

Guidelines for our work together

Services offered: I provide counseling to individuals and families. I am also a naturopathic physician, and when appropriate, I may have suggestions regarding nutrition, herbal medicine and/or bodywork. My focus is on the interplay of the emotions, thoughts, body, spirit, social atmosphere and environment. I work with children, adults, families, couples and groups.

Nature of our alliance: I work to establish high levels of collaboration between you and me. I am interested in empowering you to reach your goals, and to dream boldly in creating those goals. I work best with people who are committed to taking an active role in creating health and vitality in their life. I am often quite direct in my observations. I am also compassionate and patient. This type of work is not without its challenges and risks. Although your goals may involve relief from discomfort, it is not uncommon for people to feel worse before feeling better. Please know that I am committed to assisting you through these stages to achieve your ultimate goals. Depending on your goals, this may take just a few sessions, or it may take months or sometimes years.

Responsibilities: I am responsible for creating a safe atmosphere in which you can risk trying new things and entertaining new perspectives about yourself and your life. I am responsible for maintaining confidentiality of everything we discuss. When working with couples or families, the confidentiality of the unit is strictly kept. When working with a couple or family, I may conduct separate sessions with individual members. Information shared in individual sessions may be shared with others in the unit if this would be helpful to the relationship. We will discuss this more at that time. Legal and ethical exceptions to confidentiality are explained in detail below. I also hold myself responsible for ensuring that you are getting benefit from our relationship. I will provide referrals if at any point I think that you would be better served by another practitioner (either in addition to, or instead of, myself). I am committed to your goals, and to your creation of a life you love.

You are responsible for coming to appointments, paying visit fees and following through with assignments between sessions. If you cannot make an appointment, I require a 24-hour notice, otherwise you will be charged the full visit fee (as this cannot be billed to insurance). My fees are \$175/hr for counseling (though depending on the exact nature of the visit, charges may vary). I give a discount for payments made at the time of service making the cost \$150/hr. When possible, initial visits are 90 minutes in length, yet may be 60 minutes due to availability, or by your request. Most of my services are covered by insurance, and we will discuss if this will apply to your visits. Though I will be assessing our working relationship throughout, I also expect you to inform me how our alliance can work better for you.

(continued on page 2)

Confidentiality & Privacy: By law and professional ethics, your sessions are strictly confidential. No information will be shared with anyone without your written permission, except as noted below. If you are working with other healthcare providers, it may be beneficial for me to be in contact with them. If I think this will be helpful, I will ask for your permission first. To provide you with the best services possible, I also consult from time to time with trusted colleagues. Those consultations are conducted under these same rigorous codes of confidentiality. The legal exceptions to this confidentiality policy are as follows.

- If I am ordered by the court to testify or release records.
- If you are a victim or perpetrator of child abuse I am required by law to report this to the authorities responsible for investigating child abuse.
- If you are a victim or perpetrator of elder or dependent adult abuse I am required by law to report this to Adult Protective Services or other appropriate authorities.
- If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threatened harm to self or others.

I have read, understand and agree to the information and policies described in this informed consent form. I voluntarily participate in the services described above. I also acknowledge that I have reviewed and/or received a copy of the Notice of Privacy Practices.

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Print Name	Signature	Date

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Print Name	Signature	Date

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Print Name	Signature	Date

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Print Name	Signature	Date

Revised 12-10-15