

# Ann Anderson Counseling and Consulting

## Information for Clients at Intake

**Welcome !**

**YOUR FIRST APPOINTMENT:** Our first interview provides the opportunity for us to talk about your hopes for therapy, to identify your goals, and to begin to determine an appropriate way for you to reach those goals. It is important that you feel emotionally and physically safe in this office and with me if we are to work successfully together, so it is very important that you assess your sense of comfort during this initial meeting. If you feel that you might be best served by working with someone else, or if I see that another resource might be more appropriate for your needs, I will assist you in making contact with that resource.

**THE NATURE OF PSYCHOTHERAPY:** Therapy can be a difficult, sometimes uncomfortable process because it asks you to share your feelings and thoughts at a level that does not often happen in everyday interactions. It is very important that you and I continue to communicate with each other, especially during the difficult periods of our work together. If you are uncomfortable during a session, tell me. If you feel you are not making the progress you had hoped for, tell me. I am here to facilitate your progress toward your therapy goals, but you are the one who will be doing the very difficult work of therapy.

**CONFIDENTIALITY:** All therapy records are confidential and are kept locked in my office when not in use. Both verbal and written records about a client cannot be shared with another party without written consent. There are certain situations in which I may be required to share confidential information that you have provided. Those are:

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

**Duty to Warn and Protect** When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

**Abuse of Children and Vulnerable Adults** If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

**Prenatal Exposure to Controlled Substances** Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**Minors/Guardianship Parents or legal guardians** of non-emancipated minor clients have the right to access the clients' records.

**Court Orders and Criminal Proceedings:** If a court of law orders me to release information, I must comply with that order.

**Inappropriate Behavior by Previous Therapist:** If you disclose that a previous therapist behaved in a sexually inappropriate manner, I am legally bound to report it to the District Attorney's office and to the appropriate state licensing board.

**INSURANCE: Please call the back of your insurance card to find out if you have**

**a deductible, copay, or if your insurance covers behavioral health counseling (including couples etc ), PRIOR to attending your first session.**

Insurance companies, third-party payers and Medical Billing Services are given information that they request regarding services to clients for information for billing. The information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries. If you do not want insurance providers to know your name, you may pay full fees for service and we will not bill your insurance.

Please note, if I were to become unable to provide counseling services to you, because of illness, death or inability to function, a person will be assigned to handle your file. This person will be identified to review the contact information and contact you. This person will sign a confidentiality agreement and help make the necessary arrangements to forward your file to the appropriate counselor of your choice.

***Please understand, if you are wanting services to help you attain SSI Disability, you would benefit from the following agencies: LA Casa Behavioral Health or Behavioral Medicine. I would be glad to answer questions as to why these agencies might be more advantageous than my services.***

Your identity need not be disclosed if you do not want it to be. In the interest of providing the best possible service to my clients, I periodically consult with other psychotherapists to discuss clinical issues. I may discuss some aspects of your therapy with those professionals, but your identity will not be revealed during those consultations.

**Many clients like to text, but please remember there is not encryption on texting or emailing, so confidentiality breach is at risk. TEXTING IS ONLY USED FOR THE FACILITATION OF APPOINTMENTS. I will not respond if not appropriate usage of the text or email.**

**I do not provide emergency services, but will provide you with emergency numbers for you to call if you are in need of them at some point**

#### **FEES AND PAYMENT:**

**If you have insurance please know if you have a deductible or a copay before the first session. You can call the phone number on the back of your card and request your cost for behavioral health services. I am credentialed with several insurance companies. If you do NOT have insurance, the fee for a 50-minute session is \$100. You are responsible for paying for each session at the time of service, and you may use either a credit card, check or cash.**

**If you are unable to keep an appointment, please notify me at least 24 hours in advance. You will be charged your contracted fee for each missed appointment and for cancellations made with less than 24 hours notice. Unforeseen emergency situations will of course be taken into account.**

**If you have an attorney represent you and choose to subpoena me or my records, you will be billed for all required preparation time and for my time out of the office, including travel, will be assed with each case. I will request to be paid prior to completing paperwork \$150. If your goal is Social Security Disability or for a therapist that will testify, I would encourage you to use another clinician.**

## **TELEPHONE:**

If you need to call between sessions, you may call 575- 626-9727 or text and leave a message if you do not reach me between the hours of 7:00 am and 7:00pm. I check messages several times a day Monday through Thursday and at least once on Fridays. I will return your call or text as soon as possible. **I am not able to provide emergency services, but have provided crisis line numbers for your convenience.**

Remember texts , emails are not secure, so you will be using them at your own risk!

## **IF YOU ARE IN CRISIS AND NEED IMMEDIATE HELP**

**Please contact one of the following resources:**

**Toll Free: 1 (855) 662-7474 or 1-(855) 227-5485 [www.NMCRISISLINE.com](http://www.NMCRISISLINE.com)**

- **Hotline to Help: 1-800-273-8255**

- **New Mexico Emergency Service Line:(AGORA)**

**1-866-435-7188 1-505-277-30-**

Eastern NM Hospital emergency room **622-8170**

## **TERMINATION OF THE THERAPEUTIC RELATIONSHIP:**

The majority of therapy relationships end because clients achieve their goals and agree to terminate. You are free to end therapy at any time for any reason, whether or not I think it is clinically advisable. Please let me know in session that you plan to stop therapy rather than just not returning.

There are situations in which I may determine that we need to end our therapeutic relationship:

- If you no longer need therapy and cannot benefit from continuing.
- If your needs surpass my ability to help you.
- If our therapy relationship becomes subject to a conflict of interest that may compromise my ability to protect your confidentiality or remain therapeutically neutral.
- If you are unwilling to abide by a mutually developed therapy plan to comply the policies and procedures of the office.

# **CONSENT FOR TREATMENT FORM**

## **RISKS OF THE THERAPY PROCESS:**

Therapy is a joint endeavor between therapist and client, the results of which cannot be guaranteed. Please know that it is possible that the concerns or symptoms that brought you into therapy may grow worse before they improve. It is also possible that you will see little or no improvement as a result of therapy.

I will often encourage assignments for the days you are not in therapy; if you complete those assignments, often you will benefit and change will occur more rapidly

## **CONSENT FOR THERAPY:**

**By signing below, you are indicating that you have read this information regarding “Client Information at Intake,” as well as “ Consumer Rights and Responsibilities,” carefully and that any questions you have about the statement and about the therapy process have been answered to your satisfaction. Your signature acknowledges you have been provided information on your Personal rights and responsibilities, risks of electronic communication, and with your signature, you agree to enter into therapy with Ann Anderson, LCSW, LADAC, LPCC**

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Client signature(s)

Signature of guardian (if applicable)

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Therapist signature

Date: