

# **Adult Client Disclosure Information and Consent Form**

**Military Integrative Therapies, LLC**

**2106 Thoroughgood Rd**

**Virginia Beach, VA 23455**

**(757)995-2196 Office**

**(757)995-2197 Fax**

**Kelly Andrews MS, LPC, RPT**

**Licensed Professional Counselor, Art, Play and EMDR Therapist**

Thank you for selecting me as your counselor. This document is designed to inform you about my background and to ensure that you understand our professional relationship. I am a full-time licensed professional counselor as well as an art and play therapist. My areas of specialty include trauma, sexual and/domestic violence, posttraumatic stress disorder, personal growth, problems with self-esteem, as well as depression, grief/loss, and anxiety difficulties. I work with children, adolescents and adults who are experiencing problems that interfere with their daily living. As your therapist I will be your guide, a mirror, and a toolbox to help you in your healing process.

I hold a Master of Science (MS) in Art Therapy from Eastern Virginia Medical School, which I received in 2006. In 1998 I received a Bachelor of Fine Arts (BFA) in Sculpting with Art Education, from Old Dominion University. Since completing my MS in counseling in 2006, I have worked as a crisis counselor, guest lecturer and art therapist. I have been a Licensed Professional Counselor (LPC) since 2010 (Virginia License #0701004935). Additionally, I have completed the Play Therapy training at ODU and by early Spring 2014 I will complete my training in Eye Movement Desensitization and Reprocessing, better known as EMDR. .

## **COUNSELING SERVICES OFFERED & THEORETICAL APPROACH**

People can make better decisions if they have enough information and understand how something works. Here are a few aspects of counseling and therapy as I see and practice it:

Counseling includes your active involvement as well as efforts to change your behaviors, feelings, and thoughts. It is important that you are willing to work within the sessions as well as between sessions. There are no "magic wands" or instant, painless and passive cures to our personal difficulties. Instead, there will be exercises, journaling or writing, or other projects to work on between sessions, as well as in sessions. More than likely, you may have to work on the relationship you have with your self as well as others. Some changes will be easy and swift, however change takes time so you most likely will make slow progress toward improvement, and your end goal. Give yourself time to grow and heal as I will be asking things of you that you most likely have not tried before. I believe that learning and change come through choosing to try new behaviors and you will be gently encouraged to push your "comfort zones" in order to grow and develop. Positive change tends to come and stay to those who allow themselves to feel the discomfort that tends to accompany the change from past negative behaviors and thoughts to new healthy attributes.

I take an educative approach to therapy and encourage you to learn more about the kind of work we will do together. I encourage you to ask questions along the way as that will foster your growth outside of session. My approach is derived from my studies as an art therapist at EVMS as well as my belief that as human beings we are all capable of change and a healthy lifestyle. I use an integrative approach, which is based on the Humanistic psychology, emphasizing that as individuals we strive for self-actualization. Part of this approach will be Phenomenological approach; based on the current art experience, Gestalt; based on integrating the mind and body as a whole, and Jungian; based on the continuous cycle of self-awareness. During a session, I may ask you to participate in an art intervention that I see will help you achieve your therapeutic goals. I ask that you try the intervention and if you do not feel comfortable, please voice this and we can discuss further. Our work together may focus on any combination of these in order to most effectively help you obtain your goals.

In our work together, we will outline the goals, focus, and methods, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. Before going further, I expect that we will develop a plan and agree to both adhere to it. I will also share with you my summary of sessions as well as process art interventions before you leave the office. Periodically, we will evaluate our progress and, if necessary, redesign our treatment plan, goals, and methods. We will also discuss ways you can implement our work between sessions. This work can help you gain valuable skills and thoughtful growth while you are in counseling.

As with any potentially powerful intervention, there are both benefits and risks associated with therapy. Risks might include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, or frustration. You may also begin to change your relationships with other people, having trouble at first. Some changes may lead to what seems to be worsening circumstances or even losses (for example, therapy will not necessarily keep a marriage intact).

#### **CONFIDENTIALITY**

I regard the information you share with me with the greatest respect, so I want us to be as clear as possible about how it will be handled. Generally, I will tell no one what you tell me. The privacy and confidentiality of our conversations, and my records, is a privilege of yours and is protected by state law as well as my profession's ethical principles, in all but a few circumstances. There are two primary circumstances in which I cannot guarantee confidentiality, legally or ethically: (1) when I believe you intend to harm yourself or another person; and (2) when I believe a child or elder person has been or will be abused or neglected. In rare circumstances, a Licensed Professional Counselor can be ordered by a judge to release information. Otherwise, I will not tell anyone about your treatment, diagnosis, history, or even that you are a client, without your knowledge and a signed Release of Information Form.

#### **EXPLANATION OF DUAL RELATIONSHIPS**

Although our sessions may be very emotionally and psychologically intimate, it is important for you to realize that we have a professional relationship rather than a social one. Our contact will be limited to sessions you will arrange with me. Please do not invite me to social gatherings, offer me gifts, or ask me to relate to you in any other way than in the professional context of our therapy sessions. You will be best served while I am seeing you

for therapy if our relationship stays strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about me as we work together during your therapy experience. However, it is important for you to remember that you are experiencing me in my professional role.

### **LENGTH OF SESSIONS**

I assure you that services will be rendered in a professional manner consistent with accepted ethical standards. Sessions are generally 50 minutes in duration for individual. We will schedule our sessions for our mutual agreement.

If you are unable to keep an appointment, please call (757) 995-2196 to cancel or reschedule at least 24 hours in advance. If I do not receive such advance notice, you may be responsible for paying for the session that you missed.

### **FEES & METHODS OF PAYMENT**

I am currently an out of network provider. This means that I accept cash, checks or credit cards for your sessions. Please make your checks to: Military Integrative Therapies. I ask that you keep the scheduled appointment times or call to reschedule or cancel 24 hours in advance. If you miss more than 2 meetings, we will discuss a referral to another organization that may better meet your needs.

### **BILLING/INSURANCE REIMBURSEMENT**

*I currently accept only a fee for services and require payment in full.* My normal fee is \$50 per individual session or \$45 per group session. This is the usual, customary, and reasonable fee for therapy in this area. I am currently working on getting on the insurance panels. Until then, you can check with a CPA for tax write offs when paying out of pocket. I kindly ask that payment be received at the end of each session.

### **MESSAGES**

If I need to contact you, I will do so as discretely as possible. Please let me know the best phone number to reach you, should I need to leave a message. Messages for me can be left on voicemail (757) 995-2196 which is accessible 24-hours a day. Calls will be returned between 9am and 7pm Monday through Friday. If I am out of town, this will be indicated on voicemail , or you will be verbally told ahead of time. Calls will be returned as soon as possible. Please be mindful if I am returning your call and I am not in the office, the number will come up as blocked, or unknown caller.

Email is checked only once per day. Emergency emails cannot be necessarily immediately responded to – it is best to call and leave a message for more pressing concerns. I may not be able to return calls right away, and the emergency procedure outlined below should be followed.

**EMERGENCY CONTACT**

We do not have emergency on-call services. If you experience a psychological emergency, please contact the office line (757) 995-2196 and explain that you are in a crisis, then leave your name and phone number if I am not available. *Please also*

1. call the 24-hour crisis line at Maryview Hospital (389-2400), **or**
2. call the Virginia Beach Psychiatric Center’s 627-LIFE crisis line, **and**
3. **or call 9-1-1 or** go to the nearest Emergency Room for immediate treatment by a mental health professional.

\*Please note that if you are in need of follow up calls through the week, and this has been discussed in session, you will receive a call either from the office number, or a blocked or unknown caller number which may be my home or cell phone.

**COMPLAINT PROCEDURES**

If you are not satisfied with any aspect of our work, please inform me immediately. This will make our work together more efficient and effective. If you think that you have been treated unfairly or unethically, by any other Licensed Professional Counselor, or me and can not resolve this problem with me, you can contact:

Commonwealth of Virginia phone (804) 662-9575  
 Department of Health Professions  
 Board of Licensed Professional Counselors  
 6606 West Broad Street, Fourth Floor  
 Richmond, Virginia 23230-1717

If you have any questions, feel free to ask. Please sign and date both copies of this form; make a copy for your own records. I will retain the original in my confidential records.

I have read and understand the conditions outlined above.

Client's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make a copy of this form for your records.**

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**Use of Technology in Counseling**

We live in a time of easy use of technology. Although email and cell phone texting are invaluable resources, certain issues may arise regarding electronic communications that apply to our work in counseling.

I am willing to receive/reply to email or texts in cases when you would like to use either of these electronic communications to schedule/change an appointment or update me between sessions. Please keep the following in mind about both email and texts:

- Compared to a phone call or face-to-face communication, emails and texts lack the benefit of real time personal interactions such as verbal tone, inflections and visual cues. For these reasons it is usually best to discuss most matters in the office.
- **Emails are not appropriate if you are experiencing a crisis or having suicidal thoughts. If you are having a crisis or feeling suicidal and cannot reach me by phone, please call 911 immediately.**
- While I will make every effort to protect my email and texting, I can provide no assurance of their confidentiality or security.
- If emails are extended or frequent, charges may be applied for the time.

Finally, I do not accept requests for social networking like Facebook, Instagram, Linked-In or Twitter. The sharing of such information may result in a violation of your mental health care privacy and confidentiality because I cannot control the many layers of who views the information that is available on such pages.

I value our work together and appreciate your cooperation with these guidelines. Please sign below that you understand and agree with the above email and texting policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kelly Andrews MS, LPC, RPT

\_\_\_\_\_  
Date