

COUNSELING - DESCRIPTION OF SERVICES

The following information is important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of counseling.

Goals and Outcomes

Generally, counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, and/or behaviors. You determine the nature and amount of change you wish to make.

Benefits and Risks

Most people experience improvement or resolution to the concerns that brought them to counseling, but of course, there are no guarantees; and there are some risks. For example, counseling could open up new levels of awareness that may cause discomfort.

Confidentiality

The information you share in counseling can be very personal. Therefore, it will not be disclosed to others without your authorization. The form, *Notice of Privacy Practices*, is available for review and describes the ways in which we may use and disclose health information about you and your rights and our obligations regarding the use and disclosure of that information. All clients will be asked to sign an Authorization for Release of Confidential Information. We will not release confidential information without this written authorization, unless such release is otherwise authorized or required by law. For example, the law may require us to disclose confidential information if there is reason to believe that a child has been abused or neglected, or that you may be in danger of harming yourself or others.

Payment for Services

The fee for services is \$150.00 for the first visit (assessment session) and then \$125.00 per 50-minute session thereafter. Additional time will be charged in quarter hour increments. Payments, made by cash, check, credit card, Venmo, or PayPal are to be made immediately following each session. If you are billing insurance, an invoice may be requested that you may submit to your insurance carrier. If you indicate that an insurance company will be paying for any portion of your bill, an *Authorization for Release of Confidential Information* would need to be signed so that we can contact that insurance company and share information regarding your billing/payment arrangements. Due to conflict of interest issues, Brian Armstrong, LCSW will not be able to accept bishop's payments. This is due to the fact that he works for the LDS Church full-time and cannot receive two forms of payment from them. We apologize for any inconvenience this may cause.

Cancellation of Appointment

On occasion, a situation may arise which prevents you from keeping a scheduled appointment with your therapist. As a courtesy to your therapist, please notify us at least **24 hours** in advance of your appointment if you cannot keep it. Except in emergency situations, you will be personally charged the hourly fee for late cancellations or not showing for an appointment.

Other Areas of Discussion

We encourage you to ask your counselor about areas of concern. Following are questions that you may want to consider asking:

1. What is the background of your counselor?
2. What does your counselor feel most qualified to treat?
3. Following the assessment interview, you may ask how your therapist intends to help you, or what methods will be used, and how long that may take.
4. You may ask about other interventions such as support groups, marriage counseling, family therapy, etc.
5. If a referral is recommended, how will that be handled?

Please arrange for small children to remain at home unless specifically asked to bring them as part of family therapy.

I have read the above information, and understand that I am encouraged to ask questions, and give input regarding the counseling process at anytime. If there is anything in this form that I do not understand, it is my responsibility to seek clarification.

It is my understanding that the payment arrangements are as follows:

CLIENT PAY: \$_____ INSURANCE PAY: \$_____

Signature

Date

Signature

Date