

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

Informed Consent for Therapy

The therapeutic relationship is different from most other relationships. It is both extremely personal and intimate while also being a professional contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This informed consent document will provide a clear framework for our work together. Feel free to discuss any of this with me at any time. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

The Therapy Process

The therapy process is a partnership between the therapist (myself) and client(s) (you) to work on areas of challenge in your life and assist you with clarifying and working towards your goals. For therapy to be most effective, it is important that you take an active role in this process. This involves keeping scheduled appointments, being open to input and recommendations, being honest with me, and discussing any concerns about the therapy process and your relationship with me as needed.

Therapy can have both benefits and risks. While therapy can be of benefit to most people, there are no guaranteed outcomes. The therapeutic process can evoke strong feelings, especially when discussing or remembering unpleasant events. This may lead to feelings of anger, anxiety, depression, etc. Discussing relationship challenges may lead to a decision to dissolve your relationship which may cause distress. Therapy may also lead to unanticipated changes in one's behavior.

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

It is important that you discuss with me any questions or discomfort you have regarding the therapy process or any behavioral changes you may be experiencing. I may be able to help you understand the experience and/or use different methods or techniques that may be more satisfying for you. I cannot promise that your behavior or circumstance will change as a result of our work together. I can promise to support you, to do my very best to understand you and your situation, and to help you clarify what it is that you want for yourself.

Confidentiality and Limitations

Confidentiality is essential to effective therapy. For therapy to work best, you must feel safe about sharing personal information about yourself with a reasonable expectation that it will remain private. I will always respect the confidentiality of the information that you share. Under most circumstances, all information about you obtained in the therapy process (including your identity as a client) is confidential and will be relayed to other parties only with your written consent. There are, however, some limits to that confidentiality. They are as follows:

- Information Released to other professionals involved in your treatment. Most commonly this would be consultation with other mental health providers or communication with your medical providers.
- If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize their release to other parties. I feel that privacy during counseling for youth is important and we will reach an agreement about what is important information to share with parents at the start of therapy.
- If you are reasonably suspected to be in imminent danger of harming yourself or someone else.

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

- If you disclose abuse or neglect of children, the elderly, or disabled persons.
- If a court of law issues a legitimate subpoena for information stated on the subpoena.
- If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

This is a summary and not an exhaustive list. Please ask me if you have further questions about confidentiality. You may request in writing that I release specific information about your therapy to persons you designate.

Consultation

When appropriate, I may need to consult with other mental health providers regarding your diagnosis and/or treatment. This may include consultation with a psychiatrist regarding any medication concerns discussed on behalf of the client or to gain psychoeducation regarding medications. I may also consult about your case with my supervisor, Bob Edelstein LMFT, or as a part of peer consultation or case discussion groups.

Therapy Records

Therapy records are stored electronically on a secure server that is only accessible by me or otherwise protected via a Business Associate Agreement (BAA) signed by any parties who have potential to access your records. Upon request, you may review your therapy records and I must provide the complete record to you within 30 days. You may wish to schedule an appointment to review these records with me. Appropriate fees will be charged for making copies of client records. Records are destroyed 7 years after our final contact.

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

Therapy Decisions

Frequency of sessions, number of sessions, goals, type of therapy and any alternative therapy methods will be discussed and negotiated between myself and my client(s). Therapy sessions are generally 50 minutes for individuals or 50-80 minutes for multiple clients, unless we determine an alternate format as a part of our collaborative treatment plan. You are encouraged to regularly discuss your progress and review your goals with me. If you have questions about recommendations or the approaches I use, please feel free to discuss them with me. If you feel these recommendations are not appropriate, you may refuse to accept them. If you feel you are not making satisfactory progress toward your goals, please discuss this with me. If we cannot resolve these concerns, I may refer you to another provider.

Access To Services

Therapy services are generally available during normal business hours (Tuesday through Thursday 8am-5pm) except on designated holidays and other planned absences. If you are experiencing an after office hours crisis, please call 119 (ambulance) /110 (police) or visit your local emergency room. You may also call the TELL Crisis Hotline at: 03-5774-0992.

Electronic Communication

I take very seriously the confidentiality of your private healthcare information. This is a reminder that conventional email, texting, faxes, etc. are not secure forms of communication. I cannot guarantee the confidentiality of any electronic means of communication. I do offer several HIPAA secure forms of communication that can better protect

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

your private healthcare information, including secure messaging through the SimplePractice client portal, secure/encrypted emails through Hushmail, and a secure/encrypted contact form on my website. Other forms of non-secure communication are discouraged, though under HIPAA you have the right to consent to the risks of using unsecured contact and may elect to use them for such communications as scheduling and cancellations.

Please note that while I will endeavor to respond to communications in a timely manner I may not be able to check or respond to messages until the following business day. I may not check or respond to messages at all on weekends, holidays, or other planned absences. It is possible that I may respond more quickly, but should that occur it should not be an ongoing expectation. As such, I request that you do not use these methods of communication to discuss therapeutic content and/or request assistance for emergencies. For emergency support, please call 119 (ambulance) /110 (police) or visit your local emergency room. You may also call the TELL Crisis Hotline at: 03-5774-0992.

Therapy Appointments

I will convey my respect for our therapeutic work and for you as an individual by keeping all appointments, by contacting you if a change in times is necessary, by giving you my complete and undivided attention during sessions, by managing my technology appropriately, and by avoiding interruptions during sessions. On rare occasions however, interruptions may occur if I am called to respond to a crisis. Similarly, there may be unanticipated technological difficulties for which we will create a contact plan. It is likewise expected that you will be prompt for appointments, make any cancellations within 24 hours, and that you will call in advance if you will be more than a 10 minutes

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

late or have to miss an appointment. You will also follow the instructions provided on my website for creating a safe and secure counseling environment and managing your technology to avoid interruptions at your location.

Fees

Fees are charged for services rendered on behalf of Fellow Travelers Counseling. I do not bill insurance. I currently accept debit/credit cards via Stripe or Paypal only. The fee schedule is as follows:

30 minute initial consultation: FREE

50-Minute Individual Session: ¥7,500

50-Minute Relationship or Family Session: ¥8,500

90-Minute Couple or Family Session: ¥11,000

Making therapy accessible to all is important to me. If you are experiencing financial hardship, we can discuss adjusted rates on a case-by-case basis during your free initial consultation. If you are offered an adjusted rate we will re-approach your fee every six months or sooner if there is a known change in your financial situation.

No Show/Late Cancellation Charge

I appreciate prompt arrival for appointments. Please notify me at +81 070 (2262) 5243 if you will be late or need to miss an appointment. If you do not provide notice within 24 hours of a scheduled appointment, the regular session fee will be charged to your account and must be paid prior to scheduling your next appointment. If you are more than 15 minutes late to a session, it may need to be cancelled so that other clients can get their full time.

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

Termination of Treatment

The therapeutic relationship by nature must end. While this may be a challenge for both therapist and client, it is an important part of the therapeutic process. Whenever possible, termination will be negotiated mutually, discussed openly, and termination rituals will be co-created as a part of the treatment plan.

In some cases, I may need to end the therapeutic relationship with you. This may occur:

- When I determine that the clients' concerns are beyond the my scope of competence.
- When I determine that the client(s) is/are not benefiting from the treatment.
- When the course of treatment comes to an end because of the improvement of the client(s).
- When the course of treatment is too inconsistent for the client(s) to benefit from the treatment.
- When I am unable or unwilling, for appropriate reasons, to continue to provide care.
- When the client(s) can no longer pay for services.

Clients may choose to terminate services at anytime. If I must terminate before the end of treatment, I will provide appropriate referrals.

Effective Date of This Notice

This notice went into effect on April 1st, 2020.

Fellow Travelers Counseling

Liz Ortland, LMFT intern

www.fellowtravelerscounseling.com

+81 070(2262)5243

Signature of Consent

I certify that I have read, understand and agree to abide by the information, terms and conditions contained in this Informed Consent for Therapy Services form. I have had the opportunity to discuss any questions about the information contained in this form, or any other aspect of Fellow Travelers Counseling with my therapist. I hereby give my consent to Fellow Travelers Counseling to evaluate, provide counseling services and/or refer me to others as needed.

I have read and consent to the contents of this form.

Signature: _____

Date: _____