



## Introduction to Healing

### “What to Expect During Your First Visit”

First, thank you. Thank you from our hearts for choosing us for this awesome chapter of your life.

Right now, stop & recognize yourself for your strength. Making the decision to better yourself is by far one of the bravest decisions anyone can make, so be proud of yourself. You’ve done what most will never have the courage to do. Starting now, this is your time... It’s about you, so hold your head up high. Our #1 goal is to be as amazing as the choice you’ve made.

You are now part of a culture that operates by a “Standard of Care”. In our experience with the “Behavioral Health” field, there exists a vast grey area. At ARISE you will always know Why we do this, How we do it, & What to expect.

***We’ve identified a few keys to help you navigate your first visit based on years of client interactions.***

- We will never ask you to tell us about yourself without explaining who we are first.
- It’s perfectly normal to be a little nervous. Just like any new relationship, this is a good sign. You’re human. Cool, us too. Pro Tip – Focus on the fact that you are here for you & we are here for you. We’ll make you as comfortable as we can.
- Counseling is your time. Talk about whatever you want! Most people have a specific issue or concern they want to talk about in counseling but If you’re not sure yet what that is, that’s ok, we’ve got you covered. Some common themes we’ve found helpful to talk about are: getting to know you, challenges you’re having in general, anxiety concerns, work/life balance, relationship topics, & family dynamics.
- Your Counselor might take notes and ask you questions about yourself and your life. Some examples are: What would you like to achieve from this experience? How do you feel in this moment? Who is most important to you? What does your typical day look like? What’s your sign? (Just Kidding)...
- We’ll also work together to develop your treatment goals. Let us know if there are specific issues you would like help with. This experience is all about self-awareness & self-discovery. Sometimes navigating rough waters can be challenging. You show us the destination & we’ll steer the boat.



## Standard of Care

- **Always Provide a Clear Definition of Our Practice**
- **Provide a Safe, Comfortable & Confidential Space for Healing**
- **Qualified Professionals Practicing Proven Methods**
- **Strive for a Consistent Experience for Every Client Every Time**
- **Focus on Equality between Therapist & Client**
- **Professionalism, Courtesy, & Respect for All**
- **Utilization of a Comprehensible Process Based on Proven Methodology**
- **Create a Clear & Easily Explainable Pathway of Healing**
- **Goal of A Full Recovery for Everyone & Ongoing Support**
- **Respect For All Ideologies, Belief Systems & Values**
- **Consistent Focus on an Authentic & Empathetic Interaction**
- **Respect For each Client as an Individual Having an Individual Experience**

*Basically, we want you to feel like you just got a big hug from a fuzzy bear riding a Pegasus, every time...*



## Client Information

*At Arise, we want to learn about You from You. Please feel free to share any information about your identity to facilitate the best healing experience.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Parent/Guardian Names (Minors Only): \_\_\_\_\_

Additional Identifying Information: \_\_\_\_\_

Best Contact #'s: \_\_\_\_\_

Home & Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (Parents/Guardian for Minors): \_\_\_\_\_

Emergency Contact Name, Phone, Relationship \_\_\_\_\_

Ok to contact you by phone, text, and/or email?    Yes    No

OK to leave message?    Yes    No

How did you hear about us? \_\_\_\_\_



## **Informed Consent for Assessment and Treatment**

### **Introduction**

Welcome! I look forward to the opportunity to meet with you. Please review the information below carefully and make note of any questions you have. We can discuss these at our next session. In addition to informed consent, this form also contains information about the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that addresses the protection of your protected health information (PHI). After reading this form please initial and sign to indicate that you fully understand & agree to the agreement made between us.

### **Psychotherapy Services**

Psychotherapy is based on a respectful and mutually collaborative relationship. Over the first few sessions I will work with you to identify your goals for treatment and I welcome any questions or concerns you may have. Finding the right "fit", is a very important part of counseling. If at any time you feel I am not a good "fit", you have the right to terminate counseling. Additionally, if I feel that as a Licensed Professional Counselor your needs may be better addressed by a professional who specializes in a various concern or type of therapy, I will give you a recommendation and/or referral. During the process of psychotherapy, I may draw upon multiple evidence-based approaches & modalities congruent with my training, background, & assessment of your treatment plan. Individual counseling sessions are all 50-55 minutes in duration.

### **Financial \_\_\_\_\_ (Initial)**

You will be responsible for paying for any services provided that your insurance does not cover and/or any co-pays required. Counseling services not covered by your insurance provider or if you wish to pay for counseling out of pocket are offered at a rate \$150 per 50-55 minute counseling session. Cancelling appointments at the last minute or no-showing appointments are detrimental to therapeutic growth and our practice, for this reason missed appointments or appointments cancelled without 24 hour notice will be charged the full rate of your session. All receivable payments are payable to Dantia Wellness LLC DBA Arise Healing Centers. Any payment methods provided to us can be used to collect outstanding balances. Payment methods are processed & stored by MX Merchant/Priority Payments Incorporated.

### **Limitations of Treatment \_\_\_\_\_ (Initial)**

Therapy can provide many benefits. Risks are also present, and no specific outcome can be guaranteed. Many benefits can occur from therapy including reduction of unpleasant feelings or behaviors. Therapy often involves addressing difficult issues & unpleasant events. Feeling such as anger, sadness and frustration may occur, and it is not uncommon to grow and change behaviorally in different ways than expected. Please feel free to bring up any questions or concerns you have. I encourage you to engage in development and periodic review of your treatment goals & treatment plan.

## **Consultation**

At times I may consult with other professionals regarding clients. Clients' names or identifying information A never disclosed. This is anonymous and done to provide you with the best care possible.

## **CONFIDENTIALITY**

All information disclosed within psychotherapy sessions is confidential and cannot be disclosed to any other party without your (the patient's) written consent or revocation of consent, except when disclosure is required by law. If you are under the age of 18, confidentiality from your guardian cannot be guaranteed.

## **Disclosure**

Some situations require that I disclose information shared in psychotherapy with appropriate parties. This includes the following situations: if I learn or have reasonable suspicion that a child, elder or dependent person is being abused or neglected; if I learn or have reasonable suspicion that a patient presents a danger either to self or others, or is gravely disabled.

## **HIPAA Notice of Privacy Practices**

As a client your information is protected by the Health Information Portability Accountability Act (HIPAA). Your rights include access to your PHI, the right to request and review your PHI and the right to request, through written release of information, that your PHI be released to another party. If you are 18 years of age or older Arise Healing Centers will keep your records for 6 years, after which point your records will be destroyed in a confidential manner. If you are under the age of 18 your records will be kept for 3 years after your 18<sup>th</sup> birthday, or destroyed 6 years after treatment ends, whichever is longer.

## **Professional Records**

You may request and obtain a copy of your records. You will be charged a professional fee for any time spent answering questions or preparing records. In the event that your record is requested for legal purposes for example, if I or your records are subpoenaed, I may need to release your information to the legal system. If you request that I send records to another party you must first sign a release of information form.

## **Dual Relationships & Conflict of Interest**

If an event occurs where I learn that there is a conflict of interest and I am required to fulfill 2 roles of conflicting interest (for example, educator and psychotherapist) I may need to withdraw from providing psychotherapy services to you and provide you with a referral to another provider. In the event, that I am no longer able to provide you with services or feel that additional services may be beneficial I may provide you with referrals to other professionals.

## **Telephone & Emergency Procedures**

My ability to return phone calls is limited so it is recommended you leave messages for me through the main office phone number. Phone calls exceeding 5 minutes will be billed at the negotiated professional rate. If you are experiencing an immediate crisis please call 911, contact your family physician, or the nearest hospital emergency room. The Crisis Response Network provides a 24/7 telephone hotline for those experiencing an immediate crisis @ (602) 222-9444.

## **Text, E-mail and Electronic Communication**

Communication via text, email or other means of electronic communication is not a secure means of protecting confidentiality. By signing you are stating you understand there is a risk of inadvertent disclosure of your protected health information and that you understand and accept this risk.

## Forensic & Legal Action

I am not an expert witness or forensic expert. I do not provide expert opinion for litigation including but not limited to; custody, visitation, mental status and/or other court related issues. In the event, that I am subpoenaed for a court matter you will be charged an hourly rate of \$150/hr. In addition, you will be charged for any phone calls exceeding 5 minutes and for any time spent preparing documents or reports, at an hourly rate of \$150/hr.

## Right to Refuse Service

I maintain the right to refuse service to any client at any time. In the event, that a client appears to be under the influence of a substance at the time of psychotherapy, psychotherapy will be canceled, and the client will be responsible for paying for the canceled session. In the event that a client presents a danger to my safety I have the right to terminate services & provide a referral to another mental health professional. As a client you also have the right to terminate counseling at any time. In the event, that a minor under the age of 18 is attending counseling I must obtain consent from all parents and/or guardians for the minor client (and the most current "Legal Decision-Making Parenting Plan" for split households) to engage in counseling services.

I hereby understand & agree to abide by the **Informed Consent for Assessment and Treatment:**

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**Patient Signature**

**Name (print)**

**Date**

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**(Parent/Legal Guardian for Minors)**

**Name (print)**

**Date**

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**(Parent/Legal Guardian for Minors)**

**Name (print)**

**Date**

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**Therapist Signature**

**Name (print)**

**Date**



## Reschedule, Cancellation, No Show Policy

We understand you may need to cancel or reschedule appointments. We ask that you provide a 24-hour notice for cancelling or rescheduling an appointment. Failure to provide 24-hour notice to reschedule or cancel will result in your account being charged the full session rate.

We will verify your benefits with your insurance carrier and upon your request may provide you with a reference number. Despite our best efforts to verify your benefits your insurance plan may not cover all services or cover the amount of services stated when we verify your benefits. If your insurance will not reimburse Arise Healing Centers, you will be responsible for the remaining balance. We encourage you to reach out directly to your insurance provider to resolve any concerns.

I understand that if I no-show an appointment or fail to cancel or reschedule with 24-hour notice my card will be charged a no-show fee. I understand that if I receive counseling services that my insurance provider does not cover or reimburse Arise Healing Services for, I am responsible for the balance of these services.

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*Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.*

\*Repeated cancellations or missed appointments will result in loss of future appointment privileges.

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**Patient Name**

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**Patient Signature (Parents/Legal Guardian for Minors)**

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**Date**