

MANDATORY DISCLOSURE AND CONSENT TO COUNSELING

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I am dedicated to providing you the best possible counseling experience and have prepared this document so that you will have important information about the counseling process, my services, procedures, and expectations. I value you as a client and want you to be fully informed. Please read this document carefully and keep a copy for your reference. If you have any questions about any of the information presented here, it is important that you ask for clarification.

DEGREE, TRAINING, & PROFESSIONAL EXPERIENCE

I earned my undergraduate degree in Psychology from the University of Puget Sound in Tacoma, Washington. In 2004, I graduated from Seattle University with my Master's degree in Mental Health Counseling. I hold a license as a Clinical Professional Counselor in the State of Nevada (#CP0093) and participate in ongoing education and consultation to comply with licensing board requirements. All consultation is conducted in a strictly professional and confidential manner.

PURPOSE & SERVICES

Counseling allows you to explore your concerns in a private, safe environment with an objective and trained professional. We will talk about what's going on in your life and look at healthy ways to cope with your concerns. You have the right and the obligation to participate in treatment decisions and in the development of your counseling goals. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal at any time.

While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client. Attempting to resolve issues that brought you to counseling may result in changes that were not originally intended, such as decisions about behavior changes, relationships, substance use, employment, or virtually any other aspect of your life. Change will sometimes be easy and swift, but it can also be slow and frustrating at times. There is no guarantee that counseling will yield positive or intended results. We will work together toward your counseling goals and will discuss any challenges that may result during this time.

THERAPIST & CLIENT RESPONSIBILITIES

My responsibility to you includes confidentiality, honesty, knowledge, experience, and ongoing clinical consultation and training. I strive to create a supportive environment that allows you to explore areas in which you desire to change. I will make observations and suggestions, provide feedback, and may ask you to do activities outside of session to enhance the change process.

Should it become apparent that I am not able to meet your counseling needs, I will readily provide you with a referral to other therapists and/or resources that may be more suitable.

Your responsibility as a client includes honesty, openness, willingness, commitment, and a spirit of collaboration. You are in charge of your therapy and your life. I believe that the strength of the client-counselor relationship is a major factor in the change process. Therefore, if you have any questions, concerns or are dissatisfied in any way, it is very important that you share this with me so we can work together as a team to meet your needs more effectively. You have the right to request a change in how I am working with you, to take a break, or discontinue therapy at any time. If you are considering terminating therapy, please speak with me by phone or in person to give us the opportunity to discuss your concerns and/or celebrate your successes and bring closure to our journey together.

REFERRALS

Clients who present with issues that I believe would better benefit from the assistance of another mental health professional (because your needs are not a good match for my skills or experience) will be referred to other agencies or professionals that specialize in those areas. The reason for giving a referral is to better serve you and to match your needs with the appropriate resources. If a referral is given, I will explain the reasoning and will provide information for other services to make the transition as smooth as possible.

CONFIDENTIALITY

Ordinarily, all information discussed or written within the counseling process is confidential. However, there are certain exceptions to confidentiality as defined by state and federal laws. The following is a list of exceptions to confidentiality:

- a) **Client Consent** - You sign a written consent form for me to release information to a third party.
- b) **Abuse of Children or Vulnerable Adults** - If it appears to me that there is a reasonable suspicion of abuse or neglect of a child (or vulnerable adult), or if a client states or suggests that he/she is abusing or has recently abused a child (or vulnerable adult), I am required to report this information to the appropriate social service and/or legal authorities.
- c) **Duty to Warn and Protect** - When a client discloses intentions or a plan to harm another person, I will warn the intended victim and report this information to legal authorities.
- d) **Harm to Self** – If you exhibit signs that you may be a danger to yourself, I am required to report this information.
- e) **Minors/Guardianship** - When I am conducting therapy with a minor (someone who is younger than 18 years old), the minor has limited rights of confidentiality.
- f) **Court Order** - Occasionally, the court may attempt to obtain, by power of subpoena, the release of privileged information against the client's wishes. In such cases, attempts are made to protect the client's rights, but success at doing so cannot be guaranteed and I may be ordered to release information or take deposition.

TELEMENTAL HEALTH CONSENT

- “Telemental health” means, in short, “provision of mental health services with the provider and recipient of services being in separate locations, and the services are being delivered over electronic media.”
- You will need access to the certain technological services and tools to engage in telemental health-based services with me.
- I am in the Pacific Time Zone.
- Telemental health has both benefits and risks.
 - Potential benefits:
 - Receive services at times or in places where the service may not otherwise be available.
 - Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
 - Receive services when you are unable to travel to the service provider’s office. The unique characteristics of telemental health media may also help some people make improved progress on health goals that may not have been otherwise achievable without telemental health.
 - Potential risks:
 - Internet connections and cloud services could cease working or become too unstable to use.
 - Cloud-based service personnel, IT assistants, and malicious actors (“hackers”) may have the ability to access your private information that is transmitted or stored in the process of telemental health-based service delivery.
 - Computer or smartphone hardware can have sudden failures or run out of power, or local power services can go out.
- It is possible that receiving services by telemental health will turn out to be inappropriate for you, and that you and we may have to cease work by telemental health.
- You can stop work by telemental health at any time without prejudice.
- You will need to participate in creating an appropriate space for your telemental health sessions.
- You will need to participate in making a plan for managing technology failures, mental health crises, and medical emergencies.
- I follow security best practices and legal standards in order to protect your health care information, but you will also need to participate in maintaining your own security and privacy:
 - You should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear your interactions with me during the session. If you are unsure of how to do this, please ask me for assistance. (Headphones with a microphone are strongly recommended.)

****Please initial that you have read & understand my Telemental Health Policy_____***

ELECTRONIC COMMUNICATION (EMAIL/TEXT MESSAGING, PHONE)

There may be times when we use technology to communicate. Please be aware of the following limitations:

- Except where otherwise noted, I use software and hardware tools that adhere to security best practices and applicable legal standards for the purposes of protecting your privacy and ensuring that records of your health care services are not lost or damaged.
- As with all things in telemental health, however, you also have a role to play in maintaining your security. Please use reasonable security protocols to protect the privacy of your own health care information. For example: when communicating with me, use devices and service accounts that are protected by unique passwords that only you know. Also, use the secure tools that I have supplied for communications (e.g encrypted email account, Clocktree Video Service, etc.).
- Our work is done primarily in person during our appointment time. You may consent to email/text communication between sessions for scheduling, appointment changes, and billing.
- Email/text message communication is NOT to be used to provide or receive treatment services. Therefore, it should not be used to communicate suicidal/homicidal thoughts or plans or personal emergencies. If you are in crisis, call 911 or go to your nearest emergency room.
- I will reply to all electronic messages in a timely manner and will alert you when I am unavailable. Please be advised that I cannot guarantee access to electronic communication at all times due to the limited nature of technology.
- Please note that all text messages and emails you exchange with me will become a part of your health record.

****Please initial that you have read & understand my Electronic Communication Policy_____***

I wish to receive messages via: _____EMAIL _____TEXT MESSAGE

FEES & PAYMENT

My session fee for a 55 minute individual counseling session is \$145. I accept cash, checks, Apple Pay, Zelle, Venmo, and most major credit cards. Exceptions are made at the therapist's discretion. Fees may be subject to change and you will receive advance notification.

If you choose to use a Flexible Spending Account or seek reimbursement for out-of-network expenses, I will provide written documentation directly to you to submit to your provider. Please speak with your insurance provider beforehand, as I cannot guarantee your reimbursement.

Your appointment time has been reserved exclusively for you. Please note sessions begin at the time scheduled for the appointment and not the time of arrival. If you arrive late, the session cannot be extended unless you make prior arrangements with me. If you are unable to keep an appointment, please call 24 hours prior. No shows and appointments canceled less than 24 hours in advanced will be charged \$50. Checks returned NSF will be charged \$35.

If you request written documentation for personal or medical use (e.g. short term disability, etc.), you will be charged for my administrative time at my regular session rate, depending on the amount of time necessary to complete. I do not provide custody evaluations or opinions.

GIFTS: Although I appreciate a client's thoughtful intent, it is unethical for me to receive gifts of any kind and I will not be able to accept them.

****Please initial that you have read & understand my fee structure/cancelation policy:_____***

HEALTH POLICY

If you have any of the following symptoms, including cough, fever, sore throat, runny nose, open wounds, etc., please notify me as soon as possible to reschedule your session, and I will do the same if I am ill. Additionally, if you have been exposed to Covid-19, please refrain from scheduling in-office appointments for a minimum of 14 days, even if you do not have symptoms. We may consider utilizing telehealth services for continuation of care.

CRISIS, EMERGENCY PROCEDURES & ASSISTANCE

I am not available to be on call 24 hours a day. My typical response hours are:

Monday – Thursday: 10:00AM – 7:00PM

Friday: 9:00AM – 5:00PM

I am generally not available on weekends and holidays. Whenever possible, you will be notified if I am going to be unavailable for an extended period of time. If you are in crisis and I am unavailable, counseling emergencies should be directed to emergency services (911) or to the local crisis hotlines:

<i>Suicide Prevention Lifeline:</i>	<i>800-273-8255</i>
<i>National Domestic Violence Hotline:</i>	<i>800-799-7233</i>
<i>Rape, Sexual Assault, & Abuse (RAINN):</i>	<i>800-656-HOPE</i>
<i>Crisis Text Line</i>	<i>Text "HOME" to 741741</i>

CONSENT & AUTHORIZATION

I have read and understand the preceding information regarding my rights as a counseling client and the nature and limits of the counseling services being offered. I have elected and voluntarily agree to participate under these conditions.

Counseling Client Signature

Date

Parent or Guardian Signature (if client is a minor)

Date