

Informed Consent to Psychotherapy and Office Policies

Please read the following carefully and ask for specifications about any element you do not fully understand.

Qualifications for Sabrina Husain Bajakian, LCPC:

- Bachelor of Fine Arts degree in Art Education from Arizona State University (1998)
- Master of Arts degree in Transpersonal Counseling Psychology with a concentration in Art Therapy from Naropa University in Boulder, Colorado (2005)
- Licensed Clinical Professional Counselor (LCPC) in the state of Montana and obtaining supervision hours toward becoming a Nationally Registered & Board Certified Art Therapist (ATR-BC)
- Teacher's License (k-12) in Art Education and Painting
- Numerous workshops and trainings in the areas including: art therapy, multicultural and diversity counseling, child development and parenting, career counseling, crisis counseling (domestic violence, sex assault and suicide), transpersonal psychotherapy, mindfulness meditation.
- Member of the National American Art Therapy Association and Montana Chapter of ATTA

I believe in working with the whole person: biological, psychological, social and spiritual as they relate to the individual in his or her life. During the course of therapy, I am likely to draw on various theoretical approaches according to the problem presented and my assessment of what will be most beneficial to you. These approaches include humanistic, developmental, psycho-educational, transpersonal, narrative, behavioral and/or cognitive. If you have any questions about the therapeutic process please feel free to ask. If you could benefit from a treatment that I do not provide, I will be happy to assist you with a referral to someone who provides that treatment.

Process, Benefits, and Risks of Psychotherapy:

Participating in therapy can provide a number of benefits to you. These benefits include the possibility of reducing or eliminating psychological symptoms, improving interpersonal relationships, as well as resolving the specific concerns that led you to seek therapy. Benefits may also include increased: comfort in therapy; increased capacity for intimacy; decreased negative ideation; decreased self-defeating behaviors; and improved mindfulness. Working toward these benefits requires effort on your part. Psychotherapy is most beneficial with your active involvement, honesty and openness in order to make positive changes in your life. Much of the value of therapy comes from applying the skills, ideas, tasks, and suggestions discussed during the sessions in your every day life outside of therapy. Your feedback and views on your therapy is key to the process.

During the therapeutic process, discomfort may be experienced by remembering or talking about unpleasant events, feelings or thoughts. These discussions may evoke strong feelings of anger, sadness, worry, or fear. You may experience an increase in symptoms associated with anxiety, depression, or insomnia. I may challenge some of your assumptions and perceptions or propose different ways of viewing, thinking about, or handling situations. These challenges may evoke feelings of anger, upset, hurt, disappointment or resentment, all of which are appropriate feelings to discuss within our therapeutic relationship.

Attempting to resolve the issues that prompted you to seek therapy may result in changes that were not originally intended. Psychotherapy may be a catalyst for your making new decisions about changing behaviors, employment, schooling, housing, or relationships. Sometimes a decision that is positive for one family member may be viewed negatively by another family member. During the course of psychotherapy, things may feel like they are getting worse before they get better. Change can be easy and swift, but more often it will be slow and challenging before the relief is felt.

I consult regularly with other health professionals regarding my clients in order to increase the effectiveness of the services I provide. I do not use first or last names or other identifying information during these consultations in order to assure that full confidentiality is maintained.

If at any point during our work together either one of us decides that I am not effective in helping you reach your therapeutic goals, treatment can be terminated. In the event of termination, I would be happy to provide you with referrals to other therapists should you wish to continue treatment. With your written consent, I will provide him/her with the information needed for proper assessment and evaluation.

Confidentiality:

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Law, in the following circumstances, may require disclosure:

1. When you have signed a "Release of Information Form" from me or from another professional or agency stating exactly what information can be released and to whom it may be released;
2. When I believe that there may be a physical danger to you or to others through actions of yours, appropriate authorities, individuals and / or relatives will be notified;
3. When I become aware of actual or suspected child and / or elder abuse, I am required by law to report such cases to the local welfare authorities.

The intent of such requirements is that a therapist has a legal and ethical responsibility to take action to protect endangered individuals from harm when the therapist's judgment indicates that danger exists. It is my policy to fully disclose these matters with my clients before any action is taken, unless there is a compelling reason not to do so.

Disclosure may also be required pursuant to a legal proceeding. If you are involved in legal proceedings, lawyers from either side can subpoena my records of your treatment or a judge may order my testimony if it is determined that the issues demand it.

Client Rights:

As a client, you have the right to review or receive a summary of your psychotherapy record at any time, except in limited legal or emergency circumstances, or when I assess that releasing such information may be harmful to you in any way. In such circumstances, I may provide you with a summary of your records, or may provide the records or its summary to an appropriate mental health professional of your choice.

Upon your authorization, I will release information to any agency/person you specify unless I assess that releasing information will be harmful to you in any way. You will be charged an appropriate fee for any professional time spent in responding to an information request regarding you or your treatment. I am happy to discuss any of these rights with you.

Appointments, Availabilities and Emergency Procedures:

Generally, meeting on a weekly basis at first gives both the therapist and the client a chance to develop an understanding of the problem as well as to get to know each other. At some point we can discuss changes in how often it is necessary to meet. The office does not have a receptionist; therefore, you will almost always get the voicemail when you call due to my inability to answer the phone while with clients or after regular business hours. Please leave a detailed message and I will respond within 24 hours. I check my messages regularly and will return your call as soon as I am available.

As a general rule, I do not counsel over the telephone. However, I am happy to do this under special circumstances. Please discuss this with me if the need comes up. I can make myself available to talk with you briefly over the phone for scheduling or to arrange to meet you at the office in the event of an emergency. If I am unavailable during an emergency you may leave a message on my voice mail and I will attempt to get back in touch with you. In the event that I am not available and you need to talk to someone right away, you can call the 24-hour hotline at the Help Center at 406-586-3333 or go to the emergency room (Bozeman Deaconess Hospital, 406-585-1000).

If an emergency situation arises in which you are being harmed or are in danger of harming yourself or someone else, please call 911.

Payments & Cancellation Policies:

I offer a complimentary, 30-minute initial consultation session. In this session, we will decide together if we will continue to work together. Subsequently, therapy sessions are 60 - 90 minutes in length, depending on the type of work we do together that day. I offer verbal therapy and art therapy. Art therapy assessments typically take 90 minutes.

My fees scale is as follows:

	<u>Student rate</u>	<u>Professional rate</u>
30 minute initial consultation	free	free
60 minute individual session	\$85	\$105
90 minute individual session	\$105	\$125
60 minute couples session	\$105	\$125

In terms of billing: Telephone consultation, site visits, release of information/records, longer sessions, travel time, etc. will be charged at the rate of an individual therapy session unless indicated and agreed otherwise. In the event that I am subpoenaed to court, my rates are \$150 per hour including travel time and waiting time. The fees will be billed to the person on whose behalf I am summoned.

Please make checks payable to: Art & Soul Counseling. There is a \$30 fee for returned checks.

Cancellations occasionally happen. Since the scheduling of an appointment involves the reservation of time especially for you, the regular session rate will be charged for sessions missed without a 24-hour notice of cancellation. You are welcome to email me if that is easier for you: sabrinaart@yahoo.com.

I look forward to working with you.

I have reviewed the information in this agreement:

- | | |
|--|---|
| <input type="checkbox"/> Qualifications | <input type="checkbox"/> Process, benefits and risks |
| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Payments & cancellation policies |
| <input type="checkbox"/> Availability & Emergency procedures | <input type="checkbox"/> Client rights |

I have had the opportunity to ask questions and accept these terms during our professional relationship. Based on the terms of this agreement, I consent to participate in an evaluation and treatment with Sabrina H. Bajakian I understand that this agreement can be withdrawn at any time.

Client signature _____ Date _____

Guardian signature _____ Date _____



Top signature and information pages for the client, bottom signature for file.

I have reviewed the information in this agreement:

- | | |
|--|---|
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| <input type="checkbox"/> Confidentiality | <input type="checkbox"/> Payments & cancellation policies |
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Client signature _____ Date _____

Please print name _____

Guardian signature _____ Date _____

Please print name _____