

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

I am very happy that you have chosen me to be your (your child's) therapist, and I am very much looking forward to assisting you on this counseling journey. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment. Providing this document to you is part of an ethical obligation to my profession, most importantly, it is part of my commitment to you to keep you fully informed of every part of your therapeutic experience. Please know that your relationship with me is a collaborative one, and I welcome any questions, comments, or suggestions regarding your course of therapy at any time.

Background Information

The information below illustrates my educational background and experience as a Therapist. If you have any questions, please feel free to ask. I obtained my Bachelor's degree in Psychology from Seton Hall University, South Orange, New Jersey, in 2004. During my time at Seton Hall University I also studied Biology and was a statistical assistant in the Psychology department. My experiences in the Psychology department along with substitute teaching during my time as an undergraduate fueled my passion to pursue a Master's degree in School Counseling. In 2008, I completed my Master's Degree in School Counseling in conjunction with obtaining my certification as a Substance Awareness Counselor at Kean University in Union, New Jersey. While at Kean University, from 2005-2008, I worked in the Career Development and Advancement Office as a Career Counselor where I assisted the students of Kean in exploring the possibilities in their majors and finding them jobs once they graduated. I also coordinated and ran presentations on Career Counseling and assisted in the Career Fairs lead by my department. I also served as the President of Chi Sigma Iota, the Counseling Honor Society, where I helped coordinate events and worked closely with faculty and staff on various jobs. Upon graduating with honors from Kean University in 2008, I obtained a job as a Student Assistance Counselor (SAC) at Burnet Middle School in Union, NJ. I have been happily working at Burnet ever since. As a School Therapist at Burnet my position encompasses many roles and responsibilities which include but are not limited to:

- Coordinating substance abuse prevention, education, & early intervention services for students
- Conducting intakes, assessments, and proper referrals, if necessary
- Faculty and Staff resource for early identification and intervention strategies for at – risk students
- Providing counseling services to identified students (individual and group)
- Coordinating services to students with appropriate community agencies
- Coordinating with school nurse in regards to students identified who inflict self-harm
- Maintaining meticulous case notes and reports as necessary

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- Conducting a number of in school groups: Success Skills, Study Skills, Peer Counseling, Anger Management, Anti-Bully Group, Victims of Bullying, and Grief Counseling
- Serving as Chairperson of the 504 Committee
- **Chairperson of Positive Behavior Support in Schools Initiative** (*Named Spotlight School of New Jersey 2011 – 2012 School year*)
- Coordinates PBSIS team and all duties
- Coordinates meeting logistics
- Coordinates the development of lesson plans, schedules, and instructional materials for annual and intermittent instructional events designed to teach behavior expectations
- Coordinates and maintains a school wide recognition system that celebrates students and staff for engaging in behaviors consistent with the school wide behavioral expectations
- Responsible for weekly student raffles
- Trains staff on school wide behavioral expectations

During the 2010 School Year the Anti-Bully Legislation was passed in New Jersey, and I was shortly thereafter appointed the Anti-Bully Specialist for our building. I am highly qualified and trained to provide therapy to students both individually and in Anti-Bully related groups. I am extremely passionate about helping students overcome the effects of bullying. Currently in my position at Burnet I: chair the School Safety Team, lead all investigations of alleged incidents of harassment, intimidation, and bullying in the school, act as the primary school official responsible for preventing, identifying, and addressing incidents of harassment, intimidation, and bullying in the school, execute other duties related to harassment, intimidation, and bullying as requested by the principal and/or the district Anti Bullying Coordinator, identify and intervene with patterns of HIB of students in the school, review and strengthen school climate and the policies of the school in order to prevent and intervene with HIB of students, educate the community, including students, teachers, administrative staff, and parents to prevent and intervene with HIB of students. I also provide intensive counseling for students who have been bullied and students who are also the bully themselves. I enjoy and love helping students overcome these issues with such passion that I decided to attain my LPC (Licensed Professional Counselor Certification: License #37PC00495900 New Jersey) which enables me the ability to provide therapy to adolescents and adults outside of the school. I also am in the process of acquiring my Supervisors certificate.

Kindness Counts Therapy, LLC

After receiving my license, I now practice under my own personal LLC, *Kindness Counts Therapy*. The mission of Kindness Counts is to help each and every client passionately through caring & empathetic counseling, with a focus on reaching solutions and your highest potential. I strive to create the most comfortable and kindest environment for my clients. I specialize in working with Adolescents who are struggling with fitting in, bullying, self-esteem, body image, behavioral issues, organizational skills, academic issues, eating disorders, family conflict, Obsessive-Compulsive, Peer Relationships, Substance Abuse, Teen Violence, Addiction, Anger Management, Impulsivity, Depression, Grief, Oppositional

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Defiance, Relationship Issues, Self-Harming, Suicidal Ideation, & Anxiety. I also work with adults in the areas mentioned above as well as Career Counseling.

PROFESSIONAL ACTIVITIES & ORGANIZATIONS

Member of Parent Involvement Committee
Member of Burnet Middle School Research Committee
Chairperson of Mentoring Committee
Chairperson of School Mission/Vision Committee
Chairperson of Anti – Bully Club
Chairperson of PBSIS Club
Chair Person of Anti – Bully Book Club
Chairperson of 504
Chairperson of School Safety Team
Anti-Bullying Specialist
New Jersey Association of Student Assistance Professional Conference - 2009, 2010, 2011, 2012,2013
Anti – Bullying Conference Monmouth University - 2012
State Training for Anti Bullying Specialist – 2011,2012,2013
Member of New Jersey Association of Student Assistance Professionals
Member of ACA – American Counseling Association

PROFESSIONAL QUALIFICATIONS

New Jersey School Counselor Certification
New Jersey Substance Awareness Coordinator Certification
Licensed Professional Counselor
Anti-Bully Specialist

Theoretical Views & Client Participation

I will help you every step of the way on your journey. We will be in this together. I will use various counseling techniques to explore the foundation of current issues through cognitive re-framing. My therapeutic approach is in-depth and kind, I believe using kindness in therapy brings out the best in us.

Together we can face and overcome the potholes and detours we call life. I have been working with adolescents for the past 6 years specializing in bullying and self-esteem. I have a strong commitment to my clients and strive to provide a safe and nurturing environment where individuals can achieve their goals and develop healthy coping skills. I work with diagnostically and culturally diverse children,

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adolescents, adults, and families. I strongly believe in the pliability of families and children. Using evidenced-based treatment, I help my clients achieve their goals at their own pace. I participate in continuing education courses, seminars, and professional conferences in order to stay current and am always expanding on my knowledge base and methodologies in order to best serve the needs of my clients. Self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As my client, you are in complete control, and you may end your relationship with me at any point. In order for therapy to be most successful, it is important for you to take an active role. This means working on the things you and I talk about both during and between sessions. The more of YOURself you are willing to invest, the greater the return. Furthermore, if I don't believe our sessions together are helping, I will direct you to other resources that will be of assistance to you. Your personal development is my number one priority. I encourage you to let me know if you feel that transferring to another therapist is necessary at any time. My goal is to facilitate healing and growth, and I am very committed to helping you in whatever way seems to produce maximum benefit. The counseling process can be a fun and exhilarating journey and it can also be very challenging. However, the goal will always be to bring about some positive change.

At our initial meeting, we will assess your current needs and concerns, and decide if we can work together to address them. We will evaluate the results of our work together, and determine the need for additional sessions, termination, or outside referral for further counseling or assistance. Throughout our work together, I will make every effort to professionally facilitate the resolution of your needs and concerns. Ultimately, you must decide to use what you gain from the process.

Waive Right To Subpoena

In order to protect you and the information you and/or your child(ren) provide to me during our sessions, I ask each client to waive their right to call me as a witness to court for any reason. If you anticipate the need for a therapist's involvement in court activity I will be happy to refer you to someone who is more suited to meet your needs.

Confidentiality & Records

Your communications with me will become part of your clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be kept in a file stored in a locked cabinet in my office. Additionally, I will always keep everything you say to me completely confidential, with the following exceptions: (1) use by therapists and administrative staff employed by or contracting with Kindness Counts LLC for tasks such as consultation, billing, checking voicemail, and making appointments; (2) you direct me to tell someone else and you sign a "Release of Information" form; (3) you verbally or physically threaten me; (4) I determine that you are a danger to yourself or to others; (5) you report information about the abuse of a child, an elderly person, or a disabled individual

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who may require protection; (6) The Patriot Act of 2001 requires me in certain circumstances, to provide federal law agents with records, papers, and documents upon request and prohibits me from disclosing to my client that the FBI sought or obtained the items under the Act; (7) I am ordered by a judge to disclose information. In the latter case, my license does provide me with the ability to uphold what is legally termed “privileged communication.” Privileged communication is your right as a client to have a confidential relationship with a therapist. Should you request that I reveal information about our counseling relationship to others, I will ask you to first sign a release of information form specifying exactly what you wish revealed and to whom. I will not disclose any information without first consulting my colleagues or other professionals regarding the validity of these exceptions.

Structure and Cost of Sessions

I agree to provide psychotherapy for the fee of \$190 for the initial session, \$175 per 50 minute session, \$225 per 80 minute session, \$200 per 50 minute family/couple session, and \$60 per 50 minute group therapy session, unless otherwise noted and /or negotiated prior to meeting. This fee includes preparatory work/research, follow up work, and between-session communication with collateral resources. In addition, I will be charging \$100 for any letters or treatment summaries you may need me to write. Doing psychotherapy by telephone is not ideal; however, it will be the same fee for individual sessions as stated above. The fee for each session will be due at the conclusion of the session. Cash, personal checks, Visa, MasterCard, Discover, or American Express are acceptable for payment. For credit card payments, there is an additional 2.75% processing fee. I can provide you with a receipt of payment and the receipt may also be used as a statement for insurance if applicable to you. Please note that there is a \$25 fee for any returned checks.

In addition, for those clients who are financially eligible, I do have some reduced fee slots available. Please do not hesitate to talk to me about this. I do not want financial limitations to be a barrier and will do what I can to prevent this. Fees for my services will be due at the end of each session.

Please make checks payable to CASH or Kindness Counts Therapy, LLC, and please have your check prepared in advance so that session time can be best utilized.

Cancellation Policy

In the event that you are unable to keep an appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions so you will be responsible for what the insurance company pays for individual or family sessions.

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At this time I do not accept insurance. If you are using out-of-network benefits, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. Please have the checks mailed directly to you. I will be glad to provide you with a statement for your insurance company and to assist you with any questions you may have in this area. Please note, that in order to use your insurance benefits, I must give the client an appropriate DSM diagnosis code.

For out-of-network benefits, contact your insurance company and ask:

- Check to see if they will reimburse you for seeing me and if so how much of the fee will be reimbursed (for individual & group sessions if needed)
- Check with your insurance company to determine whether you need preauthorization to be seen by a provider. If so, make sure to keep copies of any preauthorization documentation or numbers.
- Ask your insurance company if they require claim submissions on a particular type of form
- Ask your insurance company what SPECIFIC information will be needed from the provider of service. This information typically includes the following:

Date(s) and time of service

Diagnosis Code

Service Provided (CPT code)

The Provider's Full Name, Credentials, Tax ID Number, and License Number

If you choose to use out-of-network benefits, give this information to me at your next visit so that I can provide you with the appropriate information and/or required forms (aka: a Superbill).

Referrals

I welcome referrals which signify your overall satisfaction with my services.

In Case of an Emergency

My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I may not be available at all times. Clients are given my cell phone number and I check that voicemail as often as I can. I do communicate with my clients via email and text if needed. **However, if you do contact me via electronic communication please be aware that it is possible for unauthorized users to access such communication that could compromise confidentiality. As part of this contract if you choose to communicate with me via cell phone, email, or text, you are agreeing not to hold me responsible for any breach of confidentiality that may occur by someone else accessing the information sent to or from me.** If at any time this does not feel like sufficient support, please inform me and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. Generally, I will return phone calls, texts, and emails within 24-48 business hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

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- Call 911.
- Go to your nearest emergency room.

Professional Relationship

Psychotherapy is a professional service I will provide to you. Because of the nature of therapy, your relationship with me has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist and client. If you and I were to interact in any other ways, we would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of my clients the best care, my judgment needs to be unselfish and purely focused on your needs. This is why your relationship with me must remain professional in nature. A therapist helps you learn how to solve problems better and make better decisions. A therapist's responses to your situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their clients secret. As much as I would like to, for your confidentiality, I will not address you in public unless you speak to me first. In sum, it is my duty to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

I assure you that my services will be rendered in a professional manner consistent with the ethical standards of the American Psychological Association. If at any time you feel that I am not performing in an ethical or professional manner, I ask that you please let me know immediately. If we are unable to resolve your concern, I will provide you with information to contact the New Jersey professional licensing board that governs my profession. Due to the very nature of psychotherapy, as much as I would like to guarantee specific results regarding your therapeutic goals, I am unable to do so. However, with your participation, we will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is my intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless. Additionally, at times people find that they feel somewhat worse when they first start therapy before they begin to feel better. This may occur as you begin discussing certain

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sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and I are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way. I am sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask.

Case Consultation: I at times practice professional consultations for the purposes of professional training, accountability and providing the best counseling service possible to clients. I may at times discuss your situation with other professionals while being very careful not to disclose your identity. Please speak with me if you have concerns regarding this practice.

Termination: It is every client's right to disengage from counseling with or without notice to the treatment provider. However, I request notification of termination of therapy. I find it helpful to arrange a final session to explore termination, and review counseling goals and progress. Please understand that your file will be considered closed 90 days after the last counseling appointment.

Unprofessional Conduct and Complaints: If you have any concerns about your experience, please discuss it with me. If you feel I have been unethical or unprofessional, you can contact the New Jersey Professional Board of Counselors.

Marriage and Family Therapy Examiners
PO Box 45007
Newark, NJ 07101
(973) 504 - 6582

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to the policies of your relationship with me as your therapist, and you are authorizing me to begin treatment with you.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent's or Legal Guardian's Name (Please Print)

Date

Parent's or Legal Guardian's Signature

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My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

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Date

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