

## **Counseling Alaska LLC**

Rebecca Love, MS LPC CST

Licensed Professional Counselor AK #661

### **Informed Consent/Disclosure Statement**

Welcome and thank you for choosing me to participate in your care!

Before we begin, it is important that you read this document thoroughly. It contains important legal information, information about the counseling process, your rights, and my policies and procedures.

### **My Background**

I hold a bachelor's degree in psychology from Montana State University and a Master's of Science in Counseling Psychology from Alaska Pacific University. I am an AASECT certified Sex Therapist and have specialized training in the areas of sexuality and women's health, and am a trained EMDR provider. I provide individual and couple's counseling for teens and adults. I do not specialize in working with families around legal or custody issues – if this is what you require I will provide a referral.

### **Psychotherapist/Client Services Agreement**

This form has been developed to provide you with information about psychotherapy procedures and practices. It contains information about the Health Insurance Portability and Accountability Act (HIPAA), privacy rules and some professional ethical codes relevant to therapy. You may choose to revoke this agreement at any time, which will mean you no longer consent to treatment; however some parts may still be enforced. Please be aware that you are not formally accepted as a client until expressly agreed upon by both parties (client and counselor) AFTER the Initial Intake Session.

### **Confidentiality**

Confidentiality is critical to your sense of safety and your ability to build a trusting relationship with me. You should know that I consult with other providers on cases – I do not use names and I disguise identity of my clients, unless I have your written permission in advance. Consulting with others therapists allows me to give you a broader base of knowledge to draw from in determining how best to serve you. **There are a few situations in which confidentiality may be broken. They are as follows:**

- 1)** If I determine that you are at **clear and imminent risk to harm yourself or others.**
- 2)** As mandated by law, including, for example, **if there is a vulnerable child or adult at risk. I am mandated to report this** to the appropriate authorities (e.g. OCS)
- 3)** If a **court subpoenas your records** I am required to release them by law. However, you will be given notice of the subpoena and will have an opportunity to have the court “quash” or terminate the subpoena. Be aware that you would be responsible for taking this action as I cannot do this for you.

**4)** Where I am a **defendant in a civil, criminal or disciplinary action** and your records are part of any such action.

**5)** Where there is a **waiver of confidentiality** obtained in writing prior to such a release of information. Please be aware that if you or your attorney subpoenas me for a court proceeding or records, I will not comply unless it is by court order or with your authorization. Be aware that if you authorize my participation, you are waiving privilege and may be harmed by disclosure of your mental health records.

## **Minors and Parents**

Clients under 18 and their parents should be aware that the law may allow parents to examine their child's treatment records. As specified by law, **children 14 and over must consent to release information specifically pertaining to sexual activity and substance use**. Because privacy in psychotherapy is crucial to successful progress, particularly with teenagers, we (the therapist, parent and teenager) will discuss confidentiality and what will work best in your particular situation.

## **Court**

If I am required to participate in court proceedings on your behalf, I will charge a \$500 flat fee and \$300 per hour for court appearances/testimony with a \$800 minimum. This is due to the inevitability of me needing to consult with an attorney myself as well as needing to reschedule clients for court appearance. This fee will be assessed if I am scheduled for court on your behalf, and it is not contingent upon my actual participation or testimony. This fee is based on current client contract fees and is not an expert witness fee. You are responsible for these fees at the time of service.

## **Ethics and Recordkeeping**

Licensed Professional Counselors abide by the **American Counseling Association Code of Ethics** (2014). I am also bound by the **AASECT code of Ethics**.

Your records are maintained electronically in a secure electronic practice management system (Therapyappointment.com). Any paper documents in your record are kept in a locked filing cabinet behind a locked door. You have the right to copy of your record as requested.

In the event that I become incapacitated, Tracy Follett LCSW or Sarah Leavitt LPC will take care of my professional matters. **Please also be aware that I have a professional consulting relationship with The Nest - Geneva Woods and Women's Wellness. I may consult about your care with providers at this office and use administrative support. These are professionals who sign a Business Associate Agreement and are trained and bound by HIPAA.**

## **Electronic Communication/Sessions**

Unencrypted emails, texts, and other forms of electronic communication cannot be guaranteed to be secure forms of communication and may be intercepted by unauthorized third parties

(e.g. computer hackers). **If you choose to communicate with me via electronic communication OUTSIDE OF THE PATIENT PORTAL (which IS secure), understand that you are taking a risk that your confidentiality may be compromised.** If you would like to do a telemedicine session, I use the HIPAA compliant application: Doxy. It is also important for you to understand that I cannot be available at all times. Please do not expect responses to texts or emails on weekends or holidays. Email and text communication can become a part of your medical record. Lastly, I do not engage in social media with clients.

## **Appointments/Services**

Services are available by appointment. I encourage you to schedule through the patient portal well in advance as I cannot guarantee availability of appointments during times that work for you. If my schedule becomes too limited for you I am happy to provide you with referrals to other providers. Unless otherwise specified, sessions are 45- 55 minutes long. If you need to cancel a session, please do so 24 hours in advance either online through the patient portal or by calling me at (907) 317-2387. I have confidential voicemail so please leave a message.

**Unless due to an emergency, missed appointments or appointments canceled with less than 24 hours notice will incur a charge of 50% session rate.** Your insurance will not pay for cancelation fees; you will be responsible for paying the full amount of the charge.

## **Telemedicine**

I am registered with the Alaska Telemedicine Registry and can conduct sessions through Doxy to clients located anywhere in the State of Alaska. Doxy is a HIPAA compliant and secure, encrypted platform. If you would like to use this resource, please use it in a secure location to maintain confidentiality. All of my typical policies and procedures apply to telemed sessions. By signing below you acknowledge that you understand the risks and benefits of telemedicine, (see <https://chironhealth.com/definitive-guide-to-telemedicine/telemedicine-info-patients/privacy-and-security/>) and that you commit to contacting your local hospital or police department if you are experiencing a psychiatric emergency. Insurance may or may not cover telemedicine visits. Please contact your insurer with questions.

## **Emergency/After Hours Policy**

My office hours vary day to day but generally I am in the office Monday - Thursday. During my work week it may take up to 48 hours for me to respond to emails or texts. Please understand that during the day I am often unavailable due to being in sessions. I do my best to check my voicemail during the day and I will do my best to respond within 1 business day.

Please be aware that I am not an on-call provider, so **should you experience a crisis when I am unavailable, you should call 911, the Anchorage crisis line at 907-563-3200, or go to your nearest emergency room.** It is important for you to acknowledge that you will take one of the actions above in case of emergency. As such, you are agreeing to hold Rebecca Love, LPC, and Counseling Alaska LLC harmless and free of liability for abandonment or malpractice if she is not available to you during any circumstances, including the previously mentioned circumstances.

## Treatment Expectations

It is important to acknowledge and understand that there is an expectation that you will benefit from therapy. **However, neither I, nor anyone else can guarantee that therapy will be successful.** Therapy may deal with sensitive and/or difficult issues, which may elicit uncomfortable emotions, and may lead to individual decisions that are at least temporarily disruptive for oneself, family and other relationships. As a counselor, it is my job to assist you in achieving your goals - my hope is that this will be successful.

## Professional Fees

**Initial Visit/Assessment: \$275.00**

**45 min (brief) Session: \$175.00**

**55-60 min Session: \$200.00**

**I do not offer a sliding fee scale. I can, however, offer 45 min appointments or you can choose to space your appointments out to accommodate your budget.** I no longer bill secondary insurance, but am happy to provide the necessary paperwork for you to do so. Time outside of session for extensive (more than 15 minutes) phone calls, emails, or document preparation fees (writing a letter on your behalf, FMLA forms, etc.) will be charged at the rate of \$40.00/15 minutes. This is your responsibility as these charges cannot be submitted to insurance. **Your insurance company will be billed for payment; you are responsible for the co-pay amount at time of service.** Please verify your co-pay and deductible with your insurance company. I accept cash, credit cards, or checks. Please make your checks payable to Counseling Alaska LLC. In the unlikely case that a check is returned, a \$25.00 service fee is assessed. **In the event that your insurance company does not pay, you are responsible for fees incurred for services.** I reserve the right to use a third party collector if a bill remains unpaid. **If your account becomes significantly past due, I reserve the right to refer you to other services that can accommodate your budget.**

\_\_\_\_\_ I understand the HIPPA regulations and have been offered a copy.

\*\*Your signature indicates that you have read, understood and agreed to the terms in this document and are willingly entering into therapy with Rebecca Love, LPC. \*\*

**Signature (Client)**

Date

\_\_\_\_\_  
**Signature (Parent/Guardian or Witness/Counselor)**

\_\_\_\_\_  
Date