

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 risk includes discussing unpleasant aspects of your life that trigger uncomfortable feelings/emotions and resistance to practicing new behaviors that will help you make an adjustment for change. The benefit includes healthier relationships with yourself and others. There is no guarantee in the outcome.

ADVICE AND SUGGESTIONS

It is unethical for me to make suggestions or give advice related to your personal, relational, and professional choices and decisions other than what is prescribed in your treatment plan. I am the clinician to lead and guide you; you are the magician to create and make healthy changes for yourself.

CONFIDENTIALITY

Confidentiality is the foundation of the therapeutic alliance. I cannot share anything about you 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, progress notes, discharge plan – may be privately shared with Licensed/Associate Marriage and Family Therapists in supervision/consultation meetings for the purpose of teaching/ 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

[HIPAA Home | HHS.gov](#) - I do not transmit electronic 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” (diagnosis, treatment plan, prognosis) unless I have good reason to deny your request.

INSURANCE

I am in the process of getting credentialed on a variety of insurance panels. I provide free counseling to veterans via www.giveanhour.org and a sliding scale to clients via www.openpathcollective.org.

NAME _____

INITIAL _____

DATE _____

FEE FOR SERVICE – NO REFUND POLICY

I charge **\$100** per individual (3-sessions, \$240), **\$100** per couple (3-sessions, \$240), and **\$100** per family session (3-sessions, \$240). I charge **\$20** per group therapy session (13-groups, \$260). I charge **\$150** per 90-minute consultation and coaching session. Please use only **PayPal** via kirbymauslmft@gmail.com.

APPOINTMENTS

I COLLECT PAYMENT BEFORE THE SESSION. An individual, couple, or family session is **60-MINUTES**. A group session is **90-MINUTES**. Please **ARRIVE 15-MINUTES EARLY**. If you do not cancel or reschedule your appointment within **24-HOURS** – or if you are absent – you will still be charged for the session.

CONTACTING ME

I prefer to talk rather than text or email with clients. If I do not answer, I will return your call within the hour. If you are experiencing suicide ideation, please call **988** to speak with the www.988lifeline.org. You can also text **CONNECT** to **741741** to get help and support from the www.crisistextline.org.

DUAL RELATIONSHIPS

Professional therapy never includes sex. - [Therapy Never Includes Sexual Behavior \(ca.gov\)](http://www.ca.gov) - 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 vital 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.

[Self Empowerment: How to choose a mental health professional \(ca.gov\)](http://www.ca.gov)

<https://www.211ca.org/>

ABOUT ME

I am a Licensed Marriage and Family Therapist #86480 with the California Board of Behavioral Sciences and an Ordained Chaplain-Candidate. 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 5 markets. I achieved a BA from the Walter Cronkite School of Journalism and Mass Communication at Arizona State University. I honored my mother by proudly serving as her Registered Caregiver 24/7/365 for 11.5-years, at home, in the circle of life, which was the best education and experience of my life.

NAME _____

INITIAL _____

DATE _____