

Small Steps in Wellness

INFORMED CONSENT

Clinical Background and Philosophy

Small Steps in Wellness, PLLC provides a full range of counseling services with the purpose of supporting and promoting personal growth, positive relationships and emotional wellness.
There is no one way to heal. Your therapist cannot guarantee any specific outcome for the healing process, however they will work with you to identify the best plan to address your needs based on your personal history.
The counseling process may be difficult as you may experience negative responses to unresolved events in your life. It is important that you keep your therapist updated as to these occurrences so that they can effectively be addressed in therapy sessions.
You have the right to discontinue services at any time and for any reason though it is highly recommended that you participate in a termination session.
Remember, the small steps towards healing can be the most impactful.

About the Therapist

Alicia Donovan is a licensed and board certified professional counselor, a certified trauma specialist and a registered play therapist. She earned a Bachelor's Degree in Psychology, a Master's Degree in Psychology and a Master's Degree in Clinical Mental Health Counseling. She uses a variety of therapeutic approaches that will be tailored to meet your specific needs. She consistently strives to provide a client centered approach that is compassionate, honest, trauma informed and culturally aware.

Alicia Donovan's practice is regulated by the Arizona Board of Behavioral Health. If at any time, you believe that your rights as a patient may have been violated; you may contact the Arizona Board of Behavioral Health Examiners at 602-364-0809.

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1955 W GRANT RD, SUITE 110, TUCSON AZ 85745
520-518-3262

Length of counseling and treatment

You can typically decide on the length of treatment and can request termination if you believe that the sessions have not been helpful for you or if you have met your treatment needs. I would strongly encourage that whenever possible, you discuss termination with your therapist so that an effective transition plan can be developed.

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Record Keeping

The Health Insurance Portability and Accountability Act (HIPAA) requires that private health information is kept confidential. These records typically include all aspects of personal identifiable information that we have obtained from you or others participating in your care.

These records reflect face-to-face encounters, demographic information, interventions and outcomes. You have a right to request copies of your records, however if your therapist believes that access to these records may cause substantial emotional harm, the request may be denied. You have the right to appeal any refusals to disclose.

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Limits of Confidentiality

Contents of all therapy sessions are confidential. Both verbal and written communication about a client will not be shared with another party without the written consent of the client or the client's guardian. Exceptions are as follows:

- **Duty to Warn and Protect**: If a client discloses homicidal intent or a plan to harm an identified person, the therapist is required to warn the intended victim and report this information to legal authorities. In cases where the client discloses or implies a plan for suicide, the therapist is required to notify appropriate emergency services.
- **Abuse of Children, Vulnerable Adults or Elders**: If the therapist has a reasonable suspicion that a vulnerable party is being abused or in danger of abuse, the therapist is required to report these concerns to the appropriate authorities.
- **Court Order**: If a court of law issues a legitimate subpoena for your records, the therapist will be required to comply. Information provided will adhere to HIPAA guidelines with the provision of only necessary information.

- **Insurance Providers:** Insurance companies and other third party payers will be provided with information needed to verify service provision.
- **Children and Adolescents**: In order to ensure that a child or adolescent is receiving the most effective treatment, the therapist and parent must work together. It is imperative that the child/ adolescent client and therapist can develop trust and rapport. In as such, updates provided to parents may be limited to treatment planning and progress and may not reflect the content of each session. In cases where the therapist has reasonable concern that the child or adolescent client is experiencing self harm ideation or planning, abuse and neglect or plans to harm an identified victim, the aforementioned limits of confidentiality (*Abuse of Children, Vulnerable Adults or Elders)* will apply.

  Therapy sessions will not be provided for the sole purpose of determining child custody arrangements. Recommendations to the court or other social service agency will NOT be provided without the participation or expressed consent of both parents.

  If at anytime your therapist is subpoenaed to provide testimony in court on a custody hearing, the therapeutic dynamic will be changed and your therapist will explore best options including, but not limited to a new referral for services with another provider.

Information that can be requested may include but is not limited to: service provided, dates/ times of service. Diagnosis, treatment plan, description of impairment, progress in therapy, case notes and summary of service provided.

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Fees

Your therapy sessions will be provided for 50-60 minutes for the fee of $150.00 per session and a one time initial assessment will be billed at $175.00

Fees are due upon delivery of service.

If you have health insurance, therapy sessions will be billed in accordance with the fee schedule provided by your health plan provider. Any applicable co-pays will be due upon delivery of service. If at any time, you lose healthcare during the course of your treatment, please discuss this with your therapist. If you experience a lapse in coverage and your health care plan provider does not cover sessions, you will be responsible for the session fee(s) in an amount not to exceed $150.00 as agreed-upon between you and your therapist.

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No Show/ Cancellation Policy

You are responsible for attending your scheduled session at the agreed date and time. If you are late for your appointment, the therapist may need to end your appointment on time in order to accommodate other

clients. If you are over 10 minutes late, without notifying your therapist, the appointment will be considered missed. After two missed/late canceled sessions, your therapist will reassess your needs.

In the event that you need to cancel, the following are acceptable conditions

- You must provide a 24 hour notice
- You may call/ text to 520-518-3262
- Email: adonovan@stepsinwellness.com or mmchenry@stepsinwellness.com

For no shows, and late cancelations, you will be charged the full session fee.

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Release

FOR, AND IN CONSIDERATION OF the receipt of information and counseling services provided by Small Steps in Wellness PLLC, the undersigned being legally competent and fully authorized and empowered to do so, does hereby RELEASE, ACQUIT, AND FOREVER DISCHARGE Small Steps In Wellness, PLLC, Alicia Donovan and any referral source from any and all actions, courses of actions, claims, demands, injuries, damages, expenses and compensation, on account of any and all known and unknown personal injuries, mental anguish and agitation, and damage claim to person or property resulting from or arising out of, or related to counseling services provided by Small Steps in Wellness and their agents, representatives and/ or employees in any way affecting the undersigned parties.

_____

Full name of client/ guardian (Print)

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Client's/ guardian's signature **Date**

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Therapist: Alicia Donovan, LPC-S, NCC, RPT **Date**

- Copy of signed consent provided to client/ guardian on_____

Thank you