



Barnum Counseling

**Barnum Counseling (Kane County
Counseling Services, LLC)**

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Client Consent for Services Contract

This form is called a Consent for Services (the "Consent"). Your counselor has asked you to read and sign this Consent before you start therapy. Please review the information. If you have any questions, contact your Provider.

As a client, you have the right to know your counselor's qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if these services are suitable for your needs at this time.

Alisha (Ali) Barnum is the founder of Barnum Counseling and has been practicing for over 12 years in the mental health field. She obtained her Master of Arts Degree in Clinical Professional Psychology from Roosevelt University and is a Licensed Clinical Professional Counselor (LCPC) in Illinois. You may contact her directly with specific questions regarding her individual approach and training.

As a part of best clinical practice, Ali participates in individual and group supervision/consultation with other therapists where she discusses and collaborates on cases to provide the best support for her clients.

THE PROCESS

During the initial meeting together, your therapist will assess your current needs and concerns. Together, you will collaboratively decide if the therapeutic relationship is a good fit. If you decide to move forward, your therapist will periodically evaluate the results of your work together with you, to determine the need for additional sessions, termination, or an outside referral for further assistance.

APPOINTMENTS

Sessions are usually 45-60 minutes in length. Most individuals begin the therapeutic process by attending therapy weekly. Occasionally, based on recommendations, some people may attend therapy more often. Others may reduce frequency once progress is made and skills are gained.

BENEFITS AND RISKS

At Barnum Counseling, Ali tailors her approach to your individual needs. She uses a variety of evidence-based techniques and therapeutic approaches, considered "Best Practices" in our industry. These techniques may include but are not limited to dialogue; interpretation and cognitive reframing; awareness exercises; psychoeducation; exploration of your history, emotions, thoughts, beliefs and relationship patterns; self-monitoring exercises; visualization exercises; journal-keeping and bibliotherapy.

As part of your work with Ali and in order to support your goals, she may also request that you consult with other healthcare providers such as primary care physicians, psychiatrists, group therapists, and/or nutrition counselors, or ask that you participate in movement therapy. She will discuss the pros and cons of these various alternatives upon recommendation.

Sometimes, counseling has the potential to evoke uncomfortable or painful thoughts and feelings. This

may be because you have tried to avoid thinking about them or you have not thought about them in a long time. Bringing them to the surface in counseling can be temporarily overwhelming at times. Also, making changes to your thoughts, beliefs or behaviors can be scary and sometimes disruptive to the relationships that you already have established. You may also find your relationship with your therapist to be a source of strong feelings, some of them painful at times. It is important that you carefully consider the benefits to making changes. Many people who make the choice to participate in therapy find it to be helpful and healing.

CONFIDENTIALITY

_____ I understand that while most of our communication is confidential there are circumstances when disclosure can occur without my prior consent and have read the terms outlined below.

The following are typical, but not exhaustive, examples of situations and circumstances under which information may be disclosed without prior consent:

- You are a danger to yourself or someone else.
- In situations of suspected child, spouse, or elder abuse, it is the duty of the mental health provider to notify medical, legal, or other authorities.
- You disclose sexual contact with another mental health professional.
- If you are involved in legal action/proceedings, your records may be subject to subpoena or lawful directive from a court.
- Your therapist is ordered by a court-appointed judge to disclose information.
- You direct your therapist in writing to release your records.
- Your therapist is otherwise required by law to disclose information.

TELEHEALTH COUNSELING

Telehealth counseling is similar to face-to-face counseling, except sessions are conducted either over the telephone, or over the internet using a platform that can be accessed through your computer or mobile device. Although face-to-face counseling is the preferred approach for conducting therapy, electronic forms of counseling can provide therapy services for clients when there are extenuating circumstances.

Benefits/Limitations of Telehealth Counseling

Electronic forms of counseling can be a helpful alternative approach to traditional, face-to-face counseling. At the same time, there are some limitations that could impede the therapy experience.

Some of the benefits include:

- Flexibility for individuals that work excessive hours and experience trouble meeting traditional business hours
- Accessibility for individuals with disabilities, limited transportation or limited childcare options
- May be ideal for those residing in rural areas
- Comfort for people experiencing social anxiety issues
- Other extenuating circumstances such as a global pandemic

Some limitations include:

- Not appropriate for those with a history of severe/chronic mental health issues and/or suicidal/homicidal ideations/attempts except in extenuating circumstances
- Some confidentiality limitations
- Not all insurance providers reimburse Telehealth Counseling (contact your provider)
- Potential for connections to be disrupted or disconnected

- Possibility of miscommunication due to limited body language cues and/or misinterpretation of tone of voice/inflection.

PLEASE NOTE THE FOLLOWING POLICIES REGARDING TELEHEALTH SESSIONS:

- AUDIO AND/OR VIDEO RECORDING OF SESSIONS IS STRICTLY PROHIBITED
- UNLESS YOU ARE PARTICIPATING IN COUPLES/FAMILY COUNSELING, YOU MUST ATTEND YOUR SESSION ALONE IN A QUIET, PRIVATE AREA, WITH MINIMAL DISTRACTIONS
- FOR YOUR SAFETY, DRIVING AN AUTOMOBILE DURING YOUR SESSION IS STRICTLY PROHIBITED

USE OF SECURE PLATFORMS

As a practice, Barnum Counseling initially utilizes IntakeQ, our HIPAA-compliant partner, for the completion of intake documents, updating of documents, and completion of other forms electronically. Collaboratively with IntakeQ, the practice utilizes *Therapy Notes*, a secure, electronic health record (EHR) software system for behavioral health facilities. The platform is used for scheduling, documentation, practice management, billing and record-keeping purposes. Our practice also uses Spruce Health to facilitate secure, HIPAA-compliant communication with our clients. As secure communication with our clients is best practice, your therapist will invite you to join Spruce through a Spruce link which can be accessed on a mobile phone, tablet, or desktop computer. Our practice also requires downloading of the Spruce App (free to use) to your phone to support secure communication. Additionally, our practice uses Swipe Simple, a secure platform for payment processing.

TERMINATION

If your therapist initiates termination of therapy with you, it will be because:

- 1) They feel that they are no longer being helpful to you
- 2) You have reached your therapy goals
- 3) A more appropriate type of care or level of care is required
- 4) Non-payment of services or refusal to pay an outstanding balance
- 5) You discontinued contact with your therapist for greater than 90 days

Ending therapy well is important. If you feel ready to terminate counseling, please inform your therapist so that you can have 1-2 wrap-up sessions to discuss recommendations to maintain your progress.

UNDERSTANDING THE COUNSELOR-CLIENT RELATIONSHIP

By initialing below on each line, you are agreeing to and indicate understanding of the following:

_____ I understand that **my therapist does not provide 24-hour crisis counseling**. Should I experience an emergency necessitating immediate mental health attention, I will immediately call 9-1-1, or 9-8-8, or the crisis hotline, National Suicide Hotline 630-482-9699, or go to an emergency room.

_____ I understand our contact will be limited to scheduled, in-person, phone or secure video counseling sessions.

_____ I understand email/text correspondence is not a guaranteed, confidential method of communication. If I am interested in communicating securely with my therapist, I will download the Spruce Health App to my phone/desktop.

_____ I understand that in utilizing email, SMS or Spruce for secure communication, my therapist cannot offer advice. I will use electronic communication for scheduling/cancellations only.

_____ I understand that my therapist does not accept invitations from current or former clients via social networking sites (LinkedIn, Twitter, FB, Instagram, etc.) for ethical reasons.

_____ I understand I am in control of the counseling relationship and may choose at any time to end our therapeutic relationship.

_____ I understand that our paths may cross in social situations, but our therapeutic relationship comes first, along with protection of my confidentiality. This means my therapist will not initiate public greetings.

_____ I understand that because my therapist is licensed solely in the state of Illinois, I am unable to receive services by them if I am outside of the state and they are unable to provide services to me while out of state.

RECORDS

_____ I understand that all of our sessions **and communications** with my therapist become part of my clinical record. Records are the property of Barnum Counseling.

_____ I understand that the practice is required by law to keep adult client records for seven (7) years after a client has stopped receiving services. The record will be shredded per medical record disposal requirements after seven (7) years.

_____ If I am interested in a copy of my record, I understand that I must make this request in writing. I also understand that if someone makes a request for my record on my behalf and I have authorized this, there may be a fee associated with sending another individual or organization my record. These fees are set by the Illinois Comptroller.

CLIENT CONSENT TO COUNSELING

I have read this document in its entirety, considered it carefully, and asked my therapist any questions that I needed to understand it. I understand the limits of confidentiality required by law and inherent to previously detailed mediums. I understand the risks and benefits of receiving these services and the risks and benefits of not receiving these services. Additionally, I understand I am expected to be an active and cooperative participant in this process to the best of my ability. Furthermore, I understand there will be fees associated with receiving services at Barnum Counseling and that I will be responsible for any services not covered by insurance or other out of pocket expenses as outlined in this contract.

My signature affirms that I have elected to and voluntarily agree to participate under these conditions.

Name of Client: _____

Client sign here

Client Signature

Date