

## **Consent for Treatment**

Welcome to Discovery and Wellness Counseling, PLLC. In order to assist you in understanding the responsibilities and expectations in counseling, please read and sign the following intake packet. Appointment times range from 50 to 90 minutes depending on your needs. I realize that starting counseling is a major decision and you may have many questions. This document is intended to inform you of our policies, State and Federal Laws, and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

### **Psychotherapy Services**

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the client and the therapist and the particular issues you bring to our work. There are many different methods I may use to address the issues you bring to our sessions. Psychotherapy will require a very active effort on both of our parts. You will have to work both during our sessions and at home to achieve the most successful outcome.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings and talking about parts of your history that are painful. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to the significant reduction of distress and the increase of satisfaction with yourself, your relationships and the resolution of specific problems. But there are no guarantees about what you will experience.

Our first few sessions will be an assessment time. I will be able to offer you some initial impressions of what our work may include and a treatment plan to follow. We will focus on some specific goals you wish to accomplish and together we will map out a plan. You too will be doing an assessment and determining if the services I propose will fit your needs. As therapy involves a commitment of time, money, and energy it is important that you feel comfortable in the work we are doing together. If you feel uncomfortable with pursuing our work together, I will be happy to assist you in finding another counselor. I welcome and encourage any questions or concerns related to how we are proceeding at any time during treatment.

### **Contacting Me**

My office phone is my cell phone. I turn it off while I am in session or otherwise unavailable. My phone is forwarded to a confidential voice mailbox. I make every effort to return calls the same day with the exception of holidays and weekends. Please leave me your phone number each time you call, as I may not be in the office when I return your call. If you wish to call me, please be aware of the time and day as I use this phone for personal use as well.

**Discovery & Wellness Counseling PLLC. Heidi Brouelette MA. LPC. NCC.**

Scottsdale Office: 4300 N. Miller Rd. Suite 222 Scottsdale, AZ. 85251

N. Phoenix Office: 34406 N. 27<sup>th</sup> Dr. Bld. 6 Suite 140 Phoenix, AZ. 85085

[www.discoveryandwellnesscounseling.com](http://www.discoveryandwellnesscounseling.com) / HBrouelette@gmail.com

Phone: 480-677-9913/ Fax: 480-767-8803

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**Emergencies**

I am available by phone for minor emergencies Monday through Friday 8 am to 8 pm. If an urgent emergency situation for which the client, parent, guardian, spouse, or partner feels immediate attention is necessary, the person(s) understands that they are to contact the emergency services in the community, 602-222-9444 or 911, for those services. I will follow up with those emergency services through standard counseling and support to the client. For any non-life threatening emergency, please contact me and I will make every effort to return the call as quickly as possible. If I am not immediately available, please contact your psychiatrist, family physician, Maricopa County Crisis Line at 602-222-9444 or go to your nearest emergency room. When I will be away from the office, I will provide you with the name of a trusted colleague whom you can contact in an emergency situation.

**Email, Text Messaging & Social Media**

While email and text messaging have become primary modes of communication it is important to identify that they are neither secure nor confidential means of communication. Communicating organizational needs such as, scheduling, rescheduling or canceling an appointment can be made via email, text message or phone however, please do not send me content related to your therapy session via email or text as it is not a confidential. So much of our work depends on clear, connected communication and I have found that in-person communication works best for therapy related material. Please talk with me about this if you have questions or concerns.

I do not accept friend or contact request from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contact on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this please bring them up when we meet and we can talk more about it.

**Professional Records and Confidentiality**

Both Arizona law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of your records or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and /or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You will be charged my hourly rate for any professional time spent in responding to information requests.

All information disclosed with in sessions and the written records are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. There are some limitations to strict confidentiality that protect your welfare and that of the public. These limitations provide for a partial breach of confidentiality only under the MOST SERIOUS CIRCUMSTANCES. I am legally required to take action if:

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**Professional Records and Confidentiality cont.**

- I receive a report of active abuse or neglect of a child or vulnerable adult. I may be required to advise the appropriate authorities. If, in my opinion, you present a danger to yourself or others, I may also be required to make report to the appropriate authorities.
- You threaten serious bodily harm to another person or yourself, I am required to notify the intended victim and appropriate law enforcement agency. Under some circumstances, I may be required to seek hospitalization for you or contact family members or others who can help provide protection.
- A court of law required me to release your records I must do so. Other exceptions exist if you make your mental status a court issue. These will be disclosed on a case-by-case basis.

**Records and Your Right to Review Them**

Both the law and the standards of my profession require I keep clinical records for seven years. You have the right to review your records at any time except in limited legal or emergency circumstances or when I assess that releasing such information will be harmful to you. In the case of couple's therapy, I will release records only with the signed authorizations from BOTH people involved in treatment.

**Litigation Limitation**

The nature of our work together involves confidential and sensitive matters. You agree that should there be legal proceedings such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc. neither you nor your attorneys nor anyone else acting on your behalf will contact me to testify in court or at any other proceedings and/or request your records.

**Fee, Payments & Insurance Reimbursement**

My individual, couple & family hourly fee is \$130.00 for up to a 50-minute session or \$180.00 for a 75-minute session. My group fee is \$ 50.00 per group session. You agree to pay for your session at each meeting unless we have made other arrangements. I charge this amount for other professional services you may need though I will breakdown the hourly cost into 15-minute segments if I work for periods less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, preparation of records or treatment summaries and time spend performing any other service you may request of me. If you are experiencing financial difficulties, please discuss this with me. I will provide you with a statement of all charges and payments per your request.

**Cancellations**

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24-hour notice** is required for re-scheduling or cancelling an appointment. You agree to pay the full fee for sessions missed without such notification. I am always happy to discuss any questions or concerns you have about any clinical issue or business policy. Please feel free to talk with me about these matters. I truly appreciate the opportunity to be of professional service to you and I look forward to our work together.

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**Signatures**

Your signature and initials below indicate that you have read and understand the information in this document and agree to abide by its terms.

- I /we agree to receive counseling services with Discovery & Wellness Counseling PLLC. Heidi Brouelette, MA. LPC. \_\_\_\_\_
- I /we give \_\_\_\_\_ or do not give \_\_\_\_\_ Heidi Brouelette, MA. LPC, permission to contact the referral source to acknowledge and express appreciation for this referral.
- I /we have read & received a copy of the Consent to Treat, Practice Policies and the HIPAA Notice of Privacy Policies and agree to the terms. \_\_\_\_\_

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Client Name	Signature	Date
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Spouse/ Partner/ Parent/ Guardian	Relationship	Date
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