



Inner Gardens Counseling

~Creating Pathways for Well-being
in all Seasons of Life

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DISCLOSURE * LIMITS OF CONFIDENTIALITY * NOTICE OF PRIVACY and PRACTICES * INFORMED CONSENT for INDIVIDUAL or COUPLES COUNSELING SERVICES

Welcome. Thank you for choosing Jeanie S. Kirk as your counseling professional. I am a Licensed Professional Counselor in the state of Missouri. I have a Master of Arts degree in Professional Counseling from Lindenwood University. I also hold a Master's of Public Health from the University of Iowa. I work with adults and elder adults in individual, couples, group, and family settings. My practice in general is focused on promoting emotional, psychological and cognitive well-being as powerful gateways to improved quality of life and sense of overall well-being.

This document contains important information about my professional services and business policies, state and federal laws, and your rights. It contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of your Protected Health Information (PHI) which I may use for the purpose of treatment, payment, and health care operations. I securely maintain this information at the physical property of this practice. As you read through the following information, please identify, and get answered, any questions you have. Once signed, this agreement is binding between you, the client (or representative of the client where applicable), and me, the counseling professional.

Counseling Therapy Services

Counseling Therapy is a process that deals with the emotional and psychological aspects of a distress, concern, issue, problem or disorder. The adults and elder adults I work with are willing to actively engage in beneficial change and meaningful growth that advances their well-being—even in the most challenging circumstances. I provide a person-centered, whole-person framework that is personalized to your unique situation and goals. I have the experience and office procedures in place to collaborate with other healthcare providers such as physicians, specialized therapists, and complementary healing arts professionals when this would be useful.

Professional Fees and Payment Information:

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|-----------------------|--|
| Individual session: | \$75 (regular session: ~55-60 min.) \$90 (extended session:) |
| Couples session: | \$85 |
| Pre-marital sessions: | \$485 (7 sessions) |
| Therapeutic Groups: | Variable |

Payment is due at the time of services. I do not bill. I do not work with any third-party payer at this time for a variety of reasons shared by many in the healthcare profession. I accept check and cash at the time of service. Should you wish, I can provide you with a receipt for services which you may then submit to your insurance company for reimbursement. If you find you are going to be unable to come to your appointment, please notify me as soon as possible. This may give someone else an opportunity to have a session.

Effective January 2016

LIMITS OF CONFIDENTIALITY

For therapy to be effective, it is important for you to know that the information you disclose to me will be treated respectfully and confidentially. Your privacy is very important to me. The relationship between a client and a professional counselor or psychotherapist is protected by law. All information you disclose to me in your session is confidential and will not be disclosed without your written permission. I will neither confirm nor deny that you are a client of mine. I will not speak to friends or family members without your permission. As a rule, if I happen to see you in public, I will not approach you unless you talk to me first. I will not leave messages on your phone unless you have indicated your permission for me to do so. However, this is subject to certain limitations prescribed by the law and applicable ethical codes. Maintenance of confidentiality has the following exceptions:

***Duty to Warn and Protect:**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental healthcare professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

***Abuse of Children and Vulnerable Adults:**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

***Prenatal Exposure to Controlled Substances:**

Mental Health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

***Minors/Guardianship:**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

***Insurance Providers** (when applicable and following the signing of a Release of Information form by client):

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature _____

Today's Date: ____/____/____

My Counseling Therapy Philosophy and Approach

Effective January 2016

My treatment philosophy reflects a holistic perspective. By this I mean I consider an individual's well-being to be their experience of the dynamic interconnectedness of their mind, body, spirit, relationships, and environments. I believe feelings, thoughts, and beliefs can become powerful catalysts for discovery and positive change that can affect life at many levels. I draw on a wide variety of techniques, styles, and theoretical frameworks to provide a dynamic and personalized plan that honors a person as a whole and unique individual.

I believe you hold within you the wisdom to define your own best life, and the potential for resiliency to flourish into it—even when transitions seem almost impossible; even when barriers appear nearly insurmountable; even when physical health is diminished.

The Counseling Process

The counseling process usually begins with a comprehensive evaluation, which can extend into more than the first session. After the first, or sometimes second session, I will offer you an initial impression of what counseling will involve, and some sense of how I will work with you to address your concerns, and help you to accomplish your goals. You should evaluate this information and decide whether you feel comfortable working with me as your therapist. At the same time, I will decide whether I can offer the services that would be most useful to you. In some cases, I may suggest collaboration with other healthcare providers and/or healing arts professionals. In the end, the decision to collaborate will be yours to make.

In order for counseling therapy to be most successful, you will be encouraged to actively participate during sessions, and sometimes, to work--if you choose--between sessions on some of the things we've talked about. This will provide a concrete way for you to continue to process the work you've done in session. I will always discuss any approach, method, or technique I am utilizing and explain my rationale for using it. You will be encouraged to ask questions about anything that you do not understand during the course of therapy. You also may decline any part of treatment.

If you decide to engage in counseling therapy with me, the first session will generally be about 2 hours in length. I will then usually schedule one session each week at a mutually agreed upon time. Sessions are conducted to achieve the most benefit, and generally are about 60 minutes in length. Under some circumstances sessions may be longer or more frequent. My fees are charged by the session rather than by the hour to accommodate the flexibility I believe will be most useful for my practice approach. Your appointment will be reserved for you on a regular basis and is considered a standing appointment. The overall length of counseling therapy (in weeks or months) is difficult to predict, but is something we can discuss as the counseling process evolves. At any time, you have the right to leave counseling therapy, or to request a referral to another therapist. I will offer assistance as you wish to make any transition least disruptive for you.

Risks and Benefits of Therapy

Counseling Therapy has potential benefits and potential risks. Possible risks include the experiencing of uncomfortable feelings, or recalling unpleasant life events or relationships. On the other hand, the processes of counseling therapy have been shown to have many benefits which can contribute to well-being. The potential benefits can include significant reduction in feelings of distress, increased clarity related to specific issues, better problem-solving and coping skills, improved relationships, and increased confidence and calmness. The process of counseling remains an inexact science. While no guarantees can be made regarding outcomes, I will do my best to help you handle risks and experience benefits.

Psychological and emotional symptoms can both affect, and be affected by your physical well-being. You will be asked to fully disclose all medicine, herbal, supplement, and drug intake. If there is any indication your presenting symptoms may be organic in origin, it is critical that you obtain an evaluation from a qualified medical healthcare professional. You will be offered the opportunity to consider if it would be useful to coordinate counseling services with your physician(s) or other healthcare providers. A release of information form will always be utilized in any communication with other providers, and I will always discuss this with you.

Contact Information:

Jeanie S. Kirk, MA, LPC, NBCCH, MPH, License # 001473
2850 West Clay, Suite 255. St. Charles, MO 63301
Phone: (636) 724-1731

Record-Keeping Procedures

Both legal obligations and the standards of the counseling profession strongly encourage that I keep records related to your therapy. I maintain brief records called "progress notes". My records are brief, and indicate that you have attended therapy on a specific date, the interventions that happened in session, the topics that were discussed, and any summary of: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Under the provisions of the Health Care Information Act of 1992 you have the right to a copy of your file at any time. Following your request, this copy, or summary if desired, will be provided to you within 72 hours. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other person or service provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

For more information, please see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

In the case of my disability or death your records can be accessed by Nancy Golden MA, M.Ed., LPC (license # 001889). She may be reached at: Phone: 314-991-0100 or www.ccastl.com

Health Insurance Portability and Accountability (HIPAA) Summary Information

While I do maintain Progress Notes, I do not maintain Psychotherapy Notes. These are defined under HIPAA as notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that are separate from the rest of the individual's medical records. The following are excluded from the "Psychotherapy Notes" definition: (a) medication prescription and monitoring, (b) counseling session start and stop times, (c) the modalities and frequencies of treatment furnished, (d) the results of clinical tests, and (e) any summary of: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

In order for a medical provider to release "Psychotherapy Notes" to a third party, the client who is the subject of the Psychotherapy Notes must sign this authorization to specifically allow for the release of Psychotherapy Notes which often occurs in a summary form. Such authorization must be separate from an authorization to release other records. Again, I have chosen to maintain Progress Notes for each of your sessions, but I do not maintain Psychotherapy Notes. In large part this decision was made because once information about you leaves my office, I have no control over how it will be used by the recipient. You need to be aware that once information about you leaves my office, it may no longer be protected by HIPAA.

INFORMED CONSENT for COUNSELING THERAPY/PSYCHOTHERAPY SERVICES:

I have read this statement in full. I have had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and I believe I understand its contents. I agree to undertake counseling therapy at this time with Jeanie S. Kirk. I know I can end counseling therapy at any time I wish, and that I can refuse any requests or suggestions made by Jeanie S. Kirk.

Signature: _____ Date: ____/____/____

CONFIDENTIAL