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NOTICE TO CLIENTS AND CONSENT AGREEMENT

I welcome you to my practice. Please read this document thoroughly as it contains detailed information about my services and policies. While this document is somewhat long and, at times, complex, it is important that you read it thoroughly. Please let me know if you have any questions or concerns about what you read here.

MY EXPERIENCE AND LICENSURE:

I am a Licensed Clinical Mental Health Counselor (LCMHC #955) in the State of New Hampshire and a Registered Expressive Arts Therapist. I received my Master's of Arts degree in Counseling Psychology with an emphasis on Expressive Arts Therapy. My work is governed by State Laws, the Code of Ethics of the American Mental Health Counselors Association (accessible at www.amhca.org/news) and the Code of Ethics for Registered Expressive Arts Therapists (accessible at www.ieata.org)

MY THERAPEUTIC SERVICES:

During the first session or two I will be helping you to identify your goals for therapy. At that time we will decide together on a treatment plan, which we may decide to modify along the way in order to adapt to your changing needs. Whichever treatment plan we choose, therapy involves a commitment of time, money, and energy. It also presents with both benefits and risks. Since participation in therapy services often involves exploring unpleasant aspects of your life, you might experience uncomfortable feelings like sadness, anger, guilt, anxiety, frustration, loneliness, and helplessness that are not always resolved by the end of a therapy session. On the other hand, participating in psychotherapy can have many benefits. It can lead to more positive relationships and a better understanding of oneself and others. Therapy can also provide solutions to specific problems and reduce feelings of distress and isolation. It will be helpful for me to know about your experiences while in the course of therapy, such that I can do my best to modify the pace and intensity of the therapeutic work in a way that makes you feel simultaneously safe and challenged.

A WORD ABOUT EXPRESSIVE ARTS THERAPIES:

In addition to traditional talk psychotherapy I have specialized training in expressive arts therapy. One does not have to be an "artist" to benefit from expressive arts therapy. The arts (which include but are not limited to visual arts, drama, music, writing and other creative processes) offer us more vehicles for expressing and receiving information. For many people the arts can offer a framework that creates a feeling of safety in the therapeutic encounter, particularly when confronting unpleasant aspects of your life. As an Expressive

Arts Therapist I value images and symbols that emerge in our therapeutic work and do not reduce or label them without understanding their symbolic meaning and essence. Just as in talk therapy, the same benefits and risks apply to Expressive Arts Therapies. There may be times in our work together that I may suggest the use of the arts in order to create a dynamic and efficient path for change and problem resolution. It is always your right to decline such suggestions or discuss with me any questions or concerns you may have.

A WORD ABOUT SPIRITUAL APPROACH:

I like to let people know that in addition to my expressive arts approach it is important for me to make room for the teens and adults I work with to explore and discover their own spiritual beliefs and paths. Spiritual beliefs come into play as one of many ways to support the therapeutic goals. For example, it's not unusual for spiritual beliefs to help ease anxiety or help people feel less disconnected and depressed.

This approach can lead to using language such as Soul and Spirit, or other language that my clients find for themselves. The language and beliefs do not necessarily align with any specific religious traditions, although I am of course respectful of these traditions when they are important and meaningful to my clients and truly help them connect with something of a loving nature.

In the course of bringing more thoughts and voice to spiritual beliefs, a person may bring more clarity and/or revision to their beliefs. If it is your child that I am working with, a possible outcome is that your child may begin to develop spiritual beliefs of their own that do not fit in with your own.

For some people this is comfortable and for others it does not fit and is not what they would wish for. Whatever your response to this, I strongly encourage you to pay attention to it. If it doesn't feel right, it is very important that we honor that and not begin the work. There are no hard feelings on my end!

A WORD ABOUT TELEMEDICAL HEALTH:

Telemedicine involves the use of video and audio communication technology to conduct therapy sessions at a distance. If you are unable to travel to my office for your appointment it is possible for us connect online through a secure video conferencing connection.

When providing telemedicine services, I always use a secure connection and special video conferencing technology that complies with federal health privacy laws. Neither the therapist or the client have permission to record a telemedicine session without written consent of the other.

The benefits of telemedicine include, but are not limited to, improved access to care, better continuity of care, and reduction of lost work time and travel costs. Possible risks include technical difficulties such as interruptions and unauthorized access. There is the possibility that our video or audio connection may not work or that it may stop working during our appointment. It is also possible that the video or audio quality may not be

clear enough for us to communicate effectively. If this happens, either one of us may choose to stop the session at any time. In very rare instances, the security of our online connection could fail and cause a breach of your confidential information.

It is also important to note that accessing therapy online has special risks. Meeting by video rather than in person could cause me to miss gestures, cues, or other important non-verbal information during your session. If you are in crisis, I may not be able to intervene as effectively as I could in person. And, there is the chance that if you need immediate crisis support I might not be familiar with resources available to you in your location. Any of these factors could impact your quality of care.

CONFIDENTIALITY:

A. GENERALLY SPEAKING:

In order for therapy to be successful, it is often necessary to safely reveal private, sensitive information about yourself in the course of treatment. Ethically and legally, I am bound to keep all of this information strictly confidential. In most situations, I can only release information about your treatment to others if you sign a written authorization form.

As part of maintaining a valid license and continuing to offer the best possible services, I occasionally discuss cases with professional colleagues and obtain formal supervision. In these situations I make every effort to avoid revealing the identity of my client. The other professionals are also legally bound to keep the information confidential. **By signing this document, you are acknowledging that you understand that I may discuss your case in consultation and/ or supervision and do not object to my doing so.**

B. EXCEPTIONS TO CONFIDENTIALITY:

There are some situations in which a therapist is required by law to take actions to protect you and others from harm, even though that requires revealing information about a client's treatment:

- If I suspect that a child or an elderly person is being sexually or physically abused or neglected, it must be reported to the proper authorities.
- If you are a danger to yourself or someone else, I must do whatever is necessary to protect you and/or the other person. The other person would have to be warned and the police notified.
- If you threaten to cause serious harm to yourself, I may contact your emergency contact(s), family members, or others who can help provide protection and/or seek appropriate hospitalization.

Here are some additional circumstances where confidentiality may be breached:

- If a government agency is requesting the information for health oversight activities, I may be required to provide it.
- If a client files a complaint or lawsuit against his/her therapist, she/he may disclose relevant client information in order to defend her/himself.

It is my practice, whenever possible, to discuss any imminent breaches of confidentiality with you before taking action and I will limit my disclosure to the minimum necessary.

C. PROFESSIONAL RECORDS AND CLIENT RIGHTS:

Records may also be subject to audit by regulatory authorities. Records and information pertaining to alcohol and/or drug treatment are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R Part 2 and cannot be disclosed without written consent unless otherwise provided for in the regulations.

I will maintain both clinical and business records for your case. These records are stored in a locked file cabinet and maintained for a minimum of seven years following the last activity. These records include, but are not limited to, intake information, progress notes, assessments, treatment plans, releases of information, insurance and billing information, and information and/or documents provided by or about you before, during, and after the treatment. You, or anyone that you authorize by a written authorization for release of information, have the right to access and review your records. If you make such a request, I will provide you with a copy of your records within thirty days. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. For this reason, I recommend that you initially review them in my presence, or have them forwarded to another mental health professional so you can discuss the contents. Please know I reserve the right to charge a reasonable fee for copies of records.

D. TREATMENT OF MINORS:

The treatment of a minor must be authorized by a parent or guardian (with limited exceptions). For clients under eighteen years of age and not emancipated, the law provides the parents/guardians with the rights to information regarding treatment. However, in order for therapy to be effective, the child **must** have an assurance of confidentiality. Because of this, it is my policy to ask parents to agree that information will be shared only with the child's permission, except in situations where the child's safety is acutely at stake. Parents are encouraged to ask me about the therapy and **together** your child and I will talk with you about your concerns and will share information that is clinically optimal for the child to share as determined by the child and myself.

Consent for treatment from **both parents** is required in order for treatment to occur. When a child turns 18, the control of his/her treatment and his/her treatment record reverts to the child. If this is a concern, please discuss it with me before starting treatment.

E. TREATMENT OF COUPLES AND FAMILIES:

When there is more than one person involved in treatment, such as in couples and family therapy, confidentiality can be more complicated. Usually the information that is shared by someone within the family or couple within the context of that therapy cannot be considered confidential from the other parties involved in the therapy. To ask me to keep secrets from other members of the therapy can disrupt the trust necessary for an effective treatment. Also, to release information to third parties under such circumstances, all persons age 18 and over involved in treatment must consent in writing to that release.

F. TREATMENT OF GROUPS:

In group therapy, the therapist must keep confidential any and all information shared within the group sessions by any group member consistent with the limits to confidentiality listed on pages 2 & 3 above.

G. ELECTRONIC COMMUNICATIONS:

I cannot guarantee the confidentiality of electronic communications, including but not limited to, faxing necessary information to third party providers and insurance payers, web-based services, or e-mail communications. For this reason I like to take the precaution that we limit any email communications to topics of scheduling, payment and logistical issues and refrain from discussing treatment issues. If you do not consent to electronic communications, please inform me before beginning treatment, so we can determine how to proceed.

MENTAL HEALTH BILL OF RIGHTS:

The New Hampshire Mental Health Bill of Rights is displayed in my office and you will be offered a copy with this agreement at the first session. You may request a copy at any time. Please review the Bill of Rights carefully and ask me about any questions you may have.

ETHICAL STANDARDS:

The nature of the counseling relationship is unique, and I provide services that are guided by ethical standards. Because of the need to protect clients from harm or confusion, mental health counselors must establish and maintain appropriate professional boundaries with present or past clients, including avoiding any client contact where the counseling role may be compromised. For this reason, therapists are strictly prohibited from developing friendships, social relationships, or having sexual contact with any individual receiving services.

CONFLICTS OF INTEREST:

From time to time, actual or potential conflicts of interest may arise. In the event that I become aware of a conflict of interest in providing treatment to you, I will discuss this with you. I may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information will remain confidential.

EMERGENCY SERVICES:

In the event of an emergency (you or a family member may cause harm to self or others) please do one of the following:

- **Dial 9-1-1**
- Call your local police department
- If you live in Rockingham County, you may call Seacoast Mental Health Center's 24-hour/7 days-a-week Emergency Services at **(603) 431-6703**
- If you live in Strafford County, you may call Community Partners' 24-hour/7 days-a-week Emergency Services at **(603) 516-9300**.
- You may also go directly to your local emergency room for evaluation.

Should a non-life threatening emergency arise that requires a brief consultation, a message may be left on my voice mail by calling **(603) 892-0243**. Please be advised I may take some time in getting back to you, but will call you as soon as possible. You will be informed of any holiday/after-hours/vacation coverage.

COST OF SERVICES AND PAYMENT POLICIES:

I am committed to providing the best treatment for my clients and I charge what is usual and customary for our area.

Cost for Services:

Initial Evaluation	\$125.00
Individual Session, 55 minutes	\$125.00
Appointment missed without 24 hours notice	\$ 50.00

I provide services on a fee-for-service basis.

While I am not a participating provider in any insurance plans, many health care plans offer *out-of-network benefits*, in which you still may be eligible for reimbursement of services. Clients with out-of-network benefits pay for services upfront and request a receipt to submit for direct reimbursement by the insurance company. I encourage you to call your insurance carrier to inquire if out-of-network benefits are available to you.

Payment is expected at the time of service, and is accepted in the form of cash, check, credit, FSA and HSA cards. Receipts for services can be provided upon request. All fees are subject to change. If a personal check is returned for insufficient funds, the client will be charged a fee of \$25 in addition to the amount of the returned check and checks will no longer be accepted from that client. No future appointments will be scheduled until those fees have been addressed and a plan for payment has been agreed upon. You may stop treatment at any time; however, you will still be responsible for paying for services you have already received. Delinquent accounts may require further action.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time including preparation and transportation, even if I am called to testify on another's behalf. Legal participation is significant; therefore the hourly charge is \$200.

LATE CANCELLATION/MISSED APPOINTMENTS:

Once your appointment time is scheduled and reserved, I request 24 hours advanced notice for a cancellation. **The first failure to provide 24 hours notice will result in a missed appointment fee to the client of \$50.00. Any subsequent occurrences will result in a charge of the full session fee.** Payment for a missed appointment must be arranged prior to future appointments being scheduled.

IN CLOSING...

It is important that you understand and are comfortable with the issues outlined above. Please bring up, at your next scheduled appointment, any questions or concerns you might have.

ACKNOWLEDGEMENT AND ACCEPTANCE

I acknowledge that I have received and reviewed the notice to clients and consent agreement

in its entirety. My signature below indicates my acceptance of, and agreement to, all of its terms.

Client Name

Date

Client Signature

Date

Parent/Guardian Name (if applicable)

Date

Parent/Guardian Signature

Date