



# CHILD, ADOLESCENT & FAMILY COUNSELING

Welcome to my counseling practice (Amanda Keiser, LLC). I am committed to helping you toward whatever your goals are for our time together. This document contains important information about my professional services and business policies. The following information is meant to answer any questions you may have regarding my policies and procedures. *Please do not hesitate to ask any questions regarding your treatment goals, or any other concerns you may have.* When you sign this Informed Consent Document, it will represent an agreement between us.

**Treatment process and rights** – Your therapy will begin with one or more sessions devoted to an initial assessment so that I can get a good understanding of the issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the issue(s) that have brought you into counseling and develop a treatment plan. You have the right and obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and be advised of the consequences of such refusal or withdrawal.

The standard session is 50 minutes. If you arrive late, we will have less time in which to work and progress may be delayed. I will keep track of the session time and remind you when the session is about the end. Please be advised that in rare circumstances there may be a time when the session before yours is running late due to an unexpected crisis. In such cases, I ask that you be patient and considerate. I will make every effort to compensate you for any time taken from your therapy session.

Longer sessions can be arranged upon request, or I might suggest longer session for certain clinical issues. Family or couples' therapy often works best with longer sessions. The fee will be adjusted accordingly. Clients often wonder how long the course of therapy should be. The length of time is variable, based on your goals and mutual agreement. I may use several techniques including but not limited to talk therapy, art, play, sandplay, suggestions for reading, and homework assignments.

**Purpose, limitations, and risks of treatment** – Participating in therapy can result in a number of benefits to you, including a better understanding of your personal goals and values, improved interpersonal relationships, and resolution of the specific concerns that led you to seek therapy. Working toward these benefits, however, requires effort on your part and may result in your experiencing considerable discomfort. Therapy, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal change, there are no guarantees that the treatment provided will be effective or useful. Change will sometimes be easy and swift, but more often it will be slow and frustrating. Remembering unpleasant events and resolving them through therapy can bring up strong feelings of anger, depression, fear, etc. Psychotherapy may result in decisions about changing behaviors, employment, substance use,

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schooling, housing, relationships, or virtually any other aspect of your life. Attempting to resolve issues between marital partners, family members, and other individuals can also lead to discomfort and may result in changes that were not originally intended. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Of course, the potential for a divorce is always a risk in marital counseling. When working with children, behavioral symptoms often increase before positive changes occur.

**Our relationship** – The client/therapist relationship is unique in that it is exclusively therapeutic. It is inappropriate for a client and therapist to spend time together socially, to bestow gifts or to attend family or religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is *never* my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well.

**Background and Services** – My credentials include a Master’s Degree in Marriage and Family Therapy. I am independently licensed as a Marriage and Family Therapist in the state of Arizona by the Arizona Board of Behavioral Health Examiners (AZBBHE). I am an AZBBHE approved clinical supervisor. And I am a member of the Arizona Association for Marriage and Family Therapy. Currently, I am in the office on Mondays from 10:00am until 7:00pm, by appointment only. ***Although there may not be someone to greet you when you arrive, please feel confident that you will be seen at your scheduled appointment time.***

I reserve the right to refer a client to another therapist or appropriate resource at any time if their needs in therapy are not a good match for my skills or experience.

**Availability of Services** – I am in the office on Mondays and Fridays from 10:00am until 7:00pm, by appointment only. My practice does *not* have the capability to respond immediately to counseling emergencies. True emergencies should be directed to the community emergency services (911) or to the local hotlines (Empact -480-784-1500, Banner Help line – 602-254-4357, ValueOptions- 602-222-9444). Established clients with an urgent need to make contact may call me on my mobile phone, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

**Professional Fees**- Fees are based on 50-minute clinical session hours. **Currently, the fee for a 50-minute individual, couple, or family counseling session is \$110, \_\_\_\_ (please initial) and the fee for a 50-minute psychoeducation only sessions is \$95, \_\_\_\_ (please initial).** In addition to the basic session, there may be other fees for additional services such as report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries and the time spent performing any other service you may request of me. If you become involved in legal proceedings that require my participation, you will

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be expected to pay for my professional time even if I am called to testify by another party. I charge \$75.00 per hour for preparation and attendance at any legal proceeding. The basic fees are posted in my office, and fee information for those not listed is available upon request. I reserve the right to change my fees with 30 days notice and to use the services of a third-party collections service, when necessary. Refunds are not made after the services have been rendered. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with me if you have any concerns.

**Billing and Payments-** Payment is expected at the time the service is rendered unless other arrangements have been made. Payments can be made via cash or check written to Amanda Keiser, LLC. By signing this document, you are agreeing to pay for the services rendered at the end of each session. 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. If legal action is necessary, its costs will be included in the claim. In collection situations, the only information I release is the client's name, the nature of the services provided and the amount due.

**Appointments-** Regular attendance at your scheduled appointments is one of the keys to a successful outcome in counseling. I reserve 55 minutes for each appointment with a client. Appointments canceled at the last minute are very detrimental to my practice. Therefore, I ask that you notify me a minimum of one full business day (24 hours, Monday through Friday) prior to your appointment if you need to cancel. ***You will be billed for appointments that you fail to cancel in accordance with this policy. Currently, the fee billed for this is \$65.00 (\_\_\_\_\_please initial). Repeated late cancelations or missed appointments will be billed at the full fee of \$110.00 for individual or family therapy and \$95.00 for psychoeducation and may result in termination of treatment. In addition, if you arrive more than 15 minutes late to an appointment, without notifying my office, I will assume you are cancelling within 24 hours and the cancelation rates will apply.***

Appointment availability varies with the client load at the time. High demand appointments (off hours, later afternoons, weekends) are likely to be sporadic in their availability. I reserve the right to limit my commitments of high demand appointment times to any particular client in order to meet the needs of all my clients and balance my workload.

**Confidentiality and Technology** – You may choose to use technology in your therapy sessions. This may include but is not limited to telephone, email, or text. Although I do not do online counseling, there are times we may communicate via electronic technology. There is always the possibility that unauthorized persons may attempt to discover your personal information. I will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take precautions with regard to authorized and unauthorized access to any technology used in regard to counseling sessions, appointments, etc. Be aware of any friends, family members, significant others or co-workers who may have access to your computer, phone or other

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technology used in your counseling sessions. Should you have concerns about the safety of your email, I can arrange alternate communication mediums with you.

You have the right to request confidential communications. You have the right to request that I communicate with you about your treatment matters in a certain way or at a certain location. For example, you can ask that I only contact you at work or by mail. I will not ask you the reason for your request.

What number would you like to be contacted at? \_\_\_\_\_

Is it okay to leave a message at this number? Yes \_\_\_\_\_ if no \_\_\_\_\_ leave message at \_\_\_\_\_.

**Insurance-** Some insurance providers and company flex plans provide full or partial coverage for mental health services. Your insurance or flex plan is a contract between you and your insurance company or corporation. It is not an agreement between the insurer and my practice. I will be happy to furnish you with a receipt that can be used for filing your own insurance. Signing this form authorizes Amanda Keiser, LLC to release your DSM-IV diagnoses and for it to be printed on your Health Claim Form in order for you to obtain possible reimbursement. In all cases however, payment for services is ultimately the responsibility of the client, not the insurance company. Once again, please discuss this with me if you want to use this receipt option.

If you are over 65 or otherwise eligible for Medicare you should understand that Licensed Marriage and Family Therapists are not currently eligible providers under this program. Medicare clients are required to pay the fees out of pocket.

**Privacy, confidentiality, and records** – Ordinarily, all communications and records created in the process of therapy are held in the strictest confidence. However, there are numerous exceptions to confidentiality defined in the state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency, when the court issues a subpoena, or when a child or vulnerable adult abuse or neglect is involved. I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to get you benefit of a variety of professional experts. While *no identifying information* is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods.

There are also numerous other circumstance when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, to comply with the worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws. There rules and laws regarding confidentiality, privacy, and records are complex. The *HIPPA NOTICE OF PRIVACY PRACTICES* posted in this office and available upon request, details the considerations regarding confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you

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choose to do so. Periodically, the *HIPPA NOTICE OF PRIVACY PRACTICES* may be revised. *Any changes to these privacy practices will be posted in my office, but you will no receive an individual notification of the updates.*

I am required to keep your records including a clinical record, booking – fee record, and psychotherapy progress notes. These are confidential and are kept in a locked filing cabinet with security on the building. Records are kept at least 7 years (7 years past minor client turning 18) and then destroyed. You have rights concerning your records. Please discuss these with me.

***It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.***

<hr/> <b>Initials</b>	<b>I have read the <i>HIPPA NOTICE OF PRIVACY PRACTICES</i>, and have had my questions about privacy and confidentiality answered to my satisfaction. I understand that the <i>HIPPA NOTICE OF PRIVACY PRACTICES</i> is incorporated by reference into this agreement.</b>
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In the event of my death or incapacity, the records for my clients that are actively receiving services (see within the last month) will be given to one or more local behavioral health professionals to facilitate the continuation of treatment. In such a situation, you have the right to continue treatment with this professional, discontinue treatment, or ask for a referral. Records for my inactive clients will be handled by a “records custodian”, which may be an individual or a company. The custodian will be responsible for satisfying records requests and destroying records when the legal timeframes for records retention are satisfied.

**Consent for evaluation and treatment -** Consent is hereby given for evaluation and treatment under the terms described in this consent document and the *HIPPA NOTICE OF PRIVACY PRACTICES*. I acknowledge that I have received a copy of this informed consent agreement and the *HIPPA NOTICE OF PRIVACY PRACTICES (upon request)*. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject treatment provided.

In the case of a minor child, I hereby affirm that I am custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

Identified Client Name \_\_\_\_\_ DOB: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature for Minor Client: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature for Minor Client: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_