

Therapy Agreement & Informed Consent

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Before starting mental health therapy, it is important to know what to expect, and to understand your rights as well as commitments. This consent form is an attempt to be as transparent with you as I can about the therapy process, so you are fully informed prior to starting treatment. I will give you a copy to take home.

Treatment Philosophy

- Mental health therapy is a process of opening up about your life experiences and your genuine thoughts and feelings in order to increase your self-awareness of psychological and emotional conflicts that keep you stuck in unwanted patterns. This means we will focus on helping you uncover the root causes, thought patterns, emotions, and actions that contribute to current life distress. For the therapy to be most successful, you will have to work on things we discuss both during our sessions and at home. I may also make other appropriate referrals if I find it necessary (i.e., psychiatric evaluation; neuropsychological evaluation). Remember, you always retain the right to request change in treatment or to refuse treatment at any time.
- The therapy may involve temporary periods of discomfort as you begin to work through past trauma or confront psychological conflicts you have previously been avoiding. You may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. On the other hand, therapy has been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.
- Your psychotherapy sessions will be approximately 50-60 minutes in length and are generally conducted once per week. We will discuss if a different meeting frequency (i.e., once every two weeks) will work best depending on your specific situation.
- Treatments supported by research to help people with specific problems are generally shorter-term in nature (e.g., 16-20 sessions). By learning helpful skills and ways of thinking about your concerns in treatment, clients often find they are well equipped to manage on their own or with occasional support.
- **APPOINTMENT RESCHEDULING OR CANCELING:** Once an appointment is set, that time is reserved for you. I cannot typically fill that time within 24 hours. Therefore, APPOINTMENTS MUST BE RESCHEDULED OR CANCELED 24 HOURS IN ADVANCE;. I may make an exception for a true emergency.



Pinnacle Health Services
547 E Pine Street, Suite 201
Phone (541) 423-8151 Fax (541)
423-8508

- I can be reached at the clinic by calling (541) 423-8151. I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on the clinic's confidential voicemail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe:
 - 1) Contact Jackson County Mental Health Crisis Line (541-774-8201);
 - 2) Go to your Local Hospital Emergency Room;
 - 3) Contact the Mental Health National Helpline at 1-800-662-4357; or 4) call 911 and ask to speak to the mental health worker on call.

According to the laws in many states and all professional ethics codes, any kinds of sexual conduct or asking for sexual conduct, or sexual misconduct by a mental health provider with a client is illegal, as well as unethical.

Initial Intake/Evaluation

- The purpose of the intake process is to fully evaluate your needs and ensure you receive the best treatment possible. The evaluation itself may vary across clients and may include activities such as completing a structured interview (i.e., every client is asked the same questions to ensure comprehensiveness), questionnaires, or several other options.
- By the end of this intake period (first 1-2 sessions), I will be able to offer you an initial impression of your needs and a plan for what treatment might include if you decide to continue with therapy. If we are unable to work together, I will provide you with a list of referrals.

Scope of My Services

- I am qualified to work with a wide variety of clients and problems, but sometimes I may not have the training needed to address a particular concern. If this is the case, I will discuss it with you and make sure that you receive a referral to another professional who is better qualified to serve you.
- Also, if you are having current hallucinations/ delusions, severe thoughts of suicide or self-harm, or extreme mood swings, you may need more support than I can offer you through weekly psychotherapy, and I reserve the right to refer you to a different or more intensive treatment if I believe you exceed the level of care I can offer.



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LIMITS OF CONFIDENTIALITY

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. However, there are limits to this confidentiality that you should know about.

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 the 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 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.

Minors/ Guardianship

Parents or legal guardians of non-emancipated minor clients may have the right to inspect the clients records unless the health care provider determines that access to the client's record would have a detrimental effect on the providers' professional relationship with the minor client, or the minor's physical safety or psychological wellbeing.

- ❖ I have read and fully understand these client policies and give my full-informed consent.
- ❖ I apply for and consent to psychotherapy with Dr. Kacy Mullen, PhD, Leslie Rheault, LPC, Shannon Modjeski, LPC, Bronson Dull, LCSW
- ❖ I further understand that I am responsible for payment even though my insurance company may or may not reimburse me at a later time.
- ❖ I understand any conversations over five (5) minutes in duration will be charged in fifteen (15) minute increments.

Client Signature

Date

Parent or Guardian

Date