

2. Gentle Beacon Client Information Brochure Update 1.11.22

Information For Clients

Welcome! I appreciate your giving me the opportunity to be of help to you. This brochure answers some questions that clients often ask about therapy. I believe that our work will be most helpful to you when you have a clear idea of what we are trying to do. This brochure talks about the following:

What will be the goals of therapy?

What are my methods of treatment?

How long might therapy take?

What are the risks and benefits of therapy?

How much do my services cost, and how do I handle money matters?

What are some other important concerns?

After you read this brochure, we can talk together about how these issues apply to you. This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, so we can discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

About Psychotherapy

I strongly believe that you should feel comfortable with the therapist you choose and hopeful about the therapy process. When you feel this way, therapy is more likely to be most helpful to you. Let me describe how I see therapy.

My theoretical approach is informed by a number of ways of thinking. We will work together to figure out which parts of each of these best serve your needs and goals.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy emphasizes the relationship between our beliefs, thoughts, feelings, and what we do (or don't do) in reaction to them. At the core of this is the idea that what our thoughts lead to feelings. If we are able to change that thought, then maybe we can change how we feel about something and, in turn, change our behaviors.

Ultimately, I want you to be able to use these techniques on your own to challenge thoughts and feelings that may be reducing your ability to achieve your goals in life. Often times, when people feel they are achieving and growing, they may report being happier with themselves and their lives.

There has been considerable research and writing on Cognitive Behavioral Therapy available in books, self-help manuals, and Internet sources for your review and further information.

Dialectical Behavior Therapy

Dialectical Behavior Therapy (or “DBT” as it is often called) was created by Dr. Marsha Linehan. Dialectical Behavior Therapy emphasizes the idea that emotions can become so strong that they can feel as if they will undo our very being. Our biology, experiences in childhood, adolescence, and young adulthood can combine into patterns of self-invalidation, vulnerable emotions, and crisis. Therapy seeks to change these patterns by changing the things in life that we can (change skills) and accepting those things we cannot readily change (acceptance skills). The therapy emphasizes how you are doing your best and also are striving to do better in coping with challenging circumstances (the ‘dialectical’ part of Dialectical Behavior Therapy).

There has been considerable research and writing on Dialectical Behavior Therapy available in books, self-help manuals, and Internet sources for your review and further information.

The most central idea in my work is that we are always capable of change. Everyone has a different story, perspective, set of gifts, and life experience. I want to listen to and understand these aspects about you. When we have a good shared idea of what’s going on; we continue to work together to discover what we can change to achieve your goals. We figure out different skills that work best for you and practice them. While the past is important; our choices in the present are what can remake our future.

You know yourself best, so when we meet I’ll do quite a bit of listening. You and I will work together to figure out what’s going on what you want to do about it, and how you know things are getting better.

I usually type notes regarding our meetings. You may find it useful to take your own notes, to remember important points or the steps you plan to take. You may also wish to take notes outside the office.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use my specialized knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor for a shot. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I will expect you to tell me about important experiences, what they meant to you, and what strong feelings were involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan, we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things. I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you. I might ask you to do exercises, keep records, and read to deepen your understanding. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and difficult and will need repetitions, and so you will need to keep trying. There are no instant, painless cures and no “magic pills” for changing well-learned habits. However, you can learn new ways of looking at your problems and how to address them that will be very helpful for changing your feelings and reactions.

How Long Therapy Might Take

Most of my clients see me once a week for 3–6 months. After that, we sometimes meet less often for several more months. Therapy then usually comes to an end. The process of ending therapy, called “termination,” can be a very valuable part of our work and well worth spending our time on. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session, to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our options. If you would like

to take a “time out” from therapy to try it on your own, we should discuss this. We can often design such a “time out” to be more helpful.

The Risks and Benefits of Therapy

As with any powerful treatment, there are some risks as well as many benefits of therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother them in between therapy meetings.

A few uninformed people in the community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them, like relatives and peers. Family secrets may be told. Therapy may disrupt a marital or couple relationship, and may even lead to a separation or divorce.

During the initial evaluation or the course of therapy, you may remember unpleasant events, and experience considerable discomfort, such as strong feelings, anxiety, depression, and insomnia. Attempting to resolve issues that brought you into therapy may result in changes that you did not originally intend. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

While you consider these risks, you should know also that many benefits of therapy have been shown by scientists in hundreds of well-designed research studies. Most clients will find their symptoms greatly lessened, will feel more confident and relaxed, and will improve their daily functioning. People who are depressed may find their mood lifting. Other clients may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are resolved. Clients' relationships and coping skills can improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Consultations

If you could benefit from a treatment I cannot provide, I will help you to get it. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with him or her and with your own medical doctor if you want me to.

What to Expect from our Relationship

Psychotherapeutic services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services, your compliance with medication, and any other barriers to treatment.

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the National Association of Social Workers, or NASW. In your best interests, the NASW puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will understand that they don't apply just to you and me.

First, I am licensed and trained to practice clinical social work—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints.

Second, state laws and the rules of the NASW require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in a few unusual situations. I explain what those are in the “About Confidentiality” section of this brochure. For example, I try not to reveal who are my clients. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you at all. I am not ignoring you; it is a way to maintain the confidentiality of our relationship.

If you ever become involved in a divorce or custody dispute, or any other legal matters (such as a lawsuit over injuries), I want you to understand and agree that I will not provide my records, or evaluations, depositions, or testimony in court. There are several reasons for this: (1) I may not possess the professional skills to make decisions about issues besides those we deal with in therapy; (2) therapy often involves full disclosure of information that you might not want to have revealed in court; (3) if you are holding back information because of that fear, our work will not be as productive as it could be; (4) my statements will be seen as biased in your favor because we have a therapy relationship; and (5) what I might say in testifying or being deposed might change our therapy relationship, and I must put that relationship first. If you want custody evaluations and recommendations, I will be happy to refer you to those with this expertise.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings.

As your therapist, I will not celebrate holidays or give you gifts. I may not notice or recall your birthday and may not receive any of your gifts eagerly.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release of information” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even let anyone know that you are in treatment with me without your agreement.

In all but a few rare situations, your confidentiality (that is, the privacy of what you tell me) is protected by federal and state laws and by the rules of my profession. Here are the most likely situations where your confidentiality is not protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling.
2. Are you suing someone or being sued? Are you charged with a crime? If so, and if you tell the court that you are seeing me, I may then be ordered to show the lawyers my records. Please talk to your lawyer about what to say to me.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. I simply cannot promise never to tell others about threats you make.
4. If I believe that a child, older adult, or other dependent person has been, is being, or will be abused or neglected, I am legally required to report this to the authorities.

As a therapist, my legal and moral duty is to protect your confidentiality, but I also have a duty under the law to the wider community and to myself if there is harm, threat of harm, or threat of neglect.

There are two times when I might talk about you with another therapist. I ask you now to understand and agree to let me do this in these two times.

First, when I am away from the office for a few days, a trusted fellow therapist will be available to you in emergencies. He or she will need to know some things about your situation. Of course, this therapist has the same

laws and rules as I do to protect your confidentiality.

Second, I sometimes talk with other therapists or other professionals about my clients, because it helps me to provide high-quality treatment. These professionals are also required to keep your information private. I maintain your privacy with them. I never tell them your name, I change or skip some facts about you, and I tell only what they need to know to understand your situation and help me.

We consult with colleagues and specialists about our ongoing work. This pursuit of quality assurance never involves your name or any specifics through which you might be identified.

If your records need to be seen by another professional, or anyone else, I will discuss this with you. If you agree to share these records, you will need to sign a "release of information" form. This form says exactly what information is to be shared, with whom, and why. You may read this form at any time. If you have questions, please ask me.

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician, by telephone or in writing, concerning services that are being provided by me.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to let me transfer your records to another clinician who will make sure they are kept safe, confidential, and available when you want them, and then destroy them someday.

If we do family or couple therapy (where there is more than one adult present), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release of information.

As part of cost control efforts, health insurance companies will ask for information on your symptoms, diagnoses, progress, and outcomes. This information will become part of your permanent medical record. If the company does not get the information it asks for, it may refuse to pay your benefits for our treatment. Please understand that I have no control over how these records are handled once they leave my office. For more on these issues, please read the Notice of Privacy Practices.

You can review your own records in my files at any time. You may add to them to correct errors or provide more information, and you can have copies of them (but you will have to assume the risks of loss of confidentiality when you receive and store your copies). If I believe that it might be in some way harmful for you to view your records, I may suggest that we review them together or that I provide you with a summary of the records in place of the entire record. I ask you to understand and agree that you may not examine records created by anyone else that you have had sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This may happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail, or phone you at a more private location or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

Please initial to indicate your understanding of the above.:

My Background

I am a licensed clinical social worker with 10 years of experience serving in mental health settings. I started working with children and adults within a community mental health center. I've spent most of the last 4+ years providing therapy for individuals. I am trained and experienced in doing one-on-one psychotherapy with adults (18 years of age and over). Earlier in my career, I worked in clinics and similar settings. I completed my generalist social work practicum at Indiana Veterans' Home serving veterans. I completed my clinical concentration practicum in mental health and addictions serving Wabash Valley Alliance, Incorporated serving those with severe mental illness.

I hold these qualifications:

I have a masters degree in social work with a concentration in mental health and addictions from Indiana University's School of Social Work in Indianapolis, Indiana. This program is accredited by the Council on Social Work Education (CSWE)

I am licensed as a clinical social worker in the State of Indiana. My current licensure expires April 1st, 2020.

I am a member of the National Association of Social Workers.

About Our Appointments

The very first time I meet with you, we will need to give each other a lot of basic information. For this reason, I usually schedule one hour for this first meeting. Following this, we will usually meet for a 40-50 minute session once a week, then less often. We can schedule meetings at times convenient for both of us. I will tell you two weeks or more in advance of my vacations or any other times we cannot meet. Please ask about my schedule in making your own plans. I also review my scheduling as needed to ensure I'm serving as efficiently as possible. My times of service may change throughout the year.

Cancellations and No-Shows

I consider our meetings very important and make them a priority over other activities. I and ask you to do the same. An appointment is a commitment to our work. A cancelled appointment slows our progress, so please try not to miss sessions if you can possibly help it. Your session time is reserved for you.

No shows and cancellations in less than 1 business day are a large drain on the practice. They tend to reduce the therapist's energy levels. They reduce the practice's ability to reinvest in new services, techniques, and trainings that will allow the practice to better serve you and future clientele. They reduce the practice's ability to keep costs as low as possible. This also takes the hour from someone else who really, really needed it.

We agree to meet at my office or other mutually conducive location to this work and to be on time. If I am ever unable to start on time, I ask your understanding and promise that you will receive the full time agreed to or be charged proportionately. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours. If you are 15 minutes or more late, then this will be marked as a missed appointment.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear. You are responsible for seeing that my services are paid for. Meeting this responsibility shows your commitment and maturity.

I reevaluate my fees each January, based on changes in the cost of running my business, and implement the change in March.

Fees

Regular therapy services: For our first assessment meeting, the fee is \$146.00. For a session lasting about 30 minutes (16-37 minutes), the fee is \$75.00. For a session lasting about 45 minutes (38-52 minutes), the fee is \$101.00 For a session lasting about 60 minutes (53-60 minutes), the fee is \$112.00 Should we need to go over 60 minutes, you will be billed in increments of 15 minutes each consisting of \$35.

Please pay for each session at its start. I have found that this arrangement helps us stay focused on our goals and works best. It also allows me to keep my fees lower, because it cuts down on my bookkeeping costs. I suggest that you make out your check or ready your credit card before each session begins, so that our time will be used fully. Other payment or fee arrangements must be worked out before the end of our first meeting. I accept cash, checks,

credit and debit cards, and health care spending cards in the office or by phone. A separate data system can store a credit card of your choice in the event I must charge a cancellation fee.

Telephone consultations: Simple telephone calls to change, cancel, or other non-clinical or quickly resolved matters reschedule appointments carry no charge. If I need to have extensive telephone conferences with other professionals as part of your treatment, you will be billed for these at the rate of \$35 per 15 minute increment. We will discuss this in advance, so we can set rules that are comfortable for both of us. Of course, there is no charge for brief calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, if possible, than to stop or postpone work on a particular issue. This extension time will be charged on a prorated basis in increments of 15 minutes at the rate of \$35 as mentioned above. It is also likely that your insurance will not pay for extra time, and so I will bill you.

Reports/Letters: I will not charge you for my time spent making routine and simple reports to your insurance company. However, I will have to bill you for any extra-long or complex reports the company might require at a rate of \$35 per 15 minute increment. The company will not cover this fee.

Other services: Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers), will be based on the time involved in providing the service at my regular fee schedule of \$35 per 15 minute increment. Some services may require payment in advance.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon financial arrangements will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before we end the relationship.

Because I expect full payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 30 days of the billing date. If your insurance company does not pay us within a reasonable period of 60 days, I will expect you to pay the full amount and wait for your insurance company to reimburse you. Of course, if I receive a payment from the company after you have paid me, I will refund your overpayments.

At your request, I will send you a statement. The statement can be used for health insurance claims, as described in the next section. It will show all of our meetings, the charges for each meeting, how much has been paid, and how much (if any) is still owed. At the end of treatment, and when you have paid for all sessions, I will send you a final statement for your tax records.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention immediately. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small-claims court. In most collection situations, the only facts I release regarding a client's treatment are his or her name, the kind of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

If you think you may have trouble paying your bills at times, please discuss this with me. If your unpaid balance reaches \$160 or more, I will notify you. If it then remains unpaid, I must stop therapy with you. Again, fees that continue unpaid or without a payment plan after this may be turned over to small-claims court or a collection service.

Please initial to indicate your understanding of fees, billing, and payment procedures.:

If You Have Health Insurance

Because I am a licensed clinical social worker, Medicare will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or "Behavioral Health," or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know.

Because your Medicare may pay part of my charge, I will help you with your Medicare claim forms. However, please keep the following in mind:

1. If you subscribe to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with a managed care organization (MCO), decisions about what kind of care you need, from whom, and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan's wallet card or description of services to our first meeting, so that we can talk about it and decide what to do.
2. Your health insurance policy is a contract between you and your insurance company, and does not guarantee payment for my services. I had no role in deciding what your insurance covers. Medicare decided which services will be covered, which will not be covered, and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance coverage is between you and your insurance company; it is not between me and the insurance company.
3. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.
4. As a service to you, I will provide information about you to your insurance company only with your informed and written consent. My office will try its best to maintain the privacy of your records, but I ask you to understand that I have no control over what happens to your records after they leave my office.

Your Managed Care Organization (MCO) can ask for and review all my records as part of its regular audits of providers and services. It may be satisfied with a phone discussion or a summary. It will usually be looking to see that the services are compatible with the severity of your limitations and diagnoses. This is called "evaluating the medical necessity of treatment." I will tell you if this happens.

If You Need to Contact Me

I cannot promise that I will be available at all times. I do not take phone calls when I am with a client. You can always leave a message on my voicemail, and I will return your call as soon as I can. Please note that my voicemail is confidential and password protected, but is not encrypted. Generally, I will return messages within 24 hours except on weekends, pre scheduled and unanticipated times away from the office, and holidays. During times I am scheduled to be away for a few days (vacations or illness that I believe will be longer than 3 days in length), another professional will be available for urgent issues.

If you have an emergency or crisis, then please call me at (765) 299-6807.

A phone call AND voicemail (should I not answer immediately) is the only suitable method of notifying me of an emergency. Email, text message, client portal, or any other method ARE NOT SUITABLE METHODS OF NOTIFYING ME OF AN EMERGENCY SITUATION.

If I do not answer your phone call immediately, mention your need when you are leaving a message, and ask that I return your call. If you have a behavioral or emotional crisis and cannot reach me immediately by telephone, you or

your family members should call one of the following community emergency agencies:

Valley Oaks, Incorporated

Masters trained therapist available 24 hours a day/7 days a week

(765) 423-2638 or (800) 859-5553

Mental Health America Tippecanoe County (Lafayette Crisis Center)

Crisis Program Accredited by the American Association of Suicidology

(765) 742-0244 or (877) 419-1632

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Sycamore Springs

Assessments available 24 hour a day, 7 days a week

833 Park East Boulevard Lafayette, IN 47905 (765) 743-4400

Franciscan Health Lafayette East

Open 24 Hours a Day, 7 Days a Week

1701 South Creasy Lane Lafayette, IN 47905 (800) 654-9410

Indiana University Arnett

Open 24 Hours a Day, 7 Days a Week

5165 McCarty Lane Lafayette, IN 47905(765) 448-8000

If your life is currently at risk or an attempt on your life is in progress, then call 911.

Please initial indicating you understand what to do in a suicidal, homicidal, or other emergency situation.:

If I don't return your message within 24 hours, please assume that a mechanical problem has occurred and call back.

I find that telephone therapy does not work as well as face-to-face therapy. If I feel that our work together calls for it, I will make special arrangements for telephone contact. We will discuss these as they pertain to your treatment. These will be charged at the rate above (\$35 for every 15 minutes). I will generally suggest our meeting in person if you call with a problem that is not critical.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend—to protect you. I am also required to contact this person, or the authorities, if I become concerned about your harming yourself or someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name:

Relationship to you:

Address:

Home Phone:

Cell Phone:

Work Phone:

You may list another person and their contact information below:

I may also contact local law enforcement to do a wellness check should I become concerned about your safety or the safety of others.

Other Points

You may not make any kind of electronic recording of our sessions without my written consent.

Please note that my client portal messaging system is secure, encrypted, and confidential. Many clients use email, voicemail, and text messaging, but these are not secure and could lead to a loss of confidentiality. If you would like to use email, voicemail, or text messages to communicate with me, please read my Social Media Policy.

I will charge you at my regular rate for letters, reports, and similar documents you ask me to create for you.

As part of the confidentiality that I offer you, I ask you not to disclose the name or identity of any other client being seen in this office.

Children and Property Issues

I request that you do not bring children with you if they are young and need babysitting or supervision, which I cannot provide. You will be charged for any damage to, or theft of, property in this office or outside by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.

Collecting Information on Progress and Outcomes

As a professional therapist, I naturally want to know more about how therapy helps people. To understand therapy better, I must collect information about clients before, during, and after treatment. Therefore, I ask you to help me by filling out some questionnaires about different parts of your life—relationships, changes, concerns, attitudes, and other areas. I ask your permission to take what you write on these questionnaires and what I have in my records, and to use it in research or teaching that I may do in the future. If I ever use the information from your questionnaire, it will always be included with information from many other clients, and you will never be identified. All personal information will be disguised and changed. After the research, teaching, or publishing project is completed, all the data used will be destroyed.

I will send you a brief set of questions about 6 months after our last session. These questions will ask you to look back at our work together and tell me how you are doing. Sending them to you is part of my duty as a therapist. I

ask that you agree, as part of entering therapy with me, to return this follow-up form and to be very honest about what you tell me then.

Records Issues

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will generally make a copy of them and return to you the originals.

If I am unable to provide continuing care to you due to my illness or disability, I have made arrangements with other fully qualified and confidential clinicians for your immediate care and for maintenance of your records.

These arrangements are in effect as long as I am in practice.

Statement of Principles and Complaint Procedures

It is my intention to abide by all the rules of the National Association of Social Workers and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me as soon as possible. Our work together will be slower and harder if your concerns with me are not worked out. Some issues that arise between us may be clinically relevant to other relationships in your life. I will make every effort to hear any complaints you have and to seek resolution. If you feel that I (or any therapist) have treated you unfairly or have broken a professional rule, please tell me. You can also contact the Indiana Behavioral Health and Human Services Licensing Board at (317) 234-2054 or via their website at <https://www.in.gov/pla/social.htm>. Staff members there can help clarify your concerns or tell you how to file a complaint.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex/gender, sexual orientation, marital or family status, race, color, religious beliefs, spirituality, ethnic origin, place of residence, veteran status, physical disability, health status, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by some federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial, ethnic, and cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.