

INFORMED CONSENT

Welcome to Dig Down Deep™ Coaching, Consulting, Counseling. Your first visit to psychotherapy and counseling can feel overwhelming. Please read all this information before the commencement of treatment. Only physically handing this signed document to me in person is an agreement between us.

PSYCHOTHERAPY AND COUNSELING

The risks include discussing unpleasant aspects of your life that trigger uncomfortable feelings and resistance practicing new behaviors that will help you make adequate adjustments to change. The benefits include healthier relationships with self and others. There is no guarantee in the outcome.

CONFIDENTIALITY

Confidentiality is the foundation of the therapeutic alliance. I cannot break confidentiality without your expressed permission. I will request signed written consent from you if I need to communicate with your doctor, psychiatrist, attorney, judge, parole/probation officer, employer, spouse, relative, or friend.

MANDATORY EXCEPTIONS TO CONFIDENTIALITY

I am a mandated reporter with a duty to warn and protect others and myself from a serious imminent threat of danger; homicide/suicide, suspected child abuse/neglect, elder abuse/neglect, and dependent adult abuse/neglect. I am not mandated to report criminal activity, domestic violence, or HIV/AIDS.

SUPERVISION AND CONSULTATION

Your case – assessment, diagnosis, treatment plan, treatment, discharge plan – may be privately shared with fellow Licensed/Associate Marriage and Family Therapists in supervision and consultation meetings for the purpose of teaching and learning how to provide more effective and helpful treatment for you.

NO SECRETS POLICY

I have a no secrets policy. A secret is a lie; A lie is a secret. Transparency is a cornerstone of psychotherapy. I will always encourage you to be honest with yourself, me, and others in treatment. I will not keep a secret for you, meaning, I will guide you through the process of sharing your secrets/lies.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) enacts sweeping changes in how the healthcare professions handle the administrative details of their practices, and contains a broad and stringent framework, for the privacy and confidentiality of personally identifiable health information. This Federal statute was enacted as Public Law 104-191. Further information regarding this act can be found at <https://www.hhs.gov/hipaa/index.html>.

I do not transmit electronic medical records. You do not have the right to a copy of your “process notes” – contents of our conversations. However, you do have the right to a copy of your “progress notes” – your diagnosis, treatment plan, prognosis – unless I have good reason to deny your request.

INSURANCE

I do not accept insurance. I provide free counseling to military veterans via www.giveanhour.org.

NAME _____

INITIAL _____

DATE _____

FEE FOR SERVICE – NO REFUND POLICY

I charge **\$60** per individual, couple, or family session. I charge **\$150** per bundle of three sessions. I charge **\$40** per group therapy session. I charge **\$40** per individual and **\$20** per group HIPAA compliant teletherapy session. **BEFORE EACH SESSION**, I collect cash, check, or paypal@digdowndeep.com.

APPOINTMENTS

A session is **45-MINUTES**. Please **ARRIVE 15-MINUTES EARLY** to collect yourself. If you do not cancel or reschedule your appointment at least **24-HOURS** before your session – or if you are absent – you will still be charged the fee because that is lost time that I could have used facilitating another client.

CONTACTING ME

You can call or text me from dusk to dawn Monday thru Friday. I will return your call or text within the final ten-minutes of the hour. If you feel suicidal, please call the www.suicidepreventionlifeline.org at **800-273-8255**. You can also receive immediate support and help through the www.crisistextline.org.

DUAL RELATIONSHIPS

Professional therapy never includes sex. - <https://www.dca.ca.gov/publications/proftherapy.pdf> - The therapeutic alliance also does not involve business or any other type of exploitive relationship which could impair my objectivity, clinical judgment, or therapeutic effectiveness. I do not accept gifts.

TERMINATION OF TREATMENT

Deciding when to conclude therapy can be a sensitive process. We will reflect on your journey through our collaborative treatment plan and review your discharge plan. I reserve the right to decline and/or terminate treatment at any time, particularly if you are not working through your resistance in therapy.

REFERRAL

If you, or I, feel unhappy with our alliance, or your progress in treatment, I will ethically give you three referrals to another helping professional. It is critical that you and I both feel comfortable with each other, your goal, the work you are doing, and your progress in psychotherapy and counseling with me.

https://www.bbs.ca.gov/pdf/publications/consumer_empwr_broch.pdf

www.counselingcalifornia.com | www.therapistlocator.net | www.psychologytoday.com

ABOUT ME

I am a Licensed Marriage and Family Therapist #86480 with the California Board of Behavioral Sciences. I completed 4,000-hours as a Trainee and Registered Intern at Veterans Village of San Diego, Betty Ford Center, The Meadows, and Sierra Tucson. I achieved a Master of Counseling, in Marriage, Family, and Child Counseling at University of Phoenix. I earned the Ken Blanchard Executive MBA from Grand Canyon University. I worked in Broadcast Journalism for 15-years in five markets. I achieved a BA from the Walter Cronkite School of Journalism and Mass Communication at Arizona State University. I am a Certified Personal Trainer and a Certified Health Coach with the American Council on Exercise. I proudly serve as my mother's Registered Caregiver which has been the best education and experience of my life.

NAME _____

INITIAL _____

DATE _____