be accepted. If requested, you will be issued a receipt monthly or sooner upon request. If your check is returned for insufficient funds, you will be assessed the bank charge for the returned check, and you may be asked to make only cash payments for future services. We do not issue refunds for services you have already received. Please note that we require **24 hours advanced notice** to cancel or reschedule appointments. You may be responsible for the entire fee if cancellation is less than 24 hours.

_____ **(initials) Discontinuing Services**

At some point you will feel as though you have attained your treatment goals or have gained a sense of relief from your presenting problem. You may decide that this is a suitable time for you to stop your therapy. Or you may prefer to decrease the frequency of your sessions. As noted above, you have the right to end or refuse therapy at any time. If you would like to change any of your counseling options, you and your therapist should work together on the best course of action.

If you do not attend any counseling for one month without making specific arrangements with us, we may close your file. Before doing so, we may attempt to contact you by phone, email, or the U.S. postal services to ascertain your intentions about whether or not you wish to continue as a client with Self-Unlimited. Be assured that, even if we close your file, we are able to reopen your client status as appropriate. Depending on the length of time that has lapsed, we may require new intake and paperwork to be completed.

_____ **(initials) Emergencies**

Self-Unlimited Counseling & Coaching does not have the capability to respond immediately to counseling or mental health emergencies. In such emergencies, especially if you believe you might harm yourself or someone else, please call 911 or the Crisis Response Network at 520-622-6000. You may also go to the nearest hospital Emergency Room or Urgent Care.

By reading and signing this document, I (print name please) _____
consent to and authorize treatment.

Client Signature _____ Date _____

J. Kelly O'Connor, LPC, NCC, CHC _____ Date _____