

MERRITT INSIGHT COUNSELING, PLLC
New Patient Demographic Form

Name:

Gender:

Marital Status:

Address:

Date of Birth:

Phone Number:

Insurance information (if applicable):

Email:

Referred by:

Reason for Seeking Services:

MERRITT INSIGHT COUNSELING, PLLC Informed Consent

Agreement for Psychotherapy

This document provides information about the psychotherapy process and the business policies for Lauren Merritt Counseling, PLLC. Please take the time to read it carefully and ask about any items that seem unclear. By signing this form you indicate that you agree to and understand the psychotherapy process and business policies between you and your clinician.

Informed Consent

Psychotherapy can have benefits and risks. As with most other forms of treatments, results cannot be guaranteed.

Participation in therapy can result in a number of benefits to you. You may experience increased insight into your patterns of feeling, thinking, behaving and relating to others; improvement in your relationships; resolution of any symptoms that brought you into therapy; and insights, lessons, or techniques that will ameliorate current and future life challenges.

Benefits to therapy require openness on the part of the therapy client. When information about your feelings, thoughts, behaviors, relationships, or other difficulties are withheld, it is not possible for the therapist to help you with them or to help you understand how they may be related (or not) to the issue for which you are seeking treatment. Benefits also require consistent attendance in therapy and work both in and outside of therapy sessions.

Therapy involves talking about experiences in your life that may cause you to feel difficult emotions. The goal is to work through, rather than get stuck in difficult emotions or thoughts. During the process, you may experience painful thoughts or emotions (e.g. anger, hurt, frustration, or confusion). Some people notice an immediate sense of relief when they share their pain with someone else. Others may notice that their symptoms get worse, before they begin to get better. In either case, it's important to share your reactions to therapy.

It is important to talk to your therapist about these reactions to therapy when they come up. They may be a natural, tolerable, and expected reaction to your work in psychotherapy. Other times it may be necessary or preferable to change the pace of your therapeutic work if the feelings are too uncomfortable. Or, if the treatment is not helping, it is important to talk about other treatment options.

How Therapy Works

Your first session/s will involve an evaluation of your needs. While evaluation is ongoing, the initial phase of evaluation will result in a discussion of your therapy goals and recommendations about how you might reach those goals. You and I will work together to reach a shared understanding of where your problems come from and what factors in your life contribute to keeping those problems in place. This information guides how you will move forward in resolving them. Should either of us determine that the type of treatment I can offer or the mode of

treatment is not a good fit for you, or even if we find that I am not a good fit, I will share recommendations for the right type of treatment and provider.

While the specific methods of therapy will come from our assessment, it may be helpful for you to understand the general process. Initially, our work will be about getting to know and understand you together. I make this as comfortable as possible by listening carefully, reflecting back what I hear so that you can let me know if I'm really "getting" you, and collaborating with you to form connections between your experiences, your feelings, your thoughts, and your impulses or behaviors. We'll look at your current life, your early life, and even your "life" in the therapy room with me to see if we can find themes that exist in all three areas. When we discover those kinds of thematic issues, it helps us to know that we are working on a "core" issue. Core issues can initially feel harder to work on and can bring up more pain, but ultimately can provide longer term relief. We will also do things to bring immediate relief to areas of suffering – for example if you struggle with sleep or anger or anxiety, we'll assess it deeply and then practice strategies to overcome it.

If you have unanswered questions about any of the procedures used in the course of your therapy, their possible risks, the clinician's expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

Therapy may also involve recommendations or referrals to additional services that support your wellness (e.g. psychiatrist, neuropsychologist, physician). In some cases these treatments are so vital and central to your recovery that your clinician is unable to ethically continue providing therapy without your concurrent treatment with these providers. Failing to follow these recommendations may result in impaired treatment progress, suicidal thoughts or actions, deteriorating medical condition, termination of treatment with this clinician or even death. Most often, however, these are recommendations not requirements.

Pro-Tips for Telehealth Therapy

- If others will be nearby while you are in therapy, ensure that you have adequate privacy prior to your session. Psychotherapy is serious work. You do not want to be interrupted.
- Turn off notifications on your computer and phone once we are connected.
- Bring tissues. If you were in my office, I'd provide them for you.
- You may be particularly comfortable because you are somewhere familiar and you may feel more casual because the work is online. Remind yourself prior to the session that you are here to do the meaningful work of positive change. It is best to act as though you were visiting me at an actual office. Please note that the session will not be conducted if you are in a public place and/or excess distractions are occurring.

Emergency and Crisis Support

I do not provide 24-hour crisis services. If a life-threatening crisis should occur, contact a crisis hotline, call 911, or go to a hospital emergency room. As an individual provider who is not in a group practice, I am generally in a therapy session during working hours and am unavailable outside of working hours. If it is likely that you may need crisis support, let's discuss this so that I can be sure you have the level of care you need. You deserve support that matches your needs.

Strengths and Limitations of Online Psychotherapy

Video sessions have some advantages over in-person psychotherapy. Many of my clients share with me that it is more convenient (no commute) and more comfortable (in their own space). Some clients tell me that they feel more able to share “deep” things because it is online rather than in person.

Online therapy is not for everyone. If a client has a poor internet connection, a lack of privacy, or otherwise would simply be more comfortable meeting in person, it is better to connect them with a provider who offers that service. It is important to consider if this applies to you and may impact your therapeutic progress and select an in-person provider if so. In some clinical situations, such as crises or suicidal or homicidal thoughts, in-person treatment may be the most appropriate treatment choice.

Location of Services

Online therapy allows me to provide services to a broader geographic range of clients than in person services. I am a Licensed Professional Counselor and serve clients across the state.

Confidentiality

Information shared by a client during therapy sessions is confidential. This means that I do not share your information with anyone except when legally or ethically bound to do so. Those circumstances are as follows:

- I am required to report suspicion of child abuse, neglect, or abandonment
- I am required to report suspicion of elder/vulnerable adult abuse, neglect, or exploitation
- I will share important and relevant information to protect a person to whom you appear to be an imminent and/or immediate physical threat
- I will share important and relevant information to protect you from imminent or immediate and/or immediate physical threat to yourself
- I may be required by Court Order to disclose treatment information.

Additionally, communication with me via any online or electronic means (e.g. email, text, video chat) is limited in security and thus your confidentiality may not be guaranteed. Please consider the limits of confidentiality in electronic communications outlined in more detail later.

Considering all of the above exclusions, if it is still appropriate, upon your request, I will release information to any agency/person you specify unless I conclude that releasing such information might be harmful in any way.

Confidentiality and Social Interactions

Should we run into each other socially in person or online, I will never acknowledge working therapeutically with you. In order to protect our relationship, I cannot accept invitations to social events or social media requests.

Confidentiality Policy in Emergencies

Should you enter a medical or psychological emergency, I need to know your location so that I am able to get help to you. Please share the location from which you will be conducting our sessions.

Physical Location of Client Receiving Services:

Please sign below to indicate that you agree to share your location with me at the beginning of session should it be different from the one listed above.

Should you need physical or emotional assistance (e.g. approaching a psychological emergency but not at the threshold of needing to be hospitalized or feeling dizzy but not in need to an ambulance), I would like to be able to contact someone to assist you. Please name two emergency contacts, their relationship to you, their phone numbers, and email address. By signing below, you agree that I may, but am not required to, contact either of these people if I am concerned for your safety. In the case that I have dire concerns for your safety, I will do all that I can to protect you, including calling 911 or other emergency responders.

Name, Relationship

Phone number, Email

Name, Relationship

Phone number, Email

International Clients

Please ensure that your emergency contacts speak both English and the native language of the country you are living in so that I am able to get help to you.

Confidentiality of Email, Chat, Cell Phone, Video, and Fax Communication

I use secure email and phone systems. However, I want you to be aware that if you do not also use secure/encrypted programs on your side of the communication, the communications may not be secure. As a result, I start at a place of sharing as little as possible via these channels and will adapt to your comfort, with documentation, as we proceed. Security laws state that clients have the freedom to request or opt in to less secure means of communication if they are aware of the risks, are comfortable with them, and find it clinically helpful to do so.

I also want to acknowledge that while I regularly check in on the security of all of our ways of communicating, swift advances in technology preclude my ability to be certain of our security. Just as I cannot guarantee a physical office space isn't broken into, I also cannot guarantee the absolute security of our work online.

Please ensure that you too are doing your utmost to protect your privacy by considering who has access to your email, text messages, and so on before choosing online therapy. For example, I would discourage you from using your work email for our communications. Another way to protect your privacy is to be sure to fully exit all online counseling sessions and emails before leaving your computer.

Consultation:

I consult regularly with other professionals regarding my clients to provide the best care possible; however the client's name or other identifying information is never disclosed. The clients' identity remains completely anonymous and confidentiality is fully maintained.

Dual Relationships

Not all dual relationships are unethical or avoidable. However sexual involvement between therapist and client is never part of the therapy process, nor are any other actions or dual relationship situations that might impair your clinician's objectivity, clinical judgment or therapeutic effectiveness, nor that could be exploitative in nature.

Rates, Billing, and Payments

Rates have been discussed and agreed upon with Merritt Insight Counseling, PLLC.

Ongoing psychotherapy typically occurs weekly for 50 minutes per session on a time and day agreed upon. Once the appointment is scheduled, you will be expected to pay for it unless you provide at least 24 hours notice.

Cancellations of less than 24 hours notice will require a \$50 fee and no-shows will be charged \$75. I will wait 15 minutes for video session. If after 15 minutes, you have not arrived, it will be considered a no-show.

Contacting your clinician

I answer calls, texts, and emails as quickly as possible, but I am often not immediately available. Your call will be returned within two business days.

If you are ever experiencing a life-threatening or harm-producing emergency, please call “911” or go to your nearest emergency room.

Methods of Communication

Given the limitations of security for electronic communication, I would like to know which of the following you are comfortable with. Please sign next to each that you are comfortable using for administrative issues like scheduling and collecting paperwork if not submitted through my client portal.

Email

Text via Cellular Phone

Voicemail via Cellular Phone

Other methods (Please list)

Please list your preferred email and phone number:

Email

Phone Number

Be aware that basic demographic details like your name, email, and location are considered Protected Health Information (PHI) as is anything clinical in nature like your diagnosis or clinical material. Please initial next to each item you consent to.

I consent to allow Merritt Insight Counseling to use unsecured email, cell phone text messaging, calls, or voicemail to transmit to me the following protected health information:

Information related to the scheduling of meetings or other appointments

Information that is clinical in nature
(e.g. treatment summaries, diagnosis)

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Signature

Are there limitations about what you would want me to share via text, email, voicemail, etc.? Please share below. I want to ensure we are on the same page!

We will discuss the options you opted into in our meeting including the clinical utility of communicating in any of the ways mentioned above to decide together if we want to include them in your treatment. Should we decide to share more than basic administrative materials electronically, we need to discuss it first in session so that we can weigh the pros and cons. The delivery of any electronic communication can be intercepted, misdirected, or delayed. Decisions about this should be thoughtful, collaborative, and mutually acceptable.

Discharged from Care

Psychotherapy is typically terminated when it becomes reasonably clear that the client no longer needs care. So that you can process the termination of the therapeutic relationship, a final appointment is helpful when ending therapy. This final appointment can be used to review your therapeutic growth, to plan next steps, and to process the termination of therapy.

If you do not show up to your appointment, and/or do not return calls or emails for 30 or more days, applicable fees will be incurred and you will be discharged.

Both the therapist and the client have the right to end counseling at any time.

Litigation Limitation

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your

behalf will call on me to testify in court or at any other proceeding, nor will a disclosure of the therapy records be requested.

Mediation and Arbitration

All disputes arising out of or in relation to this agreement to provide psychotherapy services shall first be referred to mediation, before and as a pre-condition of the initiation of arbitration. The mediator shall be a neutral third party chosen by agreement of you (the client) and I. The cost of such mediation, if any, shall be split equally, unless otherwise agreed. The prevailing party in arbitration or collection proceedings shall be entitled to recover a reasonable sum for attorney's fees. In the case of arbitration, the arbitrator will determine that sum.

Agreement

By signing below, you acknowledge you have read the proceeding information, understand your rights as a client, and agree to psychotherapy services under these conditions.

Signature (Adult or Minor age 16+)

Date

MERRITT INSIGHT COUNSELING, PLLC
Authorization, Consent, and Release of Information

**I,
Name**

Street Address

City, State, Zip Code

Date of Birth

Telephone and Fax Numbers

Hereby authorize and/or request a release of information between Lauren Merritt Counseling and:

Person or Agency

Street Address

City, State, Zip Code

Telephone and Fax Numbers

The specific information to be exchanged/released includes the following (as initialed by me):

For the purpose of:

I understand that I can revoke this request and authorization at any time. I also understand that this authorization expires one year from todays date unless otherwise indicated by you and initialed here: (alternative date of expiration).

Printed Name of Client (or legal authorized representative):

Signature of Client (or legal authorized representative):

Date