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INFORMATION FOR CLIENTS AND INFORMED CONSENT

Welcome to my practice. This document contains important information about my professional services and practice policies. Although this document is long, it is very important that you understand it and ask any questions that you may have in our session together. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have before you sign it or at any time.

Counseling is a relationship between people that works, in part, because of clearly defined rights and responsibilities held by each person. As a client in counseling, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. I, as your therapist, have corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

Psychotherapy

Therapy is a personalized process and a commitment to yourself. Your journey will be unique from all others and my intention is to help you meet your goals. My style is person-centered, which means you get to direct your therapy session, and I will be next to you as a guide, a facilitator of the process, and your support. I may ask difficult questions to help you think a different way, or offer a strategy to increase your ability to handle an emotion or situation. We may explore your past to help you better connect with yourself today. Therapy is a dynamic process and you get to decide where we go within it.

Group therapy has shown to be an effective form of treatment for many mental health concerns. Psycho educational groups can help you increase your knowledge on certain topics. Group therapy is a unique commitment and regular attendance is important for group cohesion and growth. If you participate in group therapy you are agreeing to group confidentiality (listed below) and you are agreeing to participate in the group to the best of your ability. If conflict arises during group, we will use group time to resolve it. If it is not possible to resolve during group time, we will meet privately outside of group. You or I have the right to end group treatment at any time; however it is best to process your ending with the group first.

At some point we will likely agree that therapy has reached a conclusion phase. The process of ending therapy can be a valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to stop therapy if we believe it is in your best interest. If you wish to stop therapy, I ask that you meet for at least one more session to discuss this decision.

Therapy with Children

Play therapy is a type of therapy that I offer in my practice. I do have a play room within my office and these tools are available to you as a client. If your child is engaged in play therapy with me, we will use play as a medium to experience and understand emotional states, facilitate secure attachment to self, and learn ways to regulate the nervous system. These core skills often reduce behavior issues and improve children's ability to handle their emotions.

Trust and confidentiality are vital to the therapeutic process with children. I can provide counseling for your child that supports healing and I can meet with you as a parent to support you being the best parent you can be. I am not a mediator, nor can I make any recommendations for parenting time, custody or visitation for children in divorce or separation situations. I am also not an evaluator, which means I do not do evaluations of children for possible sexual or physical abuse or neglect. I do not get involved in legal aspects of court cases, or testify in court, unless subpoenaed by a judge. Court involvement jeopardizes the therapeutic relationship and interferes with therapeutic work. By consenting to treatment, you agree not to involve Alyssa Wermers, LCSW, PLLC in court proceedings.

Risks/Benefits of Counseling

Counseling is an intensely personal process that can bring great benefits, and also include some risks. Risks may include experiencing unpleasant memories or emotions, seeing an increase in symptoms at times, and seeing changes in relationships or behaviors. There are no guarantees that counseling will work for you. Clients can sometimes make improvements only to go backwards after a time. Sometimes change happens quickly, however, more often it happens slowly. Counseling requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

Along with the risks, it's important to consider the benefits. Counseling can help you meet the goals that you have set for yourself. You may notice a decrease in difficult feelings such as anger, anxiety, and depression. Sometimes relationships improve, and people feel healthier. You may notice yourself thinking in a more healthy or positive manner, or relating differently to other people. Personal growth is a common benefit of therapy.

Appointments

Appointments will ordinarily be 45-50 minutes in duration. During our first session we will have a lot to discuss, so I do schedule a full hour for intake appointments. Consistency in therapy is necessary for the process to work. Therefore, we will typically meet once per week at a time we agree on. We may meet more or less frequently depending on your personal situation. If sessions become sporadic, we will need to discuss the appropriateness of therapy at this time in your life.

The time scheduled for your appointment is assigned to you and you alone. Your session time is very important and I will not double book your time. Because of this, if you need to cancel or reschedule a session, I ask that you provide me with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hour notice, you will be required to pay \$60 for the session. I may, at my discretion, waive this fee for true emergencies. It is important to note that insurance companies do not provide reimbursement for cancelled sessions; thus, you will be responsible for the cancellation fee. In addition, you are responsible for coming to your session on time. If you are late, your appointment will still need to end on time.

Consistency is important for the success of therapy. If missed appointments or cancellations become a pattern, we will need to discuss if I am the best match for you as a therapist. Either of us may end therapy for this reason. It is important that we discuss this together and some options include a referral to a provider who may be a better match or taking a break from therapy all together.

Professional Fees

You are responsible for paying at the time of your session. Payment must be made by check, cash, or credit card. It is my policy to keep a credit card on file. This card will be used if you authorize sessions to be paid in this manner, if you have a no show/late cancel, or if you request additional services. If you refuse to pay your balance, I reserve the right to use an attorney or collection agency to secure payment. If your information is turned over to an attorney or collection agency you understand and agree that this is not a violation of confidentiality.

Session fees:

Initial intake session: \$125

45-50 minute session: \$100

Group: \$20/per person per session

Additional services: Prorated at \$100/hour

Additional services: If we should have an extended telephone consultation during our therapy or if I must fill out paperwork, I will charge you \$100/hour prorated over the time needed. The same goes if I need to have an extended telephone conference with another professional as part of our treatment, if you request a written treatment summary, or if I need to prepare a letter for you. If you are concerned about this, please be sure to discuss it with me in advance so we can discuss your needs and figure out a solution that is comfortable for both of us. Of course, there is no charge for calls about appointments or similar business.

Court/Legal Fees:

I discourage therapist involvement in legal proceedings. Therapeutic relationships are based on trust and involving me as a witness may jeopardize this relationship and progress in therapy. Even though you are responsible for all testimony fees, it does not mean that my testimony will be solely in your favor. I can only testify to the facts of the case. I am not an evaluator and cannot make any recommendations (custody or otherwise). Please be aware that the court appearance fee includes the amount of time I spend at court along with travel time (the time I need to leave the office in order to arrive on time, until the time I return to the office).

Court appearance/testimony: \$200/hour

Preparation time (including submission of records, phone calls, etc.): \$200/hour prorated

Mileage (from office to court): \$.50 per mile

Retainer (amount due in advance): \$500

Insurance

If you have a health insurance policy, it will usually provide some coverage for mental health treatment. With your permission, I will assist you to the extent possible in filing claims and ascertaining information about your coverage, but you are responsible for knowing your coverage and for letting me know if/when your coverage changes. Be aware that if your coverage changes or you become ineligible for your plan at any time, this will change our financial contract and you will be responsible for full fees, unless arrangements are made with me beforehand.

You should also be aware that most insurance companies require me to provide them with a clinical diagnosis. Sometimes I have to provide additional clinical information which will become part of the insurance company files, such as recommendations for treatment, a treatment plan, or your progress. Once this information is released to the insurance company, I do not have control how these records will be handled by your insurer. By signing

this agreement, you agree that I can provide requested information to your carrier if you plan to pay with insurance.

In addition, if you plan to use your insurance, authorization from the insurance company may be required before they will cover counseling fees. If you did not obtain authorization and it is required, you may be responsible for full payment of the fee. Many policies leave a percentage of the fee to be covered by the patient. Either amount is to be paid at the time of the visit. In addition, some insurance companies also have a deductible, which is an out-of-pocket amount that must be paid by the patient before the insurance companies are willing to begin paying any amount for services. You will be responsible for any deductibles, co-insurance, or co-pays required by your insurance plan.

I am in-network with several insurance companies. Please speak with me individually to determine if I am a provider for your specific plan. If I am not a participating provider for your insurance plan, I can provide you with a Superbill, which you may use to submit for out of network coverage. You are still responsible for standard fees at the time of service. Please note that not all insurance companies reimburse for out-of-network providers. We cannot guarantee reimbursement. If you prefer to use a participating provider, I will refer you to a colleague.

Confidentiality

Your confidentiality is of the utmost importance to me. By law, you have the right to have your information kept private. If you wish to have information released, you will be required to sign a "Release of Information," before such information will be released. There are some limitations to confidentiality to which you need to be aware. I may consult with a supervisor or other professional therapist in order to give you the best service. In the event that I consult with another therapist, no identifying information such as your name would be released. There are legal limits to confidentiality as well.

These include:

- 1) I am required to report any suspected incident of child abuse or neglect to law enforcement and/or the local Child Protective Services unit.
- 2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person(s) threatened
- 3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder.
- 4) I am required to report suspected abuse, caretaker neglect, and exploitation of at-risk elders
- 5) I am required to report any suspected threat to national security to federal officials
- 6) I am required to report any significant clinical information under court order
- 7) In the case that I respond to any legal action taken by you against me

Confidentiality of Minors

Clients under the age of 18 and their parents should be aware that that the law may allow parents to access treatment records. However, since confidentiality in treatment is often essential to its success, it is my policy to request a special agreement with minors and their parents. This agreement provides that during treatment, I will provide parents only with general information about treatment progress and the client's attendance at sessions. Any other information will remain confidential and require the client's authorization to access. An exception to this exists if I feel that the client is a danger to themselves or others, in which case, I will notify the parents of my concern. Please be aware that clients, who are 15 and older, in Colorado, have the right to consent to mental health treatment without parental consent.

Confidentiality and Group Therapy

The nature of group counseling makes it difficult to maintain confidentiality. If you choose to participate in group therapy, be aware that I cannot guarantee that other group members will maintain your confidentiality. However, I will make every effort to maintain your confidentiality by reminding group members frequently of the importance of keeping what is said in group confidential. I also have the right to remove any group member from the group should I discover that a group member has violated the confidentiality rule.

Record Keeping

I will keep records of your counseling sessions and possibly have a treatment plan which includes goals for your counseling. These records are kept to ensure a direction to your sessions and continuity in service. They will not be shared except with respect to the limits to confidentiality discussed in the Confidentiality section, or if your insurance company requires documentation for audits or other reasons. Should you wish to have your records released, you will be required to sign a release of information which specifies what information is to be released and to whom. Records will be kept for at least 7 years but may be kept for longer. Records will be kept on a secure server and in a paper file, stored in a locked cabinet in my office.

Our Relationship

As a professional, I will do my best to help you. This includes following the standards of the National Association of Social Workers (NASW). In your best interests, NASW puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will not think they are personal responses to you. First, I am licensed and trained to practice psychotherapy—not law, medicine, finance, or any other profession. I am not able to give you advice from these other professional viewpoints. Second, I try not to reveal who my clients are. This is part of my effort to maintain your privacy. If we meet on the street, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship. Third, I can only be your therapist and must refrain from engaging in harmful or dual relationships. I cannot be a close friend or socialize with you. I can never have a sexual or romantic relationship with you. I also cannot have a business relationship with you.

Contacting Me/E-mail/Social Media

I am not always available to receive calls. Even when I am at the office, I am often with a client and not able to answer the telephone. You can always leave a message on my confidential voicemail, and I will return your call as soon as I can. I do not check messages or return calls after 8pm, and I check messages less frequently on weekends. Generally, I will attempt to return your call within 24 business hours, and I rarely return calls on weekends and holidays. If you have an emergency or crisis, are unable to reach me, and cannot wait until I am able to return your call, call 911, go to the nearest hospital emergency room, or call the Colorado Crisis and Support Line at 1-800-493-8255 (TALK).

At your request, I will send you an initial welcome email with your appointment information and my forms. After this initial email, I prefer to handle most of our communication via telephone. You should be aware that communicating with me via email presents risks to confidentiality. If you choose to communicate with me via email there is a chance that our communication could be viewed by unintended parties. This might include people that have access to your phone or computer, your employer (if you use work email), as well as others. As such, do not use email for emergencies or clinical questions. Should you choose to send me an email, I will respond, acting under the assumption that you have made an informed decision. I will view it as your agreement to take the risk that such communication may be intercepted or seen by unintended parties. Please note that I will not respond to clinical concerns via email. Please do not send me text messages; I do not respond to text messages.

I do not respond to friend requests from current or former clients on any social networking sites (Facebook, LinkedIn, etc.). I 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. I do provide information on my website, Facebook page, Pinterest, and Google+ page. Some of these sites allow you to comment or provide reviews. Please note that should you choose to interact via social media, you have chosen to reveal yourself as a possible client and there is no guarantee of confidentiality on public social media.

Agreement and Informed Consent to Treatment

Please initial each line to indicate that you have read and agree to the corresponding sections of this agreement and give your consent to the terms they contain:

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|---|---|---|
| <input type="checkbox"/> Psychotherapy | <input type="checkbox"/> Risks/Benefits of Counseling | <input type="checkbox"/> Therapy for Children |
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Professional Fees | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Confidentiality of Minors | <input type="checkbox"/> Record Keeping |
| <input type="checkbox"/> Our Relationship | <input type="checkbox"/> Contacting me/Email/Social Media | |

By signing below, I, the client (or parent/guardian) am stating that I have read, understand, and agree to all the conditions listed in the “Policies and Information for Clients” form. If at any time during treatment I have questions about the policies, I can discuss them with you. I agree to act according to the points covered in this form. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy.

By signing below I am consenting to treatment with Alyssa Wermers, LCSW and agree to participate in therapy to the best of my ability. In the case of psychotherapy with a minor child/children; I do affirm by signing this Consent to Treatment that I am the legal guardian and/or custodial parent able to legally consent to the treatment of the child/children.

Client Name (Please Print) Date of Birth

Client, or Legal Guardian for Minor Child Signature Date

Print name and authority to sign if not client