

Center for Transformative Counseling, Inc.

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Informed Consent

Counseling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client, you have certain rights that are important for you to know about because this is your therapy, and its goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a counselor, I have corresponding responsibilities to you.

My Responsibilities to You as Your Counselor

I. Confidentiality

Other than the specific exceptions described below, you have the right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a counseling session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information) or have an online counseling session with you using internet or telephone technology, it will be done with special safeguards to insure confidentiality. If you elect to communicate with me by email, please be aware that email that is not sent via an encrypted server is not completely confidential. Any such email should only contain communications that are general and/or related to housekeeping issues (e.g., making or canceling an appointment). All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email I

receive from you, and any responses that I send to you, will be printed out and kept in your treatment record.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services or Adult Protective Services.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police, hospital, or your emergency contact. I would explore all other options with you before I took this step, and inform you of the actions I intended to take.
4. If I am legally compelled to disclose information.

II. Record-keeping.

I keep records of our sessions, which may include detailed notes and even verbatim transcripts. If you prefer that I keep no records, you must give me a written request to this effect for your file and I will only note that you attended therapy in the record. In face to face sessions, I prefer to record them with a digital recorder rather than take notes. I will take notes on the recording later, and then erase it.

You have the right to a copy of your file at any time, giving me the chance to print it out from my computer and/or to make copies. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider upon your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be

helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right counselor for you. You are free to leave therapy at any time.

My Training and Approach to Therapy

I have a M.Ed. in Community Counseling earned in 2000 from the College of William and Mary in Williamsburg, Virginia. I am a Licensed Professional Counselor (LPC) in the State of Illinois. I was certified as a National Certified Counselor by the NBCC (National Board for Certified Counselors) in 2000.

My areas of special training and expertise include grief and loss, trauma, abuse, recovery from alcohol addiction, and spiritual issues. My approach is called Humanistic, or Client-Centered Therapy. This is a philosophy of psychotherapy that takes a positive view of human nature and emphasizes the empowerment of the individual to find his or her own way toward healing and wholeness. Therapists in this tradition help clients realize their potential through change and self-directed growth. There are also Cognitive and Psychoeducational components to my approach, which means I focus on changing my clients' perceptions so that they can make the changes they want, and on increasing my clients' knowledge and information about themselves, about the context they are in, and about the grief process.

I use a variety of techniques in therapy, exploring options to find what will work best for you. These techniques are likely to include dialogue, interpretation, reflection, cognitive reframing, written exercises, physical self-care, assessments, visualization, dream work, journaling, creative expression, and films. I may suggest that you consult with a physical health care provider regarding treatments that could help your problems or increase your health and thus your energy to engage in the process of change. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care.

You have the right to refuse anything that I suggest. I do not have intimate friendships or sexual relationships with clients or former clients because that would be unethical and illegal. Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your perceptions or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings. It is important that you consider carefully whether these risks are worth

the benefits to you of changing. Most people who take these risks find that therapy is helpful and life-enhancing.

You normally will be the one who decides therapy will end, with three exceptions.

1. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract.

2. If I am not, in my judgment able to help you, because of the kind of problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs.

3. If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment.

If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times a year for vacations or professional conferences. Most of the time I will remain available for online sessions, but sometimes I will not. I will tell you well in advance of any lengthy absences where I will not be available, and, when appropriate, give you the name and phone number of the therapist who will be covering my practice during my absence. If you are experiencing an emergency when I am unavailable, or that requires immediate attention, please call one of the hotline numbers listed on this website. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Client

I. Confidentiality

You are expected to keep our communications confidential. All records of communication between client and therapist remain the property of the therapist. I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only to communicate through a computer that you know is safe (i.e. wherein confidentiality can be ensured). Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during an online chat session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email me to schedule a new session time.

II. Appointments

You are responsible for coming to your session on time and at the time we have scheduled. If you are late, we will end on time and not run over into the next client's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session.

III. Payment

You are responsible for paying for your session in advance, unless we have made other arrangements. My fee for a 60-minute session is \$85.00, again, unless we have made other arrangements. If a fee raise is approaching I will notify you of this well in advance. Online session payments via credit or debit card can be processed through HelpHorizons.com. Sessions are purchased in 60- and 30-minute increments. Email sessions are purchased as single sessions at \$25.00 each, or as a therapeutic package at \$150.00 for 8 email exchanges.

IV. Insurance

If you have insurance, you are responsible for providing me with the insurance forms, which I will fill out and return to you. You are responsible for all payments, and any reimbursement will, in turn, flow to you. I do not accept the promise of reimbursement as payment for services rendered. However, I do work on a sliding scale as necessary, based on your income. I encourage my clients to consider the issue of confidentiality when applying for insurance reimbursement. Once you give personal information to an insurance company, it is no longer confidential. To my knowledge, most insurance companies do not reimburse for online counseling at the present time.

V. Billing

I am not willing to have clients run a bill with me. And I cannot accept barter for therapy.

VI. Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of

the psychotherapy records be requested.

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously, and listen to it with care and respect.

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before, and as a pre-condition of, the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of the Center for Transformative Counseling, Inc. and the client. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. In the event that mediation is unsuccessful, any unresolved controversy related to this agreement should be submitted to and settled by binding arbitration in accordance with the rules of the American Arbitration Association which are in effect at the time the demand for arbitration is filed. Notwithstanding the foregoing, in the event that your account is overdue (unpaid) and there is no agreement on a payment plan, I can use legal means (court, collection agency, etc.) to obtain payment. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorneys' fees. In the case of arbitration, the arbitrator will determine that sum.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Elissa Bishop-Becker. I am over the age of eighteen, or the signature below is that of my parent or legal guardian.

Signed: _____

Witness: _____