

Gregory T Struve, MA
Licensed Associate Counselor
by Arizona Board of Behavioral Health

INFORMED CONSENT for TREATMENT AND CONSULTATION

Informed Consent and Agreement for Psychosocial Assessment, Counseling/Therapy/Treatment and/or Related Professional Services

*Please initial on the lines provided to indicate that you have read and understood the policies and that you freely and willingly agree to enter into and participate in treatment.

CONSENT FOR TREATMENT: I, (Client/Parent/Guardian) _____
_____ authorize and request that Greg T. Struve, MA, LAC. to provide mental health counseling/therapy services including, but not limited to, diagnostic assessment and behavioral health treatment advisable during the course of my care or the care of my minor child.
_____ (Please initial)

PATIENT RIGHTS: Treatment begins with typically one session devoted to a biopsychosocial intake assessment so that Greg T. Struve, MA, LAC. can better understand the key issues, your history, and any other factors that may be relevant. When the initial intake assessment process is complete, treatment approaches will be discussed and you will participate in setting therapeutic goals. You and/or your minor have the right and duty to participate in treatment related decisions and treatment planning. You also have the right to refuse treatment or discontinue this consent for treatment, which will include a discussion about the possible consequences of such choices. (See section on Terminating Therapy).
_____ (Please initial)

PSYCHOLOGICAL SERVICES – (Function, Limits and Risks): Mental health counseling/therapy requires active effort on the part of the client and support system including, but not limited to, a commitment of time and energy, both in and out of session. Since counseling/therapy frequently involves discussion of painful life events, clients may experience uncomfortable feelings (sadness, anger, shame, etc.). The expectation that clients will benefit from counseling/therapy is reasonable but cannot be guaranteed due to the responsibility of the client to initiate and maintain change. Attempts to address the identified issue(s) that prompted counseling in the first place may result in changes that are unexpected or un-intended.

Mental health counseling/therapy may result in decisions to change various aspects of one's life. Family members or love ones may not necessarily experience such changes as positive. Change will sometimes be easy and swift, but more often than not it will be slow and frustrating.

MARRIAGE OR COUPLES COUNSELING/THERAPY: In the case of marriage counseling, the possibility of divorce is often a legitimate risk.

Couples, married or otherwise defined as a couple, whether legal or by intent, seeking marital or couples' counseling, will have, without exception, a separate chart in the medical record for each individual in the couple. Neither party will have access to the information in their significant other's chart.

Furthermore, for marital counseling or couples counseling, any information disclosed by one party outside the presence of the other party will be encouraged to be shared with the other party in the next session, if not sooner, depending upon the nature of the information disclosed and the willingness of the disclosing party to share said information. In other words Greg T. Struve does not want to enable secrecy in any relationship.

Unless Greg T. Struve believes that there is imminent danger to one of the parties, the disclosed information will be processed as referenced above regardless of how the information is attained through individual session, phone call, email or other form of communication. If you have any concerns about this section of the consent please discuss them with Greg T. Struve before coming to the first session.

_____ (Please initial)

APPOINTMENTS AND CANCELLATIONS: Mental health counseling/therapy appointments are, on average, 50 to 75 minutes in length and include assessment/treatment and the handling of all administrative details related to the case (i.e. scheduling). Please note that the scheduling of an appointment involves the reservation of time specifically for said client and Greg T. Struve, MA, LAC. **All cancellations/appointment changes must be made with at least a 24-hour advance notice to Mrs. Struve or a designee. All cancellations/appointment changes with less than a 24-hour notice will be charged a fee appropriate to the amount the client would pay for his/her session. *Last minute cancellations are not honored, save for an unforeseen emergency. Finally, 24-hour notice does not apply to weekends or holidays.*** If the client is unable to attend the scheduled appointment in person, the client may opt for a phone or videoconference session if the therapist, independent contractor can accommodate during the scheduled time although it should be noted that insurance companies might not cover these types of sessions. Originally scheduled phone or videoconference sessions are treated as regular appointments in that the same cancellation policy applies.

If you miss a scheduled appointment for any reason, and fail to call Greg T. Struve within 30 days to reschedule, that will be considered a termination of this agreement and the medical record will be closed.

_____ (Please initial)

REGULAR OR EMERGENCY CONTACT: Greg T. Struve, LAC is not immediately available by telephone due to being in session and because this is an outpatient level of care.

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Clients may leave a confidential voicemail or send an email. Every effort will be made to return calls within two business days, with the exception of weekends and holidays. Greg T. Struve, MA, LAC maintains healthy boundaries with clients by communicating with clients during established work hours. She is not on call 24 hours a day, 7 days a week. **If an emergency/crisis arises, please call 911, the Empact crisis line at 480-784-1500 or go immediately to the closest emergency room.**

_____ (Please initial)

EMAIL/ELECTRONIC COMMUNICATION: Please be advised that any communication delivered and/or stored electronically (via computer/email/fax) may not be completely secure and could result in unforeseen limits on privacy. Client who engage in online sessions are welcome to utilize the communication method of their choosing. Be aware that, as of January 2017, Skype is not considered compliant with HIPPA laws so there could be unforeseen limits on privacy associated with utilizing it. In addition, email and other forms of electronic communication may at times be added to the electronic medical record.

_____ (Please initial)

MINORS: If a client is under eighteen years of age, please be aware that the parents/guardian are not entitled to receive updates on the client's treatment though they may request updates that do not undermined the client's confidentiality or threaten the therapeutic relationship. The client will be made aware of these updates, unless doing so poses possible harm. In addition, in cases in which the minor has biological parents who are not currently married but do share parenting rights, both parents must sign this consent form before therapy can begin and a copy of all custody related paperwork must be provide before the first session.

_____ (Please initial, if the patient is a minor.)

CONFIDENTIALITY: In general law protects the privacy of all communication between a client and a counselor/therapist, including that of a minor. Greg T. Struve is not at liberty to release information to another professional or interested party without written permission except where disclosure is permitted or required by law. There are some situations in Greg T. Struve is legally obligated to take action to protect clients or others from harm, and therefore there are occasions when confidentiality can and must be limited.

***PLEASE PAY ATTENTION TO THE FOLLIWNG.** Disclosure of otherwise confidential information may be required in the following circumstances:

(1) When there is a reasonable suspicion of child abuse (sexual, emotional, physical or neglect), elder abuse, or abuse of a dependent adult. In this situation Mrs. Struve is required by law to file a report with the appropriate state agency. There is no time limit on child abuse reporting. In the

event that an adult patient reveals he/she was abused as a child, a report may be filed if there is reason to suspect the abuser still has the capacity to victimize a minor. As mandated reporters Mrs. Struve is not given the latitude to determine what is or is not abusive. If a minor child reports that he/she is being or has been abused in any way a report will be made to the appropriate state agency. If a report is made, there is no obligation to notify parents/guardians of said report.

(2) If Mrs. Struve has reason to believe that a client is threatening serious bodily harm to an *identifiable other*, she is required to take protective actions. These actions may include notifying the potential victim, contacting the police, and/or seeking hospitalization of the client.

(3) If the client threatens serious bodily harm to herself/himself, Mrs. Struve must take action to protect the client including, but not limited to, establishing a *Suicide Prevention Plan*, contacting the client's emergency contact/family member, and/or seeking hospitalization. Only the minimum amount of information will be shared to keep the client safe.

(4) When the court, not a lawyer, issues an order to provide testimony or produce documents, and attempts to have the order modified or vacated have been unsuccessful, Mrs. Struve must comply with the order to avoid being held in contempt of court.

Finally, by signing this consent you are agreeing to refrain from audio or video taping any interactions with Greg T. Struve. Audio or video taped sessions held by clients cannot be guaranteed to remain confidential. This consent can be adjusted through written authorization signed by all parties involved.

_____ (Please initial)

PROFESSIONAL SUPERVISION: Greg T. Struve is supervised by Robin Heinrich, LPC. Gregory will consult with Robin regarding the client's case on a regular. During a consultation, identifying information about the client may be revealed. Robin is also legally bound to keep the information confidential.

All sessions will be billed through Robin's paypal account via email. You agree to remit payment within 24 hours of the session.

_____ (Please initial)

TERMINATING THERAPY: Treatment is typically terminated when it becomes reasonably clear that the client no longer needs care. In general, therapy sessions are tapered down gradually (i.e., weekly to bi-weekly, then monthly, etc.) with the knowledge and cooperation of the client. Greg T. Struve, MA, LAC reserves the right to discontinue the therapeutic relationship if she believes that she is unable to provide effective treatment given the unique needs of the client. Therapy may also be terminated if a client consistently refuses to follow recommendations that are critical to maintaining safety and/or standards of care (for instance, recommendations to HLOC or medical evaluation). Greg T. Struve may terminate therapy if

Client/Parent/Guardian's Signature

Date

Therapist's Signature

Date