

Calm Waters Counseling

*Counseling, CBRS, Peer Support and Case Management
Services for Children, Adolescents, and Adults*

Elizabeth Adamson, BS
Graduate Student Intern

Informed Consent

Professional Background and Qualifications:

I received my Bachelor of Science in Psychology at Boise State University and am currently a graduate student at Northwest Nazarene University, in the Counselor Education Program. I am being supervised by David Martin, MS, LPC with Calm Waters Counseling, PLLC. David can be reached by phone, (208)331-4592, or by email, david@calmwaterscounseling.org.

Goals of Counseling:

Therapy sessions can range between 30-90 minutes depending on availability and need. Throughout these sessions, I will utilize a psychoanalytical theory to help you explore the complex issues and/or traumas throughout your life that are negatively impacting mental health. Together, we will work through the struggles being faced and set up a plan for the growth and change you desire. These could be long-term goals of changing certain behaviors and/or working through relationship struggles. They could also be short-term goals of learning to practically deal with anxiety and/or depression. Counseling is a safe environment where you may express thoughts, work through trauma, sit silently in anger, or cry through your pain. My goal is that as we work together through the struggles, you will grow through the process and develop coping skills that are specialized to you.

Risks and Benefits of Counseling:

While counseling is known to be helpful, you may experience feelings of vulnerability, guilt, fear, anxiety, shame, and anger. As we work through this together, there is potential to identify cognitive distortions, reduce uncomfortable feelings, establish coping skills, lessen the impact of trauma, and develop feelings of security. This is a safe environment for all emotions to be felt.

Client's Rights and Responsibilities:

- Receive counseling services regardless of race, religion, sex, national origin, sexual orientation, age, or disability.
- Be treated with dignity and respect in all interactions.
- Right to refuse treatment you are uncomfortable with.
- Be referred appropriately when the agency is unable to meet your needs in a reasonable or timely manner.
- Be referred for appropriate assessment and management of pain.
- Take ownership for active change and participate in development of treatment plan through goal setting, treatment methods, and number of sessions.
- Participate in periodic review of the Treatment Plan.
- Be informed of the cost of your services, regardless of payment method.

Counselor's Role:

As a current graduate student intern, it is my responsibility to help you work through trauma or stressors you may be facing by giving you the tools you need to live your life with satisfaction. I will be here to actively listen and reflect your thoughts and emotions. My role also includes the following:

*5223 W. Overland Road / Boise, Idaho / 83705
Phone - 208.331.4592 / Fax - 208.344.0838*

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- To respect you as a person regardless of race, religion, sex, national origin, sexual orientation, age, or disability and to help you establish yourself through those belief systems.
- To help you create goals to overcome the difficulties you are facing.
- To provide tools you can utilize to enhance your livelihood.

Diagnosis and Testing:

As a client of Calm Waters Counseling, you will receive a formal diagnosis by myself that will be supervised by David Martin, LPC. We will also assist you if you need further testing that we do not provide.

The Counseling Relationship:

This is a professional relationship as determined by the American Counseling Association code of ethics:

- There will be no social media interaction.
- We will not meet in the community.
- Any and all interactions will take place at Calm Waters Counseling.

HIPAA:

- I will be consulting with my supervisor, my school supervisor, other counselors, and other professional individuals who pertain to you. However, names are not used, so they will never know who you are.
- You have a right to know if your records are requested in the case of a court order or subpoena request.
- You have the right to revoke your consent to share information with others if the record exchange has not already happened.
- We use an electronic health record that is HIPAA compliant. We do not keep paper copies of your records.
- I am allowed to discuss your case in depth with my supervisor, colleagues, and staff that work for Calm Waters Counseling, as well as my graduate school supervisor.

Confidentiality:

Everything that is shared in the counseling session is kept confidential, including the notes that I take. It is my ethical and professional responsibility to protect the things that you share with me. However, there are a few circumstances in which confidentiality is not protected. These include the following:

- If I have reason to believe that a minor is being abused.
- If I have reason to believe that an elderly individual is being abused.
- If you present signs of putting yourself or someone else into imminent danger.
- If I am ordered by a judge to release documentation.
- If I am asked to release information because of a law enforcement emergency.
- If I need to consult with a supervisor or colleague regarding treatment. Please note that I will not use your name, or specific information, to keep you from being identified. The professionals that I consult with are also under ethical law to maintain confidentiality.

Counseling Minors:

- A parent or guardian will need to wait in the lobby if the individual is under the age of 14, in the case that something may arise that requires immediate attention.
- If a minor client is attending counseling whose parents are separated or divorced, I will require each parent to sign the informed consent.

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- I will require guardianship paperwork to confirm that status.
- In the state of Idaho, a minor who is 14 and over has confidentiality rights, which means that I cannot disclose information to the parent or guardian without a signed written release of information from the minor.
- As the parent or guardian of a minor under 14, you have the right to call or email at any time to inquire about the details discussed in counseling sessions.

Release of Records:

You have a right to your personal records from your counseling sessions. Please note, however, that once you have the documents in your hands, you are in possession of confidential information. **It is up to you to keep those documents secure.** Please provide a written request, in the event of needing your records. It is 25 cents per page.

Technology:

An electronic health record is utilized for all case files. My computer system is locked when I am with a client, as well as anytime that I am away from my desk, so that your information remains confidential. Email should only be used to schedule appointments. If you would like to discuss a private matter, or something you are struggling with, please call me, so that we can maintain confidentiality. Lastly, because I am an intern being supervised, the counseling sessions will be recorded for my supervisor's review. Please know that the recordings will be secured and then deleted within 30 days.

Fee Structure:

A service fee of \$150 is due at each session time, whether for individual, family, minor, or couple counseling.

Pro bono and sliding-scale fee structures can be discussed as an option upon request. A current pay stub will be required when you are requesting these services.

Cancellation and No-Show Policy:

- Regular cancellation of appointments can hinder progress.
- If you do need to cancel your appointment, please notify the office within 48 hours, or as soon as possible.
- Please note that in the event of a no-show, you are responsible for paying the full session fee.
- Cancelling or not showing up for three consecutive appointments will result in the loss of your therapy time. Full payment for each session missed will be required.
- If I cancel the session, it will not be counted against you.

In Case of an Emergency:

If you are in a crisis, please contact 911 or immediately go to the nearest emergency room.

Board Information:

As a client, you have the right to report any unethical, illegal, or unprofessional behavior to the Idaho Licensing Board:
Idaho Division of Occupational and Professional Licenses
PO Box 83720 Boise, ID 83720-0063
Phone: (208) 334-3233

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Informed Consent:

I hereby certify that I have read and understand the information within this document. I know that I am entering this relationship voluntarily and that at any time I may discontinue. I have asked the questions I needed to and addressed any concerns that I have.

I, _____, hereby certify that I have read and agree to the terms and conditions within this informed consent.

Signature of Client

Date

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date

Elizabeth Adamson, BS, Counseling Intern

Date