

THE SPRINGS COUNSELING GROUP

Jessica R. Potter, MA, LPC-Intern
Supervised by LaVonne Dyste, LPC-S

It is important that you know information about policies and procedures as well as your rights and responsibilities when seeking counseling services.

CONFIDENTIALITY

Confidentiality is an essential element in the counseling relationship. Information shared during the counseling session is confidential and may not be revealed to anyone else unless directed to do so by you, verbally or in writing, except under certain conditions required by law. We will discuss the legal and ethical limitations of confidentiality; you are encouraged to ask any questions you may have at any time. Some of the limitations include: 1) a determination that the client is a danger to self or others, 2) disclosure of child or elder abuse, 3) an order by a court to disclose information, 4) a counselor intern working under supervision.

CANCELLATION POLICY

If you cannot keep an appointment, please call to cancel as early as possible, at least 24 hours in advance. Other clients may be waiting for counseling services and not attending your scheduled appointment may interfere with others receiving services. Please arrive on time for your appointments and check in at the reception desk.

We understand that there may be occasional emergencies that will require a change in your schedule with short notice. Please discuss any unforeseen changes with your provider as soon as possible. In the case of repeated missed or rescheduled appointments, a "no show" charge equal to the office visit scheduled will be payable before or at your next appointment.

CLIENT FINANCIAL RESPONSIBILITY

All counseling services provided by Jessica Potter, LPC-Intern are independent of managed healthcare networks. This means that Jessica Potter, LPC-Intern does not accept any form of insurance. All charges are the client's responsibility and payable in full at the time of the appointment.

Counseling services from this counselor intern cost \$90 per 45 minute session. A sliding scale fee may be available. Accepted methods of payment due at time of service are cash, credit card, or check. All checks should be made out to Lavonne Dyste.

COUNSELING RELATIONSHIP

The counseling relationship is a professional one. While our paths may cross in social situations, the therapeutic relationship comes first. Should we cross in such a situation, we will not acknowledge that any professional relationship exists.

REFERRALS

If a referral is necessary during the course of counseling, I will identify referral services and assist you in making the referral. Referrals may need to be made for various reasons that may include, but are not limited to, the following: a conflict within the counseling relationship, your need for someone who has a greater degree of expertise than I can provide, a counseling specialization, medical or psychiatric services, and inpatient treatment. I will openly discuss referral options with you.

INFORMED CONSENT

I agree that prior to becoming a client of the counselor intern named below, I have been given ample information to understand the nature of counseling.

I understand that counseling can improve, as well as upset the equilibrium in any person or family and that there are risks as well as benefits that may be a part of the counseling process. I understand that no promises have been made to me as to the results of treatment or of any procedures/techniques provided by the therapist.

I understand the legal and ethical limitations associated with confidentiality and the counseling relationship and working with an LPC Intern.

I understand that if any assignment is given that I disagree with, I have the right not to proceed with the assignment. I understand that if I am concerned about the lack of progress made, I have the right to speak to the counselor. I understand that I am in control of the counseling relationship and may choose at any time to end the therapeutic relationship and will be responsible only for services already rendered.

My signature below indicates that I understand each of the statements above.

Minor client: I affirm that I am the legal guardian of _____. I understand all of the statements above and grant permission for the named child to participate in counseling.

Client Signature (or Legal Guardian)

Date

Printed Name

Jessica R. Potter, MA, LPC-Intern
Supervised by Lavonne Dyste, LPC-S

Date