

## Client Information Sheet

Welcome! I appreciate you giving me the opportunity to be of help to you. This handout answers some questions clients often ask about my practice. It is important to me that you know how we will work together. I believe our work will be most helpful to you when you have a clear idea of what we are trying to do. This handout talks about the following:

1. Risks and benefits of therapy
2. Goals, methods and treatment of therapy
3. Length of therapy
4. Cost of services and payment expectations
5. Relationship issues

When you have read and fully understand this handout, I will ask you to sign it. I will sign it as well and make a copy for each of us.

I am a licensed professional counselor (license # 2999) and a licensed behavioral practitioner (license # 80) in OK and an LPC in CO (license #3323).

If I am not able to meet your expectations and you are unhappy with the services you can contact CO State Board of Licensed Professional Counselor Examiners, 1560 Broadway, Suite 1370, Denver, CO 80202, (303) 894-7766.

### Therapy In General

You will want to choose a therapist carefully. I believe it is important for you to feel comfortable with the therapist you choose and feel hopeful about the therapy you are about to encounter. Let me describe how I see therapy.

The type of therapy I do is called, "*Cognitive Behavioral Therapy*." This approach looks at how our thoughts, emotions and behavior are linked together. As we work together, I will help you understand how this concept uniquely impacts your experiences and perceptions. Then we will work together discovering alternatives in bringing about change in your life.

This approach to helping people is an educational one. Anyone can learn how this triad, thoughts, emotions and behavior, are uniquely linked for them. With this understanding and awareness, the client can decide if this linkage is useful, and, if not, make changes in any of the three areas. My goal is for you to be able to use cognitive/behavioral techniques without me. So, that in the future, you will be able to apply the techniques to any life's circumstance.

By the end of our first session, I will tell you how I see your situation and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked upon; I use special knowledge to help you make the changes you want to make. This approach

requires your active involvement. It requires your best efforts to identify, communicate and change thoughts, feelings and behaviors.

I expect us to plan our work together. We will list the areas to work on, our goals, the methods we will use, and the time and money commitments we will make. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our plan, its goals, and its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, to keep records, and perhaps to do other tasks to deepen your learning. You will probably have to work on relationships, in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and frustrating and you will need to keep trying. There is no instant, painless cures and no “magic pills.” However, you can learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

Most of my clients see me once a week for 4-6 months or longer. After that, we meet less often for several months. Therapy then usually comes to an end. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one session to review our work together. We will review our goals, the work we have done, and any future work that needs to be done, and our choices. If you would like to take a “vacation” from therapy to try it on your own, we should discuss this. We can often make such a “vacation” be more helpful.

### **Benefits and Risks of Therapy**

As with any treatment, there are some risks as well as many benefits with therapy. It is important for you to consider both risks and benefits. In therapy, there is a risk that clients will, for a time, have uncomfortable levels of emotions and may recall unpleasant memories. These feelings and memories may bother you at work, school or home. Some people in your community may mistakenly view anyone in therapy as weak, disturbed or even dangerous. Relationships with family and loved ones may be temporarily strained and problems may, at first, worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know that scientists in hundreds of research studies have showed the benefits of therapy. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Clients’ relationships and coping skills may improve greatly. Their personal goals and values may become clearer. They may grow in many directions - as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

### **Consultations**

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right

to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons, with you, so that you can decide what is best. If you are co-treated by another professional, I will coordinate my services with them and with your own medical doctor.

### **What to Expect from Our Relationship**

State laws and the rules of the APA require me to keep what you tell me confidential. You can trust me not to tell anyone else what you tell me, except in certain limited situations. This is explained in the next section. I try not to reveal who my clients are. This is part of my effort to maintain privacy. If we meet on the street or socially, I may not say hello or talk to you very much. My behavior will not be a personal reaction to you, but a way to maintain the confidentiality of our relationship.

In your best interest and following the APA guidelines, I can only be your therapist. I cannot have any other role in your life. I cannot, now or ever, be a close friend or socialize with any of my clients. I cannot be a therapist to someone who is already a friend. I can never have a sexual or romantic relationship with any client during, or after, the course of therapy. I cannot have a business relationship with any of my clients, other than the therapy relationship.

### **Confidentiality**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my record about you be kept private. That is why I ask you to sign “release-of-records” form before I can talk about you or send my records about you to anyone else. I will tell no one what you tell me. I will not even reveal that you are receiving treatment from me.

In all but a few rare situations, our confidentiality is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

0. If you are sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable with telling.
  1. Are suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may then be ordered to show the court my records. Please consult your lawyer about these issues.
  2. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
  3. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

There is another situation in which I might talk about part of your case with another therapist. First, when I am away from the office for a few days, I have a trusted fellow therapist “cover” for me. This therapist will be available to you in emergencies. Therefore, he or she needs to know about you. Generally, I will tell this therapist only what he or she would need to know for an emergency.

Generally, your health insurance company will receive only my statement. This gives the dates of your appointments, my charges, and a diagnosis. I also contract with a billing service. They have access to the same information listed above.

An insurance company or HMO will sometimes ask for more information on symptoms, diagnoses, and my treatment methods. I will let you know if this should occur and what the company has asked for. Please understand that I have no control over how these records are handled at the insurance company. My policy is to provide only as much information as the insurance company will need to pay your benefits.

### **Assessments**

To aid in treatment, often it is necessary to complete a standardized psychological evaluation. This provides objective data in drawing conclusions regarding diagnosis and treatment. Prior to administering psychological evaluations, I will discuss the nature of the instrument(s), its purpose and the information to be obtained through it.

### **Appointments**

We will meet for 50-minute sessions. These usually occur once per week. The appointments will be scheduled for both your and my convenience. An appointment is a commitment to our work. We agree to meet here and to be on time. If I am ever unable to start on time, I ask your understanding. I also assure you that you will receive the full time agreed to. If you are late, we will be unable to meet for the full time, due to other appointments scheduled after yours.

Please call to cancel and reschedule appointments with a minimum of a 24-hour notice. If you cancel without a 24 hour notice or do not show up for an appointment, you will be charged for the session and insurance will not pay for missed appointments.

### **Fees and Payments**

My regular fees are as follows. For 50-minute individual session the fee is \$120.00 family sessions with two or more people is \$140.00 per fifty minute session. Telephone sessions and consultations with others such as school personnel, CPS, the courts or any other activities related to you and/or your situation which will occupy my time will be prorated based upon the \$120.00 per hour rate.

If you are unable to pay at the time of service, please talk with me about possible payment plans. Balances over 30 days will be invoiced with a 10 percent fee added monthly to the balance plus a \$20.00 monthly service charge. Balances over 3 months will be turned over to a collection agency.

I accept debit and credit cards for payment with at \$3.00 or 3.5% (which ever is larger) service charge per \$100.00 transaction.

I will provide you with monthly statements for you to forward to your insurance company for reimbursement. You will need to submit claims to your insurance company.

If you are a member of an insurance company that I am a provider for, your co-payment or co-insurance will be expected at the end of each session. I will bill your insurance company for you. You are responsible for all remaining balances after your insurance company has paid their portion. By signing this consent, you have given me, Carol Keymer, LPC permission to submit the insurance claim for you.

### **Contacting Me**

If you need to contact me, first call my office number or call my mobile number. If I do not answer personally, please understand that I am probably in session with another client. I will make every effort to return your call within 24 hours. If your call is an emergency, please call 911.

### **Our Agreement**

I, \_\_\_\_\_, understand I have the right not to sign this form. I understand I can choose to discuss my concerns with you, the therapist, before I start formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this handout, I can talk with you about them, and you will do your best to answer them. I understand that I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by me or the number of sessions necessary for therapy to be effective.

I have read the issues and point in the handout. I have discussed those points I did not understand and have had my questions fully answered. I agree to act according to the points covered in the handout. I agree to enter into therapy with this therapist, and to cooperate fully and to the best of my ability, as shown by my signature.

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Signature

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Date

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Printed Name

I, \_\_\_\_\_, have met with this client and informed him or her of the issues and points raised in this handout. I have responded to all the questions presented to me. I believe this person fully understand the issues and I find not reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter therapy with the client.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name