

## Informed Consent for Assessment and Treatment

Welcome to Happy Hour Counseling, I am excited that you have chosen to work on your needs and face the challenges that therapy will help you to overcome. Before we begin, it is helpful to review important issues regarding your treatment and care. Therapy works best with a clear and safe relationship between the therapist and the client. As a client, you have certain rights and responsibilities, and as your therapist I do too. Let's begin.

### Background, Education, and Training

I am a licensed professional counselor through the Arizona Board of Behavioral Health Examiners and have my National Certified Counselor credentialing through the National Board of Behavioral Health Examiners working in private practice. My education includes a Bachelor's degree in Psychology from Arizona State University and a Master of Science degree in Community Counseling from the University of Phoenix. I completed my training for EMDR (eye movement desensitization and reprocessing) through the EMDR Institute, an approved organization for educating professionals on this specific intervention. I am trained and competent in the treatment of depression, anxiety, addiction, and trauma working with adults, families, and couples. While my education and experience has allowed me to work with a wide array of individuals, there are some areas of expertise that I may refer out due to the limitations of my scope. I reserve the right to refer clients to other competent providers if my skill sets are not a therapeutic match for the individual.

I share my office space with other providers that are not affiliated with my practice. I do not provide treatment to their clients, nor do they provide services to mine. I assume no responsibility for the practices of other providers using this office space.

### Financial

Payments are expected at the time the service is provided unless other arrangements have been made. By signing this document, you are agreeing to the fee schedule and payment of services outlined here. My fee for initial and ongoing sessions is \$95 for a 50-minute session. If you have elected to participate in EMDR interventions, reprocessing sessions will be scheduled for 90 minutes with a rate of \$125. These sessions will be scheduled ahead of time with consent of the client.

In addition to the standard session fee, additional fees may be applicable. These additional fees may include lengthy telephone calls and documentation requests by client at a rate of \$20 per 15 minutes, returned check fees at a rate of \$25, and cancellation fees at a rate of \$50. Balances older than 30 days are subject to fees and interest, as well as any reasonable collection or legal fees accrued as a result of attempting to secure payment.

At this time, I do not take insurance plans or reimbursement. I will provide you with a super bill with information needed for your taxes or to submit to your insurance for reimbursement. Submitting your super bill to insurance implies your consent to disclose the protected health information that appears on the bill including your name, date of birth, diagnostic codes, and CPT codes. By signing this form, you are authorizing me to affix my name to all insurance submissions, documents, or information requested by your insurance company related to any and all benefits due to the client. The client authorizes payments be sent the provider, otherwise payable to them, for services rendered if the insurance provider refuses to send payment to the client.

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### Availability and Appointments

My practice does not have the capacity to respond to emergencies or psychiatric crises.

In the event of a true psychiatric emergency, please refer to the emergency services in your area, which include, but are not limited to: 911 or Maricopa Crisis Line (602) 222-9444.

My practice is operational on Tuesday, Thursday, and Friday evenings from 4:30pm-6:30pm. Additional hours may be accommodated by request if arrangements can be made. Please note that an immediate response in one situation does not constitute a commitment to an immediate response in another situation, I will do my best to be responsive and available to all my clients whenever possible. Please be aware that I do not do over the phone counseling, and phone calls should be limited to scheduling, billing questions, or quick check-ins. If you require additional support between visits, it may be possible to schedule an additional session, as therapeutic change is most effective in person.

Regular attendance to scheduled appointments is key to therapeutic commitment and change. I reserve one hour per session for clients, unless otherwise scheduled for an EMDR reprocessing session. Last minute cancellations or no-show appointments are very detrimental to my practice, so I ask that you please provide a minimum of 24-hour notice when cancelling or rescheduling an appointment. If you do not provide 24-hour notice, you will be charged the cancellation fee noted above (\$50). Repeated cancellations or missed sessions may result in the termination of our therapeutic relationship. My small practice does not have appointment reminder services, so you are responsible for managing your appointments as scheduled.

### Social Media, Email & Technology

I currently run a Facebook, Twitter feed, and personal website for Happy Hour Counseling. These pages are intended to offer motivation, connection with psychological concepts and research, and marketing. These sites are not intended to provide counseling or psychological support. If you choose to follow or “like” these pages, your information is public and can be seen by others. I do not communicate with any clients via these social media platforms.

Email is used for business purposes only and may be checked infrequently. Please do not use email for counseling purposes or to send personal, protected health information. Email is considered unsecured communication.

Text messaging is available and is for business purposes only. Please do not send your private information through text or text to use text messaging for counseling purposes. Text messages are also considered unsecured communication.

### Privacy, Confidentiality & Records

Information shared and recorded during the course of psychotherapy is considered protected health information and kept strictly confidential in the majority of situations. You are protected by the Federal Health Insurance Portability and Accountability Act (HIPAA), which entitles you to confidentiality and privacy in the therapeutic relationship. Privacy and confidentiality are complex issues, so I have attached a comprehensive HIPAA Notice Of Privacy Practices to this consent

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form. By signing this consent, you agree to the receipt and acknowledgement of the content of the HIPAA Notice Of Privacy Practices. As an overview, here are some limitations to your confidentiality defined below:

1. Danger to Self or Others. If I have good reason to believe that you are an active danger to yourself or another person, I am mandated by law to ensure the safety of you and/or the other individual. This may include suicidal threats or plans with intent or disclosures of plans of harming another individual. In this case, I will notify the identified parties and contact the local police department or request crisis intervention for hospitalization, if necessary.
2. Abuse or Neglect of a Vulnerable Person. If I have good reason to believe that there is abuse or neglect to a minor child or vulnerable adult that has occurred or is occurring. In these instances, I am mandated by law to notify child welfare services or adult protective services to ensure safety.
3. Malpractice or Ethical Violations. If you disclose to me abuse or misconduct by another mental health provider in the state of Arizona, I am obligated by my code of ethics to report malpractice or misconduct to our licensing board. This may include some of your protected health information.
4. Court. Subpoenas are another exception to confidentiality, and if required to appear in court, I may be required to disclose your personal information without your prior consent.

Other exceptions to confidentiality that may occur, but are not legally mandated are:

1. Joint sessions with a person of your choice. During the course of your treatment, you may wish to have other individuals participate in your treatment. When you invite someone into the counseling session, you imply consent that your health information may be shared openly with these individuals.
2. Consultation and Professional Development. I participate in consultation and professional development for the trauma work that I participate in. While none of your identifying information is shared, certain components of your story and situation as well as my interventions are shared to improve my clinical skills. If you do not wish for me to consider your treatment in my professional development, please provide notice to me in writing, and I will include this in your documentation.
3. Outside of the Office. My practice to safeguard your privacy and protect your confidentiality is incredibly valuable to me. While we live in a well-populated area, it may be possible that we run into each other in situations outside of the therapy session. If this happens, I will not make any acknowledgement of our therapeutic relationship or my familiarity to you. Please know that I am not being rude, but honoring your privacy. If you wish to say hello or introduce yourself, I will engage you, but be aware that your privacy and confidentiality are reduced by doing so.

I keep brief records for each session attended and notes about your progress. We will work together to create a treatment plan and intervention approach that is unique to you, which will be part of your treatment file. Under the Health Care Information Act, you have rights to request your file, review your file, or make any amendments to errors you believe are present in your file. At your written request, I can share your written file with other providers. Your file is considered protected health information, so all information documented will be secured from others to protect your privacy.

In the event of my death, retirement, or inability to continue therapeutic services, the records for my clients that are actively receiving services (seen within the last 30 days) will be given to one or more local behavioral health professionals to facilitate the continuation of treatment. In such as situation, you have the right to continue treatment with this professional, discontinue treatment, or ask for another referral. Records for inactive clients will be handled by a records custodian, which may be an individual or a company. The custodian will be responsible for satisfying records requests and destroying records when the legal timeframes for records retention are satisfied.

### Purpose, Limitations & Risks of Treatment

The purpose of entering counseling is to improve your emotional resilience, heal from past pain, change troublesome behaviors, and improve relationships. When participating in EMDR, the purpose to challenge maladaptive belief patterns that were learned from traumatic past events to free you from the negative patterns and emotional traps that exist in the present. My purpose is to help walk with you through your experiences and provide insight and guidance to places you cannot access on your own.

There are few guarantees in life, and the benefit of therapy is not one of them. While the overall intent of participating in counseling is to improve your distress tolerance, improve stress management, and heal from past emotional pains, the effectiveness is not guaranteed or promised. In some cases, attending to emotional pain that has long been avoided can sometimes increase distress for individuals and even result in unintended changes. Participating in therapy leads to challenging many aspects of life including relationships, behaviors, employment, substance use, and living environments where significant changes can occur. While we will work together on creating and following a treatment plan to make the most of your time in sessions, change does not often happen in a predictable and linear way; sometimes change happens slowly, sometimes it happens quickly and with ease. In the case of marriage and family therapy, interpersonal conflicts can increase as therapeutic issues arise and guaranteeing resolution within a relationship is not a possibility. It is always a possibility that entering marriage therapy will still end in divorce or the end of a committed relationship.

### Treatment Process & Patient Rights

Your engagement with treatment begins now, actively taking steps to accept your need for change. Our first sessions will focus on history taking and gaining a comprehensive understanding of your needs in treatment. The end of this phase will be marked by working together to make a comprehensive and individualized treatment plan for you or your family. The sessions to follow will focus on the goals and objectives outlined in the treatment plan and will terminate upon completion of your goals, unless other factors lead to premature termination of the counseling relationship. EMDR reprocessing only happens after we have established a trusting and safe relationship and adequate emotional regulation skills to revisit your trauma. Reprocessing sessions are recommended for 90 minute sessions to provide the greatest opportunity for healing and change, though you have the right to maintain 50 minute sessions should you chose to do so. You have a right and an obligation to participate in the course of your treatment, and you will participate in periodic reviews of your treatment plan to assure we are working towards the same common goals of your wellness. You have the right to refuse any recommended treatment or withdraw your consent to treatment at any time. You will be advised at that time of the consequences of such refusal or withdrawal. You have the right to fair and ethical treatment that is culturally sound and individualized. If at any time you

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feel that I am not treating you with respect or are violating your values or cultural needs, I encourage you to speak with me directly about your concerns. If you do not feel safe or comfortable with me, you may file complaints or grievances regarding your care through the Arizona Board of Behavioral Health Examiners.

Our Relationship

The relationship between client and therapist is unique in that it is exclusively therapeutic in nature. Simply put, it is inappropriate and unethical of me to spend time with clients in any way outside of our therapy sessions, to give or receive gifts, to attend family or religious functions, or to socialize in a public forum. I am not able to connect via personal social media platforms, and any requests to do so will be denied. The purpose of these boundaries is protect your privacy and the integrity of our therapeutic relationship. To be an effective therapist for you, I must be able to have separation from personal relationships and have the best chance at an objective perspective as possible.

Lastly, I am not a doctor or a prescriber. I have a Master's Degree in Counseling and am licensed through the Arizona Board of Behavioral Health Examiners to practice independently, that means you can just call me Dawn!

Consent for Evaluation & Treatment

Consent is hereby given for evaluation and treatment under the terms described in this consent 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. In the case of a minor child, I hereby affirm that I am custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

\_\_\_\_\_  
Client/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Guardian Signature

In the case of a minor child/legal guardianship, please specify the following:

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Full Name of Minor Child/Recipient

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Date of Birth

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Relationship to Minor Child/Recipient

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For Office Use Only

The undersigned verify that client/guardian has read and understands informed consent documents.

\_\_\_\_\_  
Dawn Bartleman, LPC, NCC

\_\_\_\_\_  
Date

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