



Inner Light Counseling PLLC

Lissa Carter, MA, NCC, LCMHCS, LCAS

INFORMED CONSENT FORM FOR COUNSELING

Therapy is a relationship that works, in part, because of clearly defined rights and responsibilities held by each person. As a counseling client, you have certain rights that are important for you to know about and certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

MY RESPONSIBILITIES TO YOU AS YOUR COUNSELOR

I. CONFIDENTIALITY

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me, without your prior written permission. I believe that one of the most powerfully healing aspects of counseling is the confidentiality of the relationship: knowing that everything you share will stay in the confines of a relationship that has a defined ending point makes it possible for you to bravely explore territory that might otherwise feel unsafe. Because of this, I will always act to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you choose to communicate with me by email at some point in our work together, I am willing to respond briefly by return email, but please be aware that email and other electronic media are not completely confidential. I do not use an encrypting program on email at this time. I am also willing to send and respond to brief texts regarding scheduling or cancellation if that is your preferred method of communication, but likewise data sent out via cell phone is rarely completely confidential.

The following are legal exceptions to your right to confidentiality. If at any time I believe I will have to put these into effect, I will inform you before I do so.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am obligated to do this, but I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you and a partner decide to have some individual sessions as a part of couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can (and probably will) be discussed in our joint sessions. I will remind you of this policy before beginning such individual sessions.



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II. RECORD-KEEPING

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from your perspective, my interventions and impressions, and plans for our next steps. You may view these records at any time upon providing a request in writing. No one else may view these records unless you request this in writing.

III. DIAGNOSIS

Diagnoses are technical terms that describe the nature of your problems and define whether they are short-term or long-term problems. They can be useful in treatment planning and serve as a shorthand for billing and treatment collaboration. I prefer not to use diagnoses due to the unfortunate stigmatization of mental health and addictions issues. I believe that we all hold the innate ability to heal and grow, and I have seen situations in which diagnosis, with its implication of brokenness, inhibits this healing process. If you prefer me to use a diagnosis, please feel free to discuss this with me. Diagnoses are necessary if I am going to bill insurance for services.

IV. OTHER RIGHTS

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. Please feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time, although I recommend finding a way to give me advance notice so that I can help you end treatment well and consolidate gains (please see section below on Ending Therapy.)

Because I have a limited practice, I do not have 24 hour emergency or "on call" coverage. If you believe you will need a therapist with 24 hour coverage I will be happy to make a referral. *If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room rather than waiting for me to call you back.* When I am out of town for an extended period of time I will give you the name of a colleague you can contact in case of an urgent need.

V. FEES

My fee is \$125 per 50-minute individual session, \$165 per 50-minute couples session, \$190 for a 90-minute dreamwork, EMDR, or Expressive Arts session, and \$250 per 80-minute couples session. You will be asked to pay for each session at the time of the session. Payment can be by check, cash, HSA, or credit card. A statement of the month's sessions and payments can be furnished to you monthly upon request. You can use this statement for tax purposes.

I am in network with Blue Cross Blue Shield insurance and Aetna insurance, and out-of-network with most other insurance providers. You can call the number on the back of your insurance card to learn what your deductible and co-pay for mental health services might be. I can provide a superbill on request for out-of-network services. I work with Mentaya if you would like assistance with your superbill and can send you an invitation to join their services.

If financial concerns will keep you from attending or completing therapy, please talk to me about this. I strive to ensure that counseling is available for all on a need-based basis.



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VI. ENDING THERAPY WELL

I want to make your therapy as successful as possible. For that reason, it works best to find a rhythm and structure to the beginning stages with sessions that meet regularly. To support your leaving, I request that we provide each other with several weeks of notice prior to your actual leaving to allow you to have an experience of leaving well, with a sense of completion. If I initiate terminating you from our therapy, it will be because I feel that I am not helpful to you any longer. My ethics and license requires that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right practitioner for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy or how they will approach your treatment. If I have not heard from you after a period of three weeks, I will send a courtesy letter to inform you that I will shortly be closing your file.

MY TRAINING AND APPROACH TO THERAPY

I hold a Masters degree in Clinical Mental Health Counseling from Appalachian State University, with Graduate Certificates in Addictions Counseling and Expressive Arts Therapy. I am a Nationally Certified Counselor (Certification #630210) and a Licensed Clinical Addictions Specialist (License #22268) and a Licensed Clinical Mental Health Counselor Supervisor (License #S12229).

My areas of special training and expertise include: Expressive Arts therapy, EMDR, recovery from addiction, Acceptance and Commitment Therapy, trauma and grief healing, mindfulness and embodiment. I am an Internal Family Systems (IFS) informed therapist. My couples work is informed by ACT and by Relational Life Therapy. I have been practicing as a counselor since 2015.

It is my belief that you hold all of the answers that you seek; my job is to listen carefully to your words, to the tone of your voice, to your body language and art and writing, so that together we can create the path toward healing and wholeness. Your time and resources are valuable, so I strive to make every session a healing space that moves you closer to your goals.

I may suggest that you get involved in additional or adjunctive forms of support, such as additional self-care work or participation in a support group, as part of your work with me. If another health care professional is working with you, I may request a release of information from you so that I can communicate freely with that person about your care.

I am away from the office several times in the year to attend professional meetings. If I am not responding to phone messages during those times I will have someone cover my practice. I will tell you well in advance of any anticipated lengthy absences.

YOUR RESPONSIBILITIES AS A THERAPY CLIENT

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 50 minutes. If you are late, we will end on time and not run over into the next session. If you miss a session, or cancel with less than twenty-four (24) hours' notice within business hours (Monday-Friday), you will be charged for that session.

COMPLAINTS

If you are unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. This time is yours, and I want it to be valuable for you. Should you feel that I am not adequately addressing your concerns, you can file a complaint with the North Carolina Board of Licensed



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Clinical Mental Health Counselors (NCBLCMHC) by filling out a form online at www.NCBLCMHC.org, by [sending a written complaint to NCBLCMHC, P.O. Box 77819, Greensboro, NC 27417](#), or by calling at (844) 622-3572.

CLIENT CONSENT TO PSYCHOTHERAPY

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and I understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I know I can end therapy at any time I wish.

Signed: _____ (client)

Dated: _____ (client)

Signature of parent or guardian, if client is a minor: _____

Signed: _____ (therapist)

Dated: _____ (therapist)

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