

# *Ann Anderson Counseling & Consulting*

**Welcome!**

## **Your First Appointment**

Our first meeting is a chance for us to:

- Talk about your hopes for therapy
- Identify your goals
- Explore the best ways to reach them

It is important that you feel emotionally and physically safe with me. Please use this first session to notice your comfort level. If you feel another therapist may be a better fit, or if I believe another resource could better serve you, I will assist you with referrals.

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## **The Nature of Psychotherapy**

Therapy can be a meaningful but sometimes challenging process. Talking about feelings, thoughts, and experiences may bring up discomfort.

- Please share openly with me if you feel uneasy during a session.
  - If you feel progress is not what you expected, let me know so we can adjust.
  - My role is to guide and support you; your role is to engage in the work of therapy, which can be difficult but rewarding.
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## **Confidentiality**

Your privacy is very important. All records are kept secure and information is not shared without your written consent. Exceptions required by law include:

- **Safety concerns:** If you disclose a plan to harm yourself or others, I must take steps to protect you and/or others (including notifying family, authorities, or intended victims).
- **Abuse or neglect:** If you report abuse of a child, vulnerable adult, or unborn child exposed to harmful substances, I must notify appropriate agencies.
- **Court orders:** If required by law, I must provide records.

- **Misconduct by another therapist:** I am legally required to report sexual misconduct by a prior therapist.
- **Minors:** Parents/legal guardians of non-emancipated minors may access their child's records.

**Important:** Texting and emailing are not fully secure. I use text/email only to schedule appointments, not for clinical discussions.

I may consult with professional colleagues to improve your care, but your identity will not be disclosed.

***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.***

### **Insurance**

Before your first session, please check your insurance for:

- Deductibles
- Copays
- Coverage for behavioral health (including couples therapy)

Insurance providers may require information such as dates of service, diagnosis, and progress notes. If you prefer complete privacy, you may pay out-of-pocket.

If I were unable to continue providing services (due to illness, incapacity, or death), a designated professional (bound by confidentiality) would contact you and assist with transferring your records.

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### **Fees & Payment**

- **Standard session fee:** \$150 for 50-55 minutes (if not using insurance). If using a credit card, \$155.00.
- **Payment:** Due at time of service (cash, check, or credit card).

- **Missed sessions:** Sessions canceled with less than 24 hours' notice will be billed at your regular rate (exceptions made for emergencies).
  - **Legal involvement:** If records or testimony are subpoenaed, I charge \$150 per hour for preparation, travel, and court time, payable in advance. If your main goal is disability documentation or court testimony, I may refer you to a clinician who specializes in that work.
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### **Communication outside of therapy sessions**

- Phone: (575) 626-9727 (messages checked Mon– Fridays).
  - Hours: 8:30 am – 4:30.
  - Text/email: Only for scheduling. Not secure—use at your own risk.
  - I provide Telehealth and in person sessions, as long as they are covered by ones insurance.
  - Emergencies: I do **not** provide emergency services. If you are in crisis, please contact:
    - NM Crisis Line: 1-855-662-7474 or 1-855-227-5485 ([www.nmcrisisline.com](http://www.nmcrisisline.com))
    - National Suicide Prevention Hotline: 1-800-273-8255
    - AGORA Crisis Center: 1-866-435-7188 or 505-277-3013
    - Eastern NM Hospital ER: 575-622-8170
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### **Termination of Therapy**

You may choose to end therapy at any time. It is helpful to discuss your decision with me in session rather than simply stopping.

I may recommend ending therapy if:

- You no longer need services
- Your needs are outside my scope of practice
- A conflict of interest prevents me from serving you appropriately
- You are unable or unwilling to follow agreed-upon treatment plans

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**Risks of Therapy**

- Progress is not guaranteed; symptoms may temporarily worsen before improving.
  - At times, you may experience discomfort.
  - Assignments between sessions can help accelerate progress.
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**Consent for Treatment**

By signing below, you acknowledge that you:

- Have read and understood this information
- Understand your rights, responsibilities, and the risks of therapy
- Have had the opportunity to ask questions
- Agree to participate in therapy with:

**Ann Anderson, LCSW, LISW, LADAC**

Client Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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