

CENTER FOR LIFE ENHANCEMENT

717.977.5547 | michellelittle@C4LE.com

Informed Consent for Therapy/Coaching with Michelle Leigh Little MS, LPC:

Welcome to the Center for Life Enhancement. This Informed Consent document, along with an ongoing verbal discussion, serves to outline various aspects of the counseling process and my policies.

Confidentiality:

Therapy/Coaching is confidential as are Biofeedback services. What you say to your Therapist is private and protected by state and federal laws and several sets of ethical codes. There are however, a few exceptions to confidentiality you should be aware of:

- Diagnosis, CPT code, and dates of service shared with the client's insurance company (if billing insurance) to collect payments.
- Mandated reporting of physical or sexual abuse of minors, under the age of 18.
- Imminent plans and/or intentions for suicide or homicide.
- Cases where you the client sign a release of information.
- Information necessary for supervision or consultation.
- Information required by a court of law.

Risks and Benefits:

Undergoing therapy can have some risk. Talking about trauma and/or very upsetting things can bring up unpleasant feelings, increase psychiatric symptoms, disturb appetite, and/or interfere with sleep. It can feel as if things are getting worse before they get better. However, these feelings are usually temporary and transient. Additionally, the benefits of Therapy often outweigh the risks.

Benefits of Therapy include: better understanding of your life's journey, increased knowledge of your symptoms and triggers, improved coping skills, and a deeper self awareness, as well as, improved interpersonal relationships, and more effective communication skills.

Technology Use Policy:

Counseling and Biofeedback services are conducted in person and in office only. Due to Confidentiality I am unable to respond to counseling issues via email. Email and phone will only be used for administrative purposes (setting up first appointment, scheduling). Please note that the scheduling software sends text message appointment reminders, and that you will be unable to text message me back. Neither the Therapist, Client, and/or Client's guests in session (family member/friends) will conduct audio and or visual recording without prior written permission.

Please note that by engaging in Neurofeedback and/or Heart Rate Variability training you are giving your permission for your EEG and/or HRV to be recorded at each training session.

Emergency Situations:

My office hours are from 9am-5pm Monday through Friday. You can reach me at 717.977.5547, which is a confidential line. I will check voice mail messages and emails at least one time per day during above stated office hours. If you have an emergency or are in crisis after hours or on the weekend, please call:

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- Keystone Crisis (Franklin County) 717.264.2555
- Cumberland County Crisis 717.263.2222
- 911

Your Rights and Responsibilities:

You have a right to non-intrusion of the Therapist. This means that other than calling you to schedule/confirm an appointment, I will not intrude upon your personal time. Additionally, since the area we live in is a rural town, we may run into each other in public, you will always have the right to say hello first.

You have the responsibility to participate in Therapy, in order to get what you want out of it. In other words, your therapy is directed by you, with the Therapist serving as a guide.

Termination of Therapy:

You have the right to stop Therapy at any time for any reason. You also have the right to be informed of your treatment options if you should choose to end your therapy with me. You also understand that we may discuss referral for treatment if I feel that another therapist or healthcare provider would offer a more appropriate level of care.

Therapy/Coaching with Minors:

In situations where one parent has primary, legal custody, or where separate parents share custody of a child under a court order, each parent may be provided access to the records of the child under the age of 14.

If a child is 14 years or older, parents have limited rights to records without the consent of the youth. The parent is able to obtain the following information: information necessary for providing consent for treatment, symptoms, conditions to be treated, other treatments, risks and benefits and expectations for therapy, and scheduling. The minor remains in control of the record and can authorize a broader release of records.

When counseling minors under the age of 18, I do check in with parents and legal guardians. However, I will not disclose with parents what the minor discusses in therapy, except for the exceptions stated above. The family of said minor will understand and respect the confidential nature of counseling

I have read and understand the information provided in this Informed Consent:

Client Printed Name	Signature	Date
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Guardian Printed Name	Signature	Date
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Therapist Printed Name	Signature	Date
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