



## CAREER COUNSELING

Elizabeth S. Arnold, LPC, NCC

NCDA Master Career Counselor

### Informed Consent

Welcome to my practice! I am pleased to have the opportunity to share in the parts of your life that concern you now. This document contains important information about my professional services and private practice business policies. Please read it carefully. When you sign this document, it will represent an agreement between us.

#### Mental Health Counseling

Mental health counseling can have risks and benefits. On the one hand, because counseling may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has been shown to have benefits for people who go through it. Counseling often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience. In our work together we will collaborate to establish counseling goals and implement action plans to achieve those goals. Please let me know whenever you have questions or concerns about our work together. I welcome your feedback and will do my best to address your questions and concerns. If you continue to believe that you are not benefitting from the work, either you or I can initiate a discussion about counseling alternatives. You are free to terminate therapy at any time.

#### My Responsibilities to You as Your Counselor

**Confidentiality.** With the exceptions noted in the Notice of Privacy Policies, you have the absolute right to the confidentiality of your therapy. Without your prior written permission, I cannot tell anyone else what you have told me, or even that you are in therapy with me.

I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential. If you don't object, I will not tell you about these consultations unless I feel that it is important to our work together.

**Record-keeping.** I generally keep brief records, noting that you have been here and the topics we discussed. These records are confidential and secure.

**Diagnosis.** Diagnoses are medical terms that describe the nature of your problems. I do not use diagnoses unless third-party payers, such as employees assistance programs, require them. Please ask me for further information.

**Insurance.** I do not accept insurance.

Our relationship is a professional and therapeutic relationship. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship and are considered unethical according to the Texas Licensed Professional Counselor Code of Ethics. I care about helping you, but I cannot have a social relationship with you.

### Your Responsibilities as a Counseling Client

**Work.** You are in charge of your counseling work. You are responsible for communicating honestly about your needs and preferences, providing feedback, asking questions when you don't understand, and choosing whether therapy will continue or end.

**Appointments.** You are responsible for coming to your appointment on time and at the time we have scheduled. If you are late, it is likely that our appointment will still have to end on time.

**Cancellations.** If you miss an appointment without canceling, or cancel with less than 24 hours notice, the full fee is still due.

If you are an established client with an appointment that is not an assessment interpretation session and something out of the ordinary prevents you from attending in person (e.g, a sick child), I am happy to have the appointment over the phone. Please call or text me as soon as you realize that you won't be able to attend in person so that I will be ready to receive your call at the established appointment time. Otherwise, I will typically call you about 10-15 minutes into your session if you have not yet arrived.

**Payment.** You are responsible for paying for your appointment at the time of service. A fee of \$25.00 will be charged for any checks returned for insufficient funds. My fee for a 50-minute clinical hour is \$135, prorated for extended sessions. I also charge this amount for other professional services you may need, such as telephone conversations lasting more than 10 minutes per week, preparation of records or summaries, and the time spent performing any other service you may request of me. Payment is due at the time of service. I cannot accept bartered goods or services for counseling.

### Electronic Communication

**Email.** I prefer to use email to handle administrative issues like scheduling or receipt requests. I also use email to transmit generic career exploration and job search information related to counseling goals and actions we have discussed unless you request otherwise. With your verbal permission I will electronically transmit your assessment

results after you have received a paper copy and we have completed an assessment interpretation.

However, I cannot email anything that is related to the specifics discussed during our appointments. If you choose to communicate with me by email, please know that email is not a completely secure or confidential medium. All emails are retained in the logs of your and our Internet service providers. Also please know that any emails I receive from you and any responses that I send to you become a part of your client record.

**Texting.** Like email, text messages are not completely secure or confidential. Please restrict texts to scheduling-related or other short general topics. If I am unable to reach you by phone for last-minute appointment changes, I may text you with a short message and you are encouraged to do the same.

### Social Media Policy

**Friending.** I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of the therapeutic relationship. Please ask me for further information.

**Interacting.** Please do not use messaging on social networking sites such as Facebook or LinkedIn to contact me. These sites are not secure and your messages may not be read in a timely fashion. Moreover, engaging with me in this way could compromise your confidentiality. If you need to contact me between appointments, the best way to do so is by phone. Direct email at [beth@lifeworkclarity.com](mailto:beth@lifeworkclarity.com) is second best for quick, administrative issues such as changing appointment times.

**Business review sites.** You may find Lifework Clarity Career Counseling on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places that list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find our listing on any of these sites, please know that the listing is NOT a request for a testimonial, rating, or endorsement from you as our client. The American Counseling Association's Ethics Code states that it is unethical for counselors to solicit testimonials. Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. If you do choose to write something on a business review site, I hope that you will keep in mind that you may be sharing personally revealing information in a public forum. Also, please know that if you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Texas State Board of Examiners of Professional Counselors, which oversees

licensing, and it will review the services I have provided. The contact information for this agency is listed at the end of this document.

### Absences and Crises

I will tell you in advance of any vacations I take. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (weekends or after 5 p.m. weekdays), please call the Travis County Mental Health crisis number: (512) 472-4357. If you believe that you cannot keep yourself safe, please call 911 or go to the nearest hospital ER for assistance.

### Counselor's Incapacity or Death

By signing this document, you acknowledge that, in the event that I become incapacitated or die, it will become necessary for another therapist to take possession of your file and records. By signing this information and consent form, you give your consent to allow a licensed mental health professional selected by me to take possession of your file and records and provide you with copies upon request or deliver them to a therapist of your choice.

### Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. I will take such criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen, or that I have behaved unethically, you can complain to the Texas State Board of Examiners of Professional Counselors, Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369.

**This Informed Consent Agreement was last revised on September 23, 2013.**