

FRIEDMAN

Counseling Services, LLC



PROVIDER AND PRACTICE CONTACT INFO

Friedman Counseling Services, LLC, 101 E. College Ave., Westerville, OH 43081, www.friedmancounselingservices.com

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INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Friedman Counseling Services, LLC, is honored to provide the following services to residents across the greater Columbus area and throughout Ohio: (a) couples counseling for spouses, partners, and/or co-parents and (b) individual counseling for teenagers and adults (ages 15 and older).

Please read the following statements and sign only after all questions or concerns have been answered.

CLINICIAN INFORMATION

- Ruth Friedman, owner of Friedman Counseling Services, LCC, has been approved by the State of Ohio Counselor, Social Work and Marriage and Family Therapist Board as both an Independent Marriage and Family Therapist (IMFT, #F.2200286) and Licensed Professional Counselor (LPC, License #C.1902060). Ruth is a graduate of the University of Akron's master's program, with dual licensure, in Marriage and Family Therapy and Counseling. She holds bachelor's and master's degrees in English from Wellesley College and Northwestern University, respectively.
- Jack Hambrick has been approved by the State of Ohio Counselor, Social Work and Marriage and Family Therapist Board as a Marriage and Family Therapist Trainee (M.2300355-TRNE). As an intern with Friedman Counseling Services, LLC, Jack provides counseling services under the supervision of Ruth Friedman, IMFT, LPC, and owner of Friedman Counseling Services, LLC. Jack is currently enrolled in the master's program in Marriage and Family Therapy Program at the University of Akron. Jack earned his undergraduate degree in Journalism at West Virginia University.

GENERAL INFORMATION

Counseling requires that the clinician and client engage in both a highly personal relationship and a contractual agreement. Given this, it is important for the clinician and client to reach a clear understanding as to how counseling works and what the clinician and client can expect from one another. This Informed Consent for Psychotherapy document is designed to provide a clear framework for the therapeutic relationship. Clients are highly encouraged to discuss this document and any related questions they may have with their clinician.

THE THERAPEUTIC PROCESS

The outcome of counseling depends, largely, on the client's willingness to engage in the therapeutic process, which may, at times, result in considerable discomfort. As part of this process, the client may remember unpleasant events, and such remembering may result in the client experiencing feelings of anger, anxiety, grief, distress, depression, etc. Even if the client is an active participant in the therapeutic process and experiences related discomfort, the clinician *cannot promise* that the client's circumstances will change and/or improve. The clinician can promise to support the client, to understand the client and the client's circumstances, and to help the client clarify their needs and wants.

CLIENT RIGHTS AND RESPONSIBILITIES

- Clients have the right to be treated with respect and dignity by their clinician.
- Clients have the right to express their personal concerns in a safe, comfortable environment and to receive appropriate and timely interventions as part of the counseling process.
- Clients have the right to request, and receive, third-party referrals from their clinician. Such referrals will be provided (a) if the clinician is unable to help clients resolve their concerns and/or (b) clients' concerns fall outside the clinician's scope of practice.
- Clients have the right to read and review their clinical records at any time.

- Clients have the responsibility to attend and participate in therapy appointments as scheduled. Sessions may be discontinued if clients arrive under the influence of psychoactive substances or if clients exhibit aggressive/disruptive behaviors while meeting. Clients are responsible for canceling scheduled appointments at least 24 hours in advance. If such a cancellation does not occur, clients will be charged a no-show fee equivalent to the cost of the scheduled session. This fee will need to be paid prior to the next scheduled appointment. If repeated unscheduled absences occur, treatment may be discontinued and/or a referral provided.
- The intent of couple's counseling is to foster healthy relationships between family members. Therefore, consistent with the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics, activities such as custody evaluations, court testimonies, and letters of recommendation for parenting arrangements will not be considered or undertaken.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment, after appropriate discussion with you, if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating with you. If therapy is terminated for any reason or if you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. This means that (a) treatment is terminated and (b) you are no longer receiving counseling services from Friedman Counseling Services, LLC.

FEES

- Fees are outlined in the Fee Sheet. Please note that additional charges may be incurred if sessions run over time, if crises or interactive complexity are present, or if sessions are altered to meet client needs.
- Fees are payable at the time of your session.
- Court appearances are billed at \$350 per hour from the time the therapist leaves the office until the time the therapist returns to the office. This fee must be paid prior to the next scheduled appointment.
- Missed appointments, in which no attempts to cancel have been made, will result in a no-show fee equivalent to the charge for the scheduled session. This fee must be paid prior to the next scheduled appointment.
- Friedman Counseling Services, LLC, does not currently accept insurance. I may be able to provide you with a statement to use if you would like, on your own, to seek potential reimbursement from your insurance company.

GENERAL LIMITS OF CONFIDENTIALITY

Friedman Counseling Services, LLC, and I will attempt to keep clinical records confidential when possible. Except during the following circumstances, clinical information will not be shared with any third party outside of Friedman Counseling Services without written informed consent from the client:

- A. Supervisor Mentoring and Clinical Supervision
 - Ruth Friedman receives supervisor mentoring from Dr. Heather Katafiasz, Ph.D., IMFT-S, AAMFT Approved Supervisor (F.1600008-SUPV).
 - Jack Hambrick (M.2300355-TRNE) provides counseling services under the clinical supervision of Ruth Friedman, IMFT, LPC, and owner of Friedman Counseling Services, LLC (F.2200286; C.1902060).
- B. If the client is at imminent risk of physically harming themselves, another identifiable person or an identifiable building;
- C. If child or elder abuse or neglect is suspected; or
- D. If the release of clinical records is court ordered.

Photocopies of records will only be released with appropriate written permission from all individuals involved in treatment or appropriate legal subpoena. A charge of \$0.50 a page will be assessed for photocopies of records.

I may need to seek supervision from, or consult with, other mental health professionals to provide the best treatment for you. Information about you may be shared in this context without using your name.

If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you. I feel that it is inappropriate for me to engage in any lengthy discussions in public or outside of the therapy office.

LIMITS OF CONFIDENTIALITY FOR FAMILIES AND COUPLES

- During couple/family counseling, Friedman Counseling Services, LLC, views the family/couple as the “client.” For treatment-related information about the family/couple to be released, a written consent form must be signed by **all** members of the family/couple involved in the couple/family counseling.
- During treatment of a family/couple, Friedman Counseling Services, LLC, abides by additional limitations to confidentiality—described as a No-Secrets Policy. This policy means that information learned in an individual session with one member of a family/couple may potentially be shared with the family/couple as part of the treatment process. This policy is to help therapists treat the entire family/couple while preventing conflicts of interest between parties. Therapists will exercise clinical judgment regarding the need to bring information gained elsewhere into family/couple sessions.

LIMITS OF CONFIDENTIALITY FOR MINORS

- Ohio law permits minors 14-years-old or older to seek mental health treatment for up to 6 sessions or 30 days without parental consent. However, Ohio law explains that legal guardians of minors, if they desire, may view minors’ client records.
- Federal law prohibits the disclosure of substance abuse information to a third party, including the legal guardian of a minor, without informed consent of the client (unless the situation involves a medical emergency, child or elder abuse reporting, or imminent risk of physical harm to self or others).

CLIENT PORTAL

If you need to contact me between sessions, please use the Friedman Counseling Services, LLC, Client Portal. You can access the Client Portal directly at <https://friedmancounselingservices.clientsecure.me/> or through the practice website at <https://www.friedmancounselingservices.com/client-portal>. I will likely not respond to your message immediately; however, I will attempt to respond to your message within 72 hours.

TELEPHONE ACCESSIBILITY

- If you need to contact me between sessions, please use the Client Portal (<https://friedmancounselingservices.clientsecure.me/>). I will likely not be immediately available; however, I will attempt to respond to your voicemail within 72 hours.
- Please note that face-to-face sessions (i.e., in-person or video-based) are highly preferable to phone sessions. However, phone sessions may be available if you are out of town (and still located in the state of Ohio), suffering from illness, or need additional support.
- In the event of an emergency, please call 911 or visit any local emergency room.

SOCIAL MEDIA

Due to the importance of your confidentiality and the importance of minimizing dual relationships in the counseling process, I do not accept friend/contact requests from current or former clients via social networking sites. These sites include, but are not limited to Facebook, LinkedIn, Instagram, and Pinterest. Adding current or former clients as friends/contacts on these sites (a) may compromise client confidentiality and the privacy of both the client and therapist and (b) may blur the boundaries of the therapeutic relationship. If you have questions about my Social Media policy, please share these with me when we meet.

ELECTRONIC COMMUNICATION

- I cannot ensure the confidentiality of any form of communication through electronic media, including emails and text messages. If you prefer to communicate via email or text message about appointment scheduling and/or cancellations, I will use these forms of communication.
- I cannot guarantee an immediate response to emails and text messages.
- I request that you do not use emails or text messages to discuss therapeutic content and/or request assistance for emergencies.

Electronic service delivery is defined in Ohio as “any form offered, rendered, or supported by electronic or digitally-assisted approaches, to include when the counselor, social worker or marriage and family therapist and the client are not located in the same place during delivery of services or when electronic systems or digitally-assisted systems are used to support in person face to face therapy” (CSWMFT Ohio Laws and Rules, 2019, p.75). If you and your therapist choose/chose to use information technology for some or all of your treatment, you need to understand that:

1. You retain the option to withhold or withdraw consent at any time without affecting the right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
2. All existing confidentiality protections are equally applicable.
3. Your access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.
4. Dissemination of any of your identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your consent.
5. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs.

Therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

This information is required by the State of Ohio - Counselor, Social Worker, and Marriage and Family Therapist Board, which regulates all licensed counselors and can be reached at 77 South High Street, Floor 24 Room 2468, Cols., Ohio 43215-6171, 614-466-0912.

BY PROVIDING MY SIGNATURE HERE, I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Print Full Name _____

Signature _____

Today's Date (XX/XX/XXXX) _____