



## **AWC Counseling Services Informed Consent**

Welcome to Anchorage Women's Clinic counseling program. We hope that counseling will be a rewarding and valuable experience for you. In order to ensure professional standards, certain issues need to be discussed and agreed to in writing in order for you to understand your treatment options and to protect your rights.

AWC counselors abide by the American Counseling Association Code of Ethics and Standards of Practice, effective as of 2005. Our counselors are responsible for making their services accessible to you in a manner that facilitates your abilities to make an informed choice when selecting a provider.

Although your counselor may recommend various treatment options, one option is to do nothing, in which case the issues for which you sought treatment may go untreated. Please also know that there is no guarantee that counseling will provide a specific result or outcome.

Paula Phillips, LPC, E-RYT has a Master's degree in Counseling Psychology from Alaska Pacific University. She has specialized training in Post Partum Mood Disorders, EMDR trauma work, and therapeutic applications of yoga.

**Confidentiality:** Mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research. Personal information is communicated to others only with your written consent or in those circumstances where there is clear and imminent danger to you, to others or to society. Disclosure of counseling information is restricted to what is necessary, relevant and verifiable.

Our counselors may seek consultation about you with other professionals in order to offer you the most complete and quality care. By signing this consent form, you agree to this. Steps will be taken to conceal your identity and your confidentiality will be protected. There are specific exceptions to this rule:

We are required to break confidentiality in these situations:

1. If we feel that you are a clear and imminent risk to harm yourself or others.
2. As mandated by law, including, for example, if there is a vulnerable child or adult at risk, we are mandated to report this threat of harm to appropriate authorities
3. And if a court subpoenas your records we are required to release them by law, though you will be given notice of the subpoena and a chance to ask the court to "quash" or terminate the subpoena. That would be something you have to do as we cannot do that for you.
4. Where the counselor is a defendant in a civil, criminal or disciplinary action and your records are a part of any such action.
5. In educational or training settings where only other professionals who will share responsibility for the training of the supervisee are present.
6. Where there is a waiver of confidentiality obtained in writing prior to such a release of information.



If you have a complaint about the care you receive here, we encourage you to discuss your complaint with us to process it therapeutically. You are also encouraged to contact Anchorage Women's Clinic Management, (907) 561-7111. You may also file a grievance against a counselor with the Board of Professional Counselors.

Please note that sexual contact between a therapist and client is unethical and improper. Please immediately report any such incidence.

**Considerations when counseling a minor:**

Counseling can be very helpful to children and adolescents, especially if they build a trusting rapport with their counselor. By signing this consent form, legal guardian's of minors consent to respecting the confidentiality of their minor in counseling. The counselors at AWC will only discuss general information about the minor's process (such as attendance and general direction of progress) with you. AWC counselors will not disclose to you specific information unless in the presence of the minor.

**Records Retention:** Your records will be maintained electronically. Only authorized AWC clinical providers have access to these records. You have the right to request a copy of your chart if you so wish.

**Financial Disclosure:** Some insurance companies offer benefits for counseling services. We will check your insurance benefits as a courtesy, but you are ultimately responsible for payment of services received. The fees below apply to individual, and couple's counseling and are subject to change.

**Cancellation Policy:** (effective 1/1/11) 24 hour advance notice is required to cancel or reschedule your counseling appointment. **AWC will charge a \$90.00 cancellation fee for no-shows and same day cancellations.** This fee will be your responsibility and will not be submitted to insurance. This policy is to encourage your success and commitment to the treatment process as well as to ensure availability of counseling appointments for AWC patients.

By signing this informed consent, you are stating that you consent to counseling treatment under these conditions. This consent form is secondary to the consent and privacy forms signed as a medical patient at Anchorage Women's Clinic.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature (if applicable)

\_\_\_\_\_  
Date



## Counseling Services Patient Rights

The Anchorage Women's Clinic affords the following rights to all of its counseling patients. The client has the right:

- A) To be treated with dignity, consideration and respect at all times;
- B) To expect quality service provided by concerned, trained, professional and competent staff;
- C) To expect complete confidentiality within the limits of the law, and to be informed about the legal exceptions to confidentiality; and to expect that no information will be released without the client's knowledge and written consent unless ordered by a court;
- D) To a clear working contract in which business items, such as time of sessions, payment plans/fees, absences, access, emergency procedures, and third-party reimbursement procedures are discussed;
- E) To a clear statement of the purposes, goals, techniques, rules of procedure and limitations, as well as the potential dangers of the services to be performed, and all other information related to or likely to affect the ongoing mental health counseling relationship;
- F) To appropriate information regarding the mental health counselor's education, training, skills, license and practice limitations and to request and receive referrals to other clinicians when appropriate;
- G) To full, knowledgeable, and responsible participation in the ongoing treatment plan to the maximum extent feasible;
- H) To obtain information about their case record and to have this information explained clearly and directly;
- I) To request information and/or consultation regarding the conduct and progress of their therapy;
- J) To refuse any recommended services and to be advised of the consequences of this action;
- K) To a safe environment free of emotional, physical and sexual abuse;
- L) To a client grievance procedure, including requests for consultation and/or mediation; and to file a complaint with the mental health counselor's supervisor, and/or the appropriate credentialing body; and
- M) To a clearly defined ending process, and to discontinue therapy at any time.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Counselor Signature

\_\_\_\_\_  
Date

***Our counselors are not "on call"– if you need to speak with someone outside of regular business hours please call the 24 Hour Providence Mental Health Crisis line: 563-3200.***





Have you received previous mental health care or counseling? Please list when and where and the issues you sought treatment for:

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Please list any substances you are currently using including how much and how often (alcohol, caffeine, nicotine, marijuana, cocaine/crack, heroin/opiates, etc.) :

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Have you ever struggled with substance use? (please circle) YES NO  
Have friends/family ever commented on your substance use? YES NO  
Are you involved in any legal matters at this time? If yes, please describe:

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Has anyone **ever** been sexual with you (intercourse or not) without your consent?  
(please circle) YES NO  
If YES, When? \_\_\_\_\_

Have you ever been abused (physically or mentally) in an intimate relationship? (please circle) YES NO  
If YES, When? \_\_\_\_\_

Please list any children you have (name and gender) and their ages:

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Who do you talk to for emotional support? \_\_\_\_\_

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What you do for exercise, hobbies, fun? \_\_\_\_\_

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Please list your personal strengths. What are you good at? \_\_\_\_\_

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Is there anything else you would like me to know about you?

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