



## ADVANTAGE COUNSELING

### COUNSELING AGREEMENT & INFORMED CONSENT

It is important that you, as the client, are fully informed about the counseling services you will be receiving before deciding to begin therapy. Your signature below indicates that you have received, read, and understand our policies. You are making an informed decision about entering into counseling.

#### TRAINING, EXPERIENCE & CREDENTIALS:

I understand that Alexander Howard is a Licensed Professional Counselor (License #) in the state of Kansas and is certified by the National Board of Certified Counselors. Alexander earned a Bachelor of Arts Degree in Family Studies and Human Services from Kansas State University and a Master of Arts Degree in Counseling specializing in Marriage, Couples, and Family Counseling from MidAmerica Nazarene University. Alexander is bound by ethical standards for the profession. I understand that I may request a copy of those ethical standards at any time.

#### BENEFITS AND RISKS OF THERAPY:

Any time you seek therapy to work with the difficulties in yourself or your relationships there are benefits and risks involved. The benefits can include the ability to handle or cope with your specific concerns and/or your interpersonal relationships in a healthier way. You may also gain a great understanding of personal, interpersonal, or family goals and values. This new understanding may lead to greater maturity and happiness as an individual, couple, or as a family. There may also be other benefits that come as you work at resolving your specific concerns. However, therapy can be challenging and uncomfortable at times and there are no guarantees to the outcome you desire. Remembering and resolving an unpleasant event may cause intense feelings of fear, anger, depression and frustration. As you work to resolve personal issues or issues between family members, marital partners, and other persons, you may experience discomfort and an increase in conflict. There may be changes in your relationships, which you had not originally intended. I will discuss with you the benefits and risks involved in your particular situation, and I encourage you to discuss any concerns as they arise with me.

#### SUPERVISION

In order to meet professional standards for his training, Alexander must have his clients agree in writing to the following:

- (1) Permission to allow supervisor complete access to your client file and session video recording for the purpose of assisting in your evaluation, testing, and therapy. Alexander is being supervised by Danielle Nash, LCPC and Dr. Todd Frye, LCPC.
- (2) Permission to present your case during supervision with a supervisor and members of his supervision group for the purpose of case management and training. Those individuals will be under the same ethical guidelines as your counselor, Alexander.

If you cannot give consent for all of the procedures above, Alexander will not be able to accept you as a client. If this is the case, he will assist you with a referral to a different therapist.

#### VIDEO POLICY

I give permission to allow Alexander Howard to make audio or video recordings of interviews for supervision purposes. Portions of these recordings may be reviewed during supervision with a supervisor and members of Alexander Howard's supervision group for the purpose of case management and training. After supervisory use, the recordings are erased. All recordings will be erased after 2 weeks of the date the session was recorded. All recordings are treated with the same ethical concern as confidential records. Advantage Counseling Services believe these practices contribute to the high quality of professional service to you, our valued client.

#### CONFIDENTIALITY:

Advantage Counseling Services LLC is concerned about confidentiality. It is the goal of Advantage Counseling to provide an environment in which our clients may place their trust and confidence. Under both federal and state law, confidentiality means communication with your therapist and any records pertaining to your identity, evaluation, or treatment will be held in confidence. Beyond the law, we know that a sense of safety and security are necessary to the process of healing in which our clients are engaged. Advantage Counseling is committed to maintaining confidentiality to the fullest extent personally and professionally.

In practical terms, this means that I will not reveal any information about you or your issues, except for professional consultation or subject to the paragraph above regarding supervision, without your written consent. I will not reveal that you are a client at Advantage Counseling or initiate contact or acknowledge that I know you if we were to meet outside of the office location, in order to protect your right to privacy. You may always initiate or acknowledge contact outside of the therapy location yourself. Any written records of your treatment are also confidential. Because of our legal mandate to report some issues, confidentiality may be broken in certain circumstances as follows:

- (1) If I have a good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- (2) If I have a good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
- (3) If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to do this and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
- (4) In legal cases when under court order by a judge, I may be required to disclose confidential information and/or documents and notes contained in your file.
- (5) When you have provided written consent for such release of your confidential records.

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist.

In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Your therapist will use his clinical judgment when revealing such information.

#### CONSULTATION WITH OTHER PROFESSIONALS:

Under Kansas law, your therapist is required to consult with your primary care physician or psychiatrist to determine if there may be a medical condition or medication that is contributing to symptoms of a mental disorder. In order to complete such a consultation, I understand that my therapist will request that I complete a Release of Information form. I also understand that I may waive this consultation, in writing, and that my counselor will discuss this process with me at any time if I so request.

I understand and grant permission for Mr. Howard, at his discretion, to consult with other licensed professional counselors about my treatment in order to ensure the highest quality of service. I understand that the confidentiality of my information will be protected as a part of this process and that no identifying information will be discussed.

#### THERAPEUTIC APPROACH:

My therapeutic approach to counseling varies depending upon the needs of each client, but in all cases, it is holistic in that I consider your unique challenges to be just one part of your overall health. Together in therapy, we will look at the entire system you are a part of: your family, personality, work, religion and spirituality, your thoughts/cognitions, emotions, society, medical conditions, etc. I approach my work through an attachment perspective, which conceptualizes your human behavior and emotions by addressing our core needs to belong, to be accepted, to be comforted, and to be protected from harm. Other therapeutic approaches that might be used in our work together include Cognitive-Behavioral, Person-Centered and Emotion-Focused.

#### DIAGNOSIS AND TREATMENT PLAN:

Within a reasonable period of time after the initiation of counseling services, I will discuss with you my working understanding of the problem (which may include a diagnostic code from the DSM-V), collaborate with you regarding treatment goals and objectives, and then develop a treatment plan that we will use to measure progress. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, my expertise in employing them, or about the treatment plan, please ask and you will be given a comprehensive answer. You also have the right to ask about other treatments for your condition and their risks and benefits. If you could benefit from any treatment that I do not provide, I will assist you in obtaining those treatments from another mental health provider.

#### TERMINATION OF TREATMENT:

The length of time a client spends in counseling varies depending upon the problem being addressed, your goals for treatment, and the work done both in session and between sessions. As a client, you have the right to end therapy at any time, and typically you are the one who decides when therapy will end with the following exceptions: (1) If we have contracted for a specific time period, we will finish therapy at the end of that contract; (2) If I am not able to help you because, in my judgment, the kind of problem you have or because my training and skills are not appropriate, I will inform you of this and refer you to another therapist who may better meet your needs; and (3) If you do violence to, threaten, verbally or physically, or harass myself, the office, or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care but cannot guarantee that they will accept you for therapy.

#### ATTENDANCE OF SCHEDULED SERVICES:

I understand that I am responsible for coming to my session on time and at the time that is scheduled. Regular sessions last for 50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting. If I am running behind in the day's schedule, I will do my best to allow your full allotted time; only the time actually spent in session will be charged.

#### CANCELLATIONS:

A cancellation must be made with 24 hours notice in order to avoid being billed the full amount due for the session. Please call me at (913) 735-6272 to report a cancellation as soon as you are aware that you cannot make your scheduled appointment. The answering machine has a time and date stamp which will keep track of time to cancellation. Excessive cancellations may result in a discussion of readiness or motivation for therapy and may result in termination of services at that time. Services may be reinstated at a later date, subject to discussion with your therapist, and the intake process may be repeated.

#### WINTER WEATHER:

In the event of severe winter weather, I will be in touch with you as soon as possible regarding the status of your appointment. If you plan to cancel due to driving conditions, please call 913-735-6272 as soon as you have made your decision.

#### FINANCIAL POLICY:

I understand that I am responsible for paying for my session at the time of service unless other firm arrangements have been made and agreed upon by Advantage Counseling Services in advance. Individual rates are as follows: \$80 for a 50 minute session. Couple/Family rates are as follows: \$80 for a 50-minute therapy session. If we deem a longer session necessary and agreed upon, you will be charged \$20 per every 15 minutes. Because Advantage Counseling seeks to provide affordable counseling services, we understand that there may be situations in which you may be unable to afford the standard rates for services. It is our desire at Advantage Counseling Services to see that you receive the help you need so that you can experience a joy-filled life. If this is the case, feel free to ask about the resources and referral sources Advantage Counseling has to find the help you need.

Advantage Counseling accepts cash, check, debit, major credit cards, and HSA cards . There will be a \$25 fee for all returned checks. Non-payment at the time of session will result in the client's file being placed in hold status until payment is made. Non-payment will result in termination of services. If you eventually refuse to pay your debt, Advantage Counseling reserves the right to give your name and the amount due to a collection agency.

Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone or if you leave more than ten minutes worth of phone messages in a week, you will be billed you on a prorated basis for that time.

To maintain absolute confidentiality for our clients' therapy records, we do not work directly with third party payment groups; however, we can provide you with receipts for your therapy after you have paid yourself, which you may then submit to your insurance company. We request, however, that you request this at the beginning of therapy, so the necessary paperwork will be prepared. Please be aware that not all issues/conditions/problems that are the focus of psychotherapy are reimbursed by insurance companies. It is your responsibility to verify the specifics of your coverage.

#### RECORD KEEPING POLICY:

It is our policy according to ethical guidelines to maintain a client record file that includes your Client Intake Form, Counseling Agreement and Informed Consent Form, any Authorizations for Release of Information, financial record keeping, progress notes, and any other correspondence or information related to that case. Records are maintained in a secure location that cannot be accessed by anyone else and will be held for seven years following termination, or the end of therapy.

#### YOUR RIGHT TO REVIEW RECORDS:

As a client, you understand that you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when your therapist assesses that releasing such information might be harmful in any way. In such a case, you may request that your therapist release such information to any agency or health care professional that you specify unless your therapist assesses that releasing such information might be harmful in any way.

Under the provisions of the Health Care Information Act of 1992, you understand that you have the right to a copy of your file at any time. You also understand that you have the right to request that any errors in your file be corrected. You may request that a copy of your file be made available to any other health care provider at your written request.

#### TELEPHONE & EMERGENCY PROCEDURES:

If you need to contact me for an urgent matter between sessions, please call (913) 735-6272 and your call will be returned as soon as possible. Non-urgent telephone calls left after 5:00 on weekdays or during the weekend will be returned on the next business day. If a life-threatening emergency arises between sessions, call 911 or go to the nearest emergency room.

If there is an emergency while you are a client at Advantage Counseling or in the future after termination where I become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, I will do whatever I can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, I may also contact the person whose name you have provided on the Client Information Form.

The following crisis hotlines may also be utilized in case of an emergency and I am unable to take your call:

Battered Person's 24 Hour Hotline: 816-995-1000

Child Abuse (KS): 1-800-922-5330

Child Abuse (MO): 1-800-392-3738

Johnson County Mental Health: 913-782-2100

Rape Crisis Line (KS): 913-642-0233

Rape Crisis Line (MO): 816-531-0233

Suicide Prevention Line: 1-800-273-8255

#### EMAIL AND TEXTING POLICY:

If you need to contact me to schedule or reschedule an appointment, you may do so at [alex@advantagecounselingkc.com](mailto:alex@advantagecounselingkc.com) or call 913-735-6272. Because Advantage Counseling cannot guarantee confidentiality with email correspondence, it is the policy of Advantage Counseling that no advice or counseling will be done through e-mail.

If you prefer to communicate regarding scheduling through text messages understand that Advantage Counseling cannot guarantee confidentiality. No advice or counseling will be done through text messages.

#### GRIEVANCES:

If at any time you are unhappy with what is happening in therapy, it is my sincere desire that you will talk about it with me so that I can respond to your concerns. I will take such criticism seriously and with care and respect. If you believe that I have been unwilling to listen and respond or that I have behaved in an unprofessional manner, you have the right to file a complaint about my behavior to the Kansas Behavioral Services Regulatory Board located at 712 S. Kansas Avenue, Topeka, KS 66603. The phone number for the Behavioral Services Regulatory Board is (785) 296-3240.

#### NOTICE OF PRIVACY PRACTICES

I hereby acknowledge receipt of Advantage Counseling Services LLC's Notice of Privacy Practices.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian if client is a minor)

**I HAVE READ THE ABOVE COUNSELING AGREEMENT AND INFORMED CONSENT AND HAD SUFFICIENT TIME TO CONSIDER IT CAREFULLY AND ASKED ANY QUESTIONS, AND I UNDERSTAND WHAT IS CONTAINED THEREIN.**

**I AGREE TO ITS TERMS AND AGREE TO UNDERTAKE THERAPY WITH ALEXANDER HOWARD, MA, LPC, NCC, THERAPIST AT ADVANTAGE COUNSELING.**

**I KNOW I CAN END THERAPY AT ANY TIME I WISH AND THAT I CAN REFUSE ANY REQUESTS OR SUGGESTIONS MADE BY ALEXANDER HOWARD. I AM OVER THE AGE OF EIGHTEEN.**

Client Signature: \_\_\_\_\_  
(parent/guardian if client is a minor)

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
(parent/guardian if client is a minor)

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_  
(parent/guardian if client is a minor)

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_  
Alexander Howard, MA, LPC

Date: \_\_\_\_\_