

**Welcome to the Counseling and Creative Arts Psychotherapy Practice
of Cheryl Bartky, LPCC
Counseling for the Soul
6317 Fairmount Avenue, El Cerrito, CA 94530
510-299-4190
www.counseling4thesoul.com**

Informed Consent Statement for Counseling and Creative Arts Psychotherapy

Counseling/Psychotherapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in counseling/creative arts psychotherapy, you have certain rights that are important for you to know about because this is your therapy, the goal of which is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you, too.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific exceptions described below, you have the 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 will always act so as 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 choose, and you can change your mind and revoke that permission at any time. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

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 and/or Adult Protective Services.
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.
4. If a valid subpoena is issued for your records, or your records are otherwise subject to a court order or other legal process requiring disclosure, I may have the legal obligation to release your record.

Other exceptions:

1. If you are undergoing concurrent treatment with another therapist, clinician, or medical doctor it is in your best interest for me to be in consultation with them. I am only allowed to do so with your written consent.
2. At times I consult with professional colleagues to insure that I best serve the well being of my clients. At these times I would never reveal your identity or reveal anything that would compromise your privacy or confidentiality, but would only discuss issues and concerns I may have about your therapy.

II. Record-keeping

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the therapist, and next steps.

III. 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 for you. 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 your gains (please see the section below on Ending Therapy.)

IV. Benefits and Risks

Counseling/psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, as well as a myriad of other feelings. This is because the process of counseling/psychotherapy often requires discussing and re-experiencing the unpleasant and difficult aspects of your life. However, counseling/psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolution to specific problems. But, there are no guarantees about what will happen. Counseling/psychotherapy can only truly work when you and I function as a team and its success requires very active effort on your part. In order for the counseling/psychotherapy process to be most successful, you will need to determine clear goals for your counseling, commit to working on these goals in our sessions as well as following through on mutually agreed homework assignments outside of sessions.

V. Fees

I understand that there are times when more frequent sessions are needed and times when fewer are needed. To make that possible for you I have adjusted my fees in the following way:

- Weekly or bi-weekly (every other week) sessions are charged at the discounted rate of \$125 per 1-hour session.
- Less frequent visits (every 3 weeks or once a month) are charged at the full rate of \$150 per 1-hour session.
- The initial visit fee is \$150 (1 hour).
- EMDR extended sessions: \$200 for 1.5 hours.
- IADC/Core Focused Grief and Trauma Relief Therapy sessions: \$250 for 2-hours. If additional time is needed per session, the fee is \$100 per additional hour.

You will be asked to pay for each session at the time of the session. Payment can be made electronically, or, by check or cash, or by credit card. If you choose to pay via credit card an additional \$5-\$10 fee will be added per session to cover the cost of credit card fees. I do not currently accept insurance of any kind. If you require a receipt or "super bill" please ask. I can provide one usually within a week via e-mail.

VI. Ending Therapy Well

I want your therapy experience to be as successful as possible, including how you end therapy. To support your leaving, I request several weeks of notice to allow you to have an experience of leaving well and with a sense of completion. If I initiate the termination process, it will be because I feel that I am not able to be 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.

VII. Emergency Procedures/ Contacting Cheryl

I am often not immediately available by telephone. I do not answer my phone when I am with clients or otherwise unavailable. At these times, you may leave a message on my voice mail and your call will be returned as soon as possible, but it may take a day or two for non-urgent matters. If, for any number of unseen reasons, you do not hear from me or I am unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe:

- 1) Go to your Local Hospital Emergency Room, or
- 2) Call 911 and ask to speak to the mental health worker on call.

I will make every attempt to inform you in advance of planned absences.

VIII. Contacting You

In order to keep our therapeutic relationship confidential, please let me know the best way to contact you should the need arise. **It is imperative that you understand that information exchanged over a cell phone and E-mail could be intercepted by an outside party and is therefore not secure/confidential.**

Okay to leave a message:

Cell phone _____	Yes	No
Home Phone _____	Yes	No
Work Phone _____	Yes	No
E-Mail _____	Yes	No

Mailing Address:

Emergency contact person and phone number: _____

My Training and Approach to Therapy

I am a California state licensed professional clinical counselor (LPCC, license #57), a board certified dance-movement therapist (BC-DMT), a creative arts therapist, a board certified life coach (BCC), and a spiritual director and supervisor. I bring this range of experience to your counseling/psychotherapy sessions. I have worked as a creative arts therapist and counselor since 1984. My approach is eclectic, drawing upon mindfulness, client-centered therapy, cognitive behavioral therapy, positive psychology, guided visualization, creative arts as therapy, somatic psychology, EMDR, IADC®, and a range of other methods and approaches depending on your individual needs. Please see my web site www.counseling4thesoul.com for a more extensive biography.

As part of your work with me, I may suggest that you get involved in additional or adjunctive forms of support, such as additional counseling or a support group. If another health care person 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.

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 60 minutes, unless 1.5 hour or 2 hour sessions have been scheduled. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling it in advance you will be charged for that session. If you cancel your appointment with less than forty-eight hours (two days) notice, you will be charged for that session.

Complaints

It is of paramount importance that our therapeutic relationship be based on trust and honesty. Therefore, if you're unhappy with what's happening in therapy, please talk with me about it so that I can quickly respond to your concerns. It is my whole hearted intention to help you to the best of my ability.

If you needed to file a formal complaint, the California Board of Behavioral Sciences receives and responds to complaints regarding services provided by professional clinical counselors. You may contact the board online at www.bbs.ca.gov or by calling 916-574-7830.

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 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: _____

Dated: _____