

MANDATORY DISCLOSURE AND CONSENT TO COUNSELING

JENNY STEPP, M.A., L.C.P.C.

LICENSED CLINICAL PROFESSIONAL COUNSELOR

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.

I have worked in a variety of counseling settings, from drug and alcohol treatment, to college counseling, to Christian counseling, and non-profit counseling. I have experience working with depression, anxiety, panic attacks, anger management, transitions, self-esteem, grief and loss, addictions, relationship issues, sexual abuse, LGBT issues, stress management, compulsive overeating, and career counseling. I provide individual counseling as requested to adolescents and adults over the age of 13.

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.

ELECTRONIC COMMUNICATION (PHONE/EMAIL/TEXT/VIDEO)

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

- Email/text message communication will be used for the purpose of scheduling and administrative matters only.

- 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.
- Any information exchanged electronically or with the use of technology increases the risk of confidentiality breaches. No technology is 100% secure and the therapist cannot guarantee protection from unauthorized attempts to access, use, or disclose personal information exchanged electronically. You are encouraged to protect your own confidentiality by controlling access to your communications by using passwords only known by you, controlling access to your computer, deleting data, etc.
- If we arrange a phone or video session, I will make every reasonable attempt to protect conversations and records of treatment. However, encryption cannot be guaranteed. As with in-office therapy sessions, every aspect of your electronic session will be held as confidential from my perspective, but I am not responsible nor can I guarantee confidentiality on the client's side of the electronic communication. It will be your responsibility to ensure a quiet, safe, and confidential setting for your communication and therapy session.

FEES & PAYMENT

My session fee for a 55 minute individual counseling session is \$100. I accept cash, checks, and most major credit cards. Exceptions are made at the therapist's discretion.

You may purchase a multiple session package at the following rate:

4 sessions for \$360 (\$90 per session)

If you purchase a multiple session package, fees are nontransferable and nonrefundable and must be paid in advance.

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.

For Anthem Blue Cross/Blue Shield clients, you will be responsible for paying your copayment at the time of service. Please bring your personal identification and insurance card to your appointment so I can make copies and verify benefit eligibility. If your insurance claim is denied, you will be responsible for the session fee.

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. The 24 hour cancellation policy applies to multi-session packages. If you fail to give 24 hours' cancellation notice for a scheduled appointment, you will be responsible for the \$50 late cancellation fee or that prepaid session will be forfeited.

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.

****Please initial that you have read and understand my fee structure and 24 hour***

cancelation policy:_____

CRISIS, EMERGENCY PROCEDURES & ASSISTANCE

I am not available to be on call 24 hours a day. I check messages daily during the week and at least once during the weekend. 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 & Crisis Call Center:</i>	<i>800-273-8255</i>
<i>Suicide Prevention Hotline of Nevada:</i>	<i>800-885-HOPE (4673)</i>
<i>SafeNest Domestic Violence Hotline:</i>	<i>800-486-7282</i>
<i>Rape Crisis Hotline:</i>	<i>702-366-1640</i>

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