



Welcome! It is a privilege to partner with you and we are excited to be of assistance. This document has been compiled to help us begin our relationship in a healthy way. Our hope is that it provides the greatest degree of clarity and understanding regarding our policy and procedure. This form covers various aspects of counseling and psychotherapy services. Please do not hesitate to contact us with any questions you may have regarding the content below. Thank you again and we look forward to working with you.

## Credentials and Professional Experience

Your therapist possesses an independent or associate level clinical license from the Arizona Board of Behavioral Health Examiners (ABBHE). In addition, your therapist also holds a Master's Degree in a behavioral health/human services field. Your therapist specializes in the treatment of general mental health issues, addiction, trauma, co-occurring disorders and relational issues. Please see our website for additional information on your therapist's experience. DK Counseling and Clinical Supervision, LLC (DKCCS) therapists use a variety of therapeutic modalities depending on the needs of our clients. Cognitive behavioral therapy, motivational interviewing and Eye Movement Desensitization and Reprocessing (EMDR) are a few we find to be most effective. Please feel free to inquire with your therapist regarding their experience and educational background if you have questions.

## Purpose, Limitations, and Risks of Treatment

Counseling, like most endeavors in the helping profession, is not an exact science. While the ultimate purpose of counseling is to reduce distress through a process for personal change, there are no guarantees that the treatment provided will be effective or successful. Counseling can have benefits and risks. 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. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Changes will sometimes be easy and swift, but can also be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. When in the counseling process, interpersonal conflict can increase as we discuss

family issues, trauma, addiction and other sensitive topics. We will however remain prepared to address said risks to the best of our ability to help assure you have the best experience possible.

## Treatment Process and Rights

Your counseling will begin with one or more sessions devoted to an initial assessment so I can gain an understanding of your background, presenting problems and other factors that may be relevant. When your initial assessment is completed, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. You have the right to participate in treatment decisions and periodic review and revision of your treatment plan. 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. You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued. Therapy is not “one size fits all” and if I am not the right fit for you, there will be no hard feelings. I am happy to provide referrals to qualified colleagues if requested. I reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for my skills or experience. You have the right to request your medical or billing records. Please request said records in writing with a signature

## Children

DK Counseling and Clinical Supervision welcomes working with children/adolescents and their families. DKCCS therapists do not treat minors under the age of 12. Parents or guardians have the legal right to consent to their minor child’s or adolescent’s treatment. It is especially important to note the importance of confidentiality for your child. I am committed to helping you keep your child safe and will disclose any information that is directly related to your child’s immediate safety. Please know that parents’ inquiries of what is discussed in session often disrupts the therapeutic relationship between your child and therapist and will likely indicate to your child that therapy is not a safe place to talk through issues which likely brought you/your child to therapy. Please note that if parents are not married, are legally separated or divorced, or if there is a child custody agreement, parents will be required to submit a copy of their legal paperwork before beginning treatment. If parents share legal decision making, I am legally required to notify both parents of the minor child’s enrollment in treatment and will not continue treatment if either parent withdraws consent for treatment. Parents will be required to provide the contact information for the other parent at the beginning of treatment so that I may communicate the minor child’s enrollment in therapy. Step-parents or additional partners may be invited to participate in treatment if:

- 1) it is determined to be clinically supportive to the child
- 2) if both biological parents give written consent

## Couples

When working with couples, each partner will complete their own intake paperwork and have access to a shared medical record. During marriage/couples counseling, one record is kept for the session. The regulations in the state of Arizona indicate that information about a counseling session that is attended by more than one legal adult may not be released without the written authorization of all the legal adults that participated in the session. This means if you as an individual ever want a copy of your records or information from a counseling session, it will require the written authorization of all the legal

adults that were present for any part of the session. Signing of this form by your guest for the session(s), acknowledges the guest has been informed with the general consent information, read through this document, understands how the record will be handled and consents to participating with you as invited. In order for your therapist to remain neutral and unbiased, your sessions will be primarily couples sessions with optional individual sessions only at the beginning of treatment intended to obtain your individual perspectives. Individual sessions will only take place upon request. This will be discussed in the intake session and we will make a shared decision as to whether this will be helpful or necessary. It is preferred to treat the couple as one unit. Any significant work needed will be referred to another therapist to make sure I can maintain the therapeutic relationship with all involved. If I receive a telephone call, fax or e-mail or any other forms of communication with one individual, the nature and or content of the communication will be discussed and processed at the next session with all parties. In signing this document, you are expressly waiving any confidentiality between us to allowing me to discuss those issues that are related to the therapy.

## Our Relationship

The client/counselor relationship is unique in that it is exclusively therapeutic. In other words, it is inappropriate for a client and counselor to spend time together socially, to bestow gifts, or to attend family functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that confidentiality is maintained. If there is ever a time when you believe you have been treated unfairly or disrespectfully, please speak with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy process as soon as possible.

## Financial Information

DKCCS does not currently accept insurance and services are paid for privately by clients.

Though DKCCS is not an in-network provider for any insurance company, there may be other options for insurance compensation for services. Please inquire in-person or over the phone for more detail. Please note the same rates apply for in-person and telehealth services.

- Session Fees (rates per every 50 minutes):
  - Fee per individual psychotherapy session: \$125.00-\$140.00
  - Fee per family/couples psychotherapy session: \$140.00-\$150.00
  - Fee for each individual Eye Movement Desensitization and Reprocessing (EMDR) session: \$125.00-\$140.00
  
- Payment: Payment is due at the time services are provided, in the event of a late cancelation or in the event of a no-show/missed scheduled appointment without notice. DK Counseling and Clinical Supervision (DKCCS) accepts payment in the following formats: Credit Card, Check, HSA/FSA card, Zelle or Cash. Superbills for reimbursement from insurance companies are also provided upon request. Billing will take place in 15 minutes increments if a session exceeds the standard session length of 50 minutes. If deemed beneficial, extended sessions longer than 50 minutes may also be scheduled ahead of time.

- **No-show/Late Cancel:** If you are unable to attend your scheduled appointment, please notify your therapist at least 24 hours in advance. Failure to do so will result in a **late cancellation/no-show fee equaling the full price of your scheduled session**. An email or text is sufficient to notify your therapist of the cancellation or reschedule.
- **Other Fees:**
  - **Legal:** Any work related to a legal situation (i.e. attorney calls, writing reports and court appearances) **will be billed at \$450/hr** (billed in 15 minute increments). This includes preparation as well as travel time if applicable.
- **Unpaid balance:** Please note that if your balance is unpaid, your next appointment(s) may be cancelled or postponed if you have not made arrangements for payment.
- **Refunds:** Therapy service fees are non-refundable. If you have questions about billing, please contact the practice owner directly at [dan@dkccs.com](mailto:dan@dkccs.com).

## Availability of Services

DK Counseling and Clinical Supervision Therapists do not have the capacity to respond to therapy emergencies. Emergencies should be directed to community services (911) or local hotlines (Crisis Hotline-602-222-9444, Empact-480-784-1500, Banner Help Line-602-254-4357, Magellan-800-631-1314, National Suicide Prevention Lifeline-800-273-8255). If you are unable to remain safe, you should go to your nearest emergency department. If you have a Psychiatrist, you should also contact him/her in times of emergent need. If you need to contact your therapist in-between sessions, the preferred method is email. Due to the nature of our work, we are not always able to answer phone calls. You may leave a message at any time on our confidential voicemail. We commit to returning your call at our earliest availability. Text communication is acceptable between sessions for appointment changes, referrals, and non-clinical questions. Confidentiality of electronic communication cannot be guaranteed so please utilize this communication method at your own discretion.

## Appointments

Regular attendance at your scheduled appointment is one of the keys to a successful outcome in counseling. We ask that you notify your therapist as soon as possible if you need to cancel an appointment. At minimum, please provide at least 24 hours of advance notice. Appointment availability varies depending on client load at the time of scheduling. We can arrange for future appointments in person after a session, via call/text or through e-mail.

## Social Media

Dual relationships (defined as any relationship that is not strictly professional) between therapists and clients are not permitted by the ethical code of conduct as outlined by the Arizona Board of Behavioral Health Examiners. In adherence to this policy, therapists at DK Counseling and Clinical Supervision LLC do not accept friend or contact requests from current or former clients on any social networking sites

(Facebook, Instagram, Twitter, LinkedIn, etc.). We believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

## Privacy and Confidentiality

Your privacy as a client is of the utmost importance and your participation in therapy services will be held in strict confidence. Your information will not be released without your explicit written consent. Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there are real or potential life or death emergencies, when required by court order, or when child/elder abuse or neglect is involved. Please note that therapists are mandated reporters, which means they are legally mandated to breach confidentiality in these circumstances. There are also numerous other circumstances when information may be released including, but not limited to, when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against me, to comply with worker compensation laws, to comply with the USA Patriot Act, and to comply with other federal, state and local laws. It is common for licensed therapists to participate in consultation and training groups within the mental health community. Your therapist may speak with colleagues regarding client care; however, clients' identities remain anonymous, no protected health information is shared and confidentiality is fully maintained. Recordings of any kind are prohibited during sessions and will result in the termination of services. This includes both audio and visual recordings. Please keep in mind that if receiving services in person, the facility you receive services in may utilize cameras for safety and accountability purposes. There will not however be any recording of services. The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA NOTICE OF PRIVACY PRACTICES details the considerations regarding confidentiality, privacy, and your records. Please take time to locate this form on [www.hhs.gov](http://www.hhs.gov) and review it to help further increase your understanding. Periodically, the HIPAA NOTICE OF PRIVACY PRACTICES may be revised. You will not receive an individual notification of these updates. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment. Please inquire with any questions regarding privacy or confidentiality.

## Consent for Evaluation and Treatment

I have read and understand this information and am giving my informed consent for evaluation and treatment under the terms described in the content of this document and the HIPAA NOTICE OF PRIVACY PRACTICES. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided. By my electronic acknowledgement or signature below, I am stating that I have read and understand this document in its entirety and agree with these terms and conditions. Please proceed to the signature page.

**Client (s) Printed Name and Signature:**

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Print Name	Signature	Date
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Print Name	Signature	Date
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***In case of minor child, please specify the following:***

**Parent/Guardian Signature:**

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Child Name	DOB	Relationship to Minor
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Parent/Guarding Name	Signature	Date
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**Therapist:**

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Print Name	Signature	Date
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**Thank you for taking the time to review and sign these forms. Please do not hesitate to contact us with any questions. After these forms have been completed, you are welcome to e-mail them to your therapist. Electronic signatures are acceptable on all forms. You are also welcome to bring paper copies of these forms to your first session if you prefer. These forms must be signed prior to starting services.**