

*Susan M. Beglinger*

*M.S., LMFT, LCADC, AAMFT Approved Supervisor*

*Therapy for Individuals, Couples, & Families*

### **Counseling Information and Disclosure**

I am pleased that you have considered coming to me for counseling.

Counseling is a very personal shared interaction between two (or more) people and should not be entered into lightly. The following information is designed to help you know me and what you can expect from counseling. It is your responsibility to read through all materials provided and fill out the appropriate sections. Counseling will be provided on the condition that you understand and accept these conditions. This document is your *Informed Consent*. Please let me know if you have any questions. Please take note that your initials will be needed on each page, indicating that you have read and understand the document and the information it contains.

I am married and have two grown children. My highest degree is a Master of Science in Counseling Psychology, Marriage and Family Therapy and Rehabilitation from the University of Nevada, Las Vegas. I also have a Bachelors of Science from Northern Arizona University in Medical Technology and Medical Microbiology.

### **Licensure and Certification:**

Licensed Marriage & Family Therapist, Nevada, Idaho, Washington  
Licensed Marriage & Family Therapist Designated Supervisor, Nevada, Idaho  
Licensed Drug, Alcohol, & Gambling Counselor and Supervisor, Nevada  
National Board of Certified Counselors  
National Board of Clinical Hypnotherapists  
Clinical Fellow, American Association of Marital and Family Therapy (AAMFT)

### **Counseling Approach**

Although we will spend a lot of time exploring the specific problem that brought you into counseling, we will also explore in depth the nature of your relationship with other significant people in your life. This will be done in such a way as to challenge ineffective ways of living and provide for personal change to occur. Change at this level requires more than new skills or understanding, so an advice-giving approach will be avoided. I will help you work through and take responsibility for the specific situations you are facing.

Counseling cannot be effective if you only concentrate on the issues and concerns once a week. Therefore, as part of my approach, I will ask that you do specific activities and/or read specific books that will help to speed up the time it takes for you to work out your concerns and

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problems. To be able to change behaviors, which lead, to healthy outcomes and consequences, you will need to understand your experiences and learning.

I consider myself a Solution-Oriented Brief Therapist. This is a dynamic, result-oriented therapy approach. As the name implies, brief therapy is a short-term, goal-directed, and task-oriented model. You will be asked to set goals early in therapy so that progress can be closely monitored at each session. The main questions asked will be: "What do you want?" and "What are the necessary steps to get there?"

Many of the results of counseling will depend upon your determination to deal honestly with the issues that powerfully affect your life. In that light, having a willingness to face what is true is an important prerequisite.

You have the right to choose a counselor who best suits your needs and purposes. You may seek a second opinion from another mental health practitioner or may terminate therapy at any time.

I am not a physician and cannot prescribe or provide medication, nor perform medical procedures. If medical treatment is needed, I will recommend competent medical personnel and work in conjunction with them.

### **Sessions, Appointments**

1. Counseling will run approximately 50 minutes. The total number of times you will come for counseling depends on the types of issues you are working through and your individual needs. Sessions will end promptly, as I use the next 10 minutes to document, write notes, and plan for our future direction.

Initial \_\_\_\_\_

2. Appointments are generally made on a regular, weekly, or every other week basis and the client's time is held from week to week. In a sense, the client and the counselor have an informal contract whereby the client has the exclusive use of a counselor's time for the scheduled appointment. For that reason the following point (#3) exists.

Initial \_\_\_\_\_

3. You will be charged your normal fee for all missed appointments and/or cancellations with less than a 24 hour notice. In such cases, an automatic generated bill will be mailed to your mailing address. Notices to cancel may be made by phone call, phone call voice message, or email message.

Initial \_\_\_\_\_

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4. It is expected that appointments will be kept in case of illness or emergency. If for some reason you fail to keep two consecutive appointments without calling for cancellation, I will assume you have terminated the counseling relationship and will make that appointment time available to other clients. If you wish to resume counseling, you will need to call to determine availability and to reschedule.

Initial \_\_\_\_\_

5. Problems do not happen overnight and neither do solutions. Therefore, we ask all clients for an understanding agreement to meet for a minimum of 4 sessions. At the end of this period, three things can be done.
  - a. We can mutually agree that sufficient progress has been made to terminate services.
  - b. We can decide that insufficient progress is being made and that termination and/or a referral is in order.
  - c. We can agree that progress is being made, that further counseling would be beneficial and counseling continues until stated objectives are attained and desired goals are achieved.

Initial \_\_\_\_\_

\*All such agreements are non-binding and voluntary; thus, clients are free to conclude services at any time at their discretion.

### **Supervision – Consultation and Confidentiality**

1. From time to time, I may discuss your case with a licensed supervisor for review and case management to increase quality assurance and improve therapeutic outcomes. Peer review, assessment, and evaluation. Confidentiality will be restricted to this limited circle of individuals. All disclosures will remain confidential within this circle. I honor any questions or concerns regarding this process. Please discuss this with me if you have any concerns at any time.
2. On occasion, I may desire to consult with other qualified professionals (psychiatrist, psychologist, educator, attorney, etc) to seek information or input that may be helpful to your case. When it is necessary to speak specifically about the identity of a person, couple, or family, I will request a "release of information" form which authorizes contact and establishes the parameters for disclosure. No information about a person or persons will be released without this written authorization unless mandated by law.

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3. Consultations, assessments/evaluations, and disclosures between counselor and client will be held in strict confidence. All counselors must comply with subpoenas issues by court judges to disclose information. Also, the normal confidential relationship between counselor and clients does not apply to:
  - a. The disclosure of child, dependent adult, or disabled person abuse or neglect
  - b. Threats to the physical well-being of oneself or other persons. Every effort will be made to prevent an attempted suicide or a dangerous action against another person.
4. The legal standing of confidential communication is less clear in marital and family work where there are multiple clients. In couples counseling, individual disclosure to the counselor will remain generally confidential. However, partners will be expected to work toward relevant relational disclosure. While parents or legal guardians may be periodically informed about the general direction of counseling in which their minor child/adolescent is involved, the specific nature of their son/s or daughter's disclosures will remain confidential.

#### **Business Procedures and Fees**

1. Counseling sessions are 50 minutes in length. In some cases, this standard length may change based on the needs of the client. Time spent working outside the counseling session (e.g. telephone conferencing, reading or writing reports upon the client's request) will be charged to the client based upon the current standard rate.
2. Professional rates for services other than counseling are as follows:
  - a. Copying an/or mailing client material \$60.00
  - b. Client requested written reports and/or letters \$120.00
  - c. Brief Intensive Counseling \*ask for rates
  - d. Court appearance and/or testimony \*ask for rates
3. Clients are required to pay for services at the time of each session and before sessions begin. Any and all other arrangements must be discussed and mutually agreed upon in writing.
4. I accept cash, and checks. Checks are to be made out to **Susan M. Beglinger, LTD.** A \$50.00 fee will be charged for returned checks and cash will be required for the remainder of our sessions.
5. I am currently contracted with a number of insurance providers, those of which are subject to change periodically. Please inquire who they are. It is the client's responsibility to determine if coverage is available for you. I will not make inquires to determine eligibility or other inquires. In all cases, you, as the client, are solely responsible for payment of counseling fees

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6. Health insurance companies often require a diagnosed mental or emotional disorder (DSM\_V number code) indication an "illness" before they will agree to reimburse you. Any diagnosis made will become a part of the client's permanent medical record.

I am available by appointment only. If emergency situations arise outside of the scheduled appointment time and I cannot be reached by telephone, you may wish to contact the Idaho Care Line at 1-800-926-2588 or the Idaho Suicide Prevention Hotline at 1-800-564-2120.

### **Confidentiality**

Confidentiality is an important element in the counseling process. Generally speaking, the information provided by and to a client during therapy sessions is legally confidential if the therapist is licensed, and the communication was not intended to be disclosed to third persons, except the persons present to further the interest of the client or participating under the direction of the therapist. If the information is legally confidential, the counselor cannot be forced to disclose the information without the client's consent. Information disclosed to a licensed therapist is privileged communication and cannot be disclosed in any civil or criminal court proceeding without the consent of the client. However, under certain circumstances, there is no privilege for the following acts:

1. Authorized by other state laws
2. Clear and present danger to the health or safety of self or others
3. If therapist is a defendant to a civil, criminal or disciplinary action arising from therapy.
4. The client is a defendant in a criminal proceeding and the use of privilege would violate the defendant's right to a compulsory process
5. If you apply for insurance to cover psychotherapy costs, the insurance company will demand a diagnosis, just as they would for any other health practitioner. If you ask me to fill out insurance forms, you imply consent to disclose to the insurance company, the dates of your therapy, the money paid, and the diagnosis. Sometimes, they require a more complete statement of your problems, goals, methods and progress, etc. If this causes you any concern, please discuss this with me during your first appointment.

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**Grievances / Complaints**

According to Idaho State law, counselors practicing counseling for a fee must be licensed with the Idaho Counselor Licensing Board. Marriage and Family Therapists are required to adhere to the professional code of ethics adopted by the Idaho Counselor Licensing Board. The Idaho Counselor’s Licensing Board has the general responsibility of regulating the practice o licensed therapists. The licensure of any individual under the licensing laws of Idaho does not imply or constitute an endorsement of that counselor, nor guarantee the effectiveness of treatment. You may, at any time throughout your treatment, seek a second opinion. It is the responsibility of the client to choose the provider and the client may terminate treatment at any time (unless your therapy is court-ordered).

**Helpful Hints For The First Session**

- Fill out the questionnaire as completely as possible.
- List ideas you wish to speak about.
- Feel free to ask me questions.
- If feelings come up, stay with them and express them.
- You are interviewing me while I am interviewing you.

Initial complaints should be addressed with your counselor. As a client, you have the right to make complaints regarding ethical concerns to the Bureau of Occupational Licenses at 208.334.3233

**Terms of Our Agreement**

**1. Confidentiality**

I (we) have read, understand and accept the contents on this disclosure and confidentiality information:

**NOTE: If you are in couples counseling both members of the couple must sign.**

|                   |       |
|-------------------|-------|
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |

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**2. Fees:**

I (We) agree to pay the fee agreed upon at the end of each session.

**NOTE: If you are in couples counseling both members of the couple must sign.**

|                   |       |
|-------------------|-------|
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |

**3. Introduction Packet:**

I (We) have read this statement and, upon request, I will be provided a copy of the signature page in this information packet. I (We) understand its terms, and I (we) agree that counseling with any licensed counselor acting on behalf of this counseling practice will be subject to such conditions.

**NOTE: If you are in couples counseling both members of the couple must sign.**

|                   |       |
|-------------------|-------|
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |
| _____             | _____ |
| Patient signature | date  |

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**Electronic Communication, Email**

You may choose to engage in electronic communications with your counselor. If you and your counselor choose to do so, it is important for you to note that confidentiality through electronic transmissions is difficult to guarantee. However, I will follow guidelines as outlined in the AAMFT Code of Ethics.

Email transmission cannot be guaranteed to be secure or error-free. Information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. Susan M. Beglinger, Ltd does not accept liability for any errors or omissions in the contents of email messages, which arise as result of email transmissions. Email transmissions from Susan M. Beglinger, Ltd to clients will not consist of content that is generally reserved for session's conversations and communication.

Email is used for efficient use of communication between client and therapist about such items as session appointment reminders and/or other communication that is not agreed as sensitive to confidentiality. Please discuss with me any concerns or questions surrounding the use of your email address. All email address are considered confidential and will be respected as private and belonging only to the client

**Email address request:** Please provide a current email address that you check and use regularly. I use email as a significant means of communication with clients about items such as appointment reminders, session cancellation requests, reschedule session requests, and other non-confidential communications.

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

\_\_\_\_\_

Patient name (print)

\_\_\_\_\_

date

\_\_\_\_\_

Patient signature

\_\_\_\_\_

date

**\*Decline of personal email, please initial \_\_\_\_\_**