

CLIENT INFORMED CONSENT/DISCLOSURE AGREEMENT

LifeScape Counseling and Consulting

Steve Johnson, PhD, LPC, LMFT, ACS

Welcome to counseling services provided by Steve Johnson. I consider it a privilege to be a part of your life at this time, especially when you may feel overwhelmed and stuck at this stage of your LifeScape journey.

My Credentials: I have a PhD in marriage and family therapy from Texas Woman's University (Denton, TX) and a Master's degree in theology (Th.M.) from Dallas Theological Seminary. I am licensed as a Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) in the state of Virginia. I am a member of the American Association of Marriage and Family therapists (AAMFT), the American Counseling Association (ACA), and the American Christian Counselors Association (AACC).

My Career and Family Background: I am currently the Director of Clinical Training and Professor in the Department of Counselor Education and Family Studies at Liberty University. I have lived in Lynchburg since 2013. Prior to this position, I was the Director of Behavioral Science at the Valley Baptist Family Practice Residency located in Harlingen, TX from 1997 until moving to Lynchburg. I was Director of Counseling Services and Assistant Professor at Dallas Theological Seminary from 1992-1997. I have enjoyed maintaining a private practice in counseling since 1994. On a personal note, my wife Diane and I were married in 1981 and we have two adult daughters who are married.

My Counseling Approach: My counseling approach is based upon a Christian worldview which guides the integration of practical counseling approaches informed by Cognitive-Behavioral, Solution-focused, ACT, and Interpersonal therapy approaches. My counseling practice is limited to adults and families to include issues related to personal, couples, marriage and family therapy. Specific areas of treatment include Depression, Anxiety, Marital therapy, Grief Recovery, Medical Family Issues, and Trauma recovery. Be assured that your unique worldview is vital to the healing process and will be respected and valued in our work together. The therapy process is much more than a technique. Successful therapy requires a strong therapeutic relationship that engenders hope in the midst of life struggles. I look forward to developing a professional relationship with you that will be a source of support, clarification, direction, and hope.

The Counseling Process:

The **Initial Phase:** Initially, the first two to three sessions will focus on getting to know you and your reasons for seeking counseling, identifying your counseling goals, and developing a treatment plan together. As part of this **Initial Phase,** I will likely ask you to complete inventories and/or assessment scales. These tools allow me to get to know you much more quickly and help us determine a direction for our work together.

Couples therapy Initial Phase sessions: Following session one, couples will be asked to complete an online inventory that takes approximately 1 to 1.5 hours to complete. The cost of this inventory is approximately \$35.00, which the couple will pay at the time they take the inventory. It is very important to note that most couples find these **Initial (assessment) Phase** sessions to be very informative and a pivotal aspect to the therapeutic process. When the inventories have been completed, I typically meet individually to review each person's inventory report (Session #2). Session #3 is designed to solidify the couple's counseling goals and focus, which includes consideration of whether couples counseling is deemed appropriate for the couple at this time.

Insurance and couples therapy: Be aware that many insurance companies do not cover Couples and/or family counseling fees. However, if one member (Identified Patient-IP) of the couple meets criteria for a mental health diagnosis and couples therapy is recommended as the best treatment option in reducing the IP's symptoms, an individual diagnosis may be submitted to the IP's insurance for coverage consideration. If you have questions about this, we can discuss this further in the first visit.

The **Working Phase** focuses on the incorporation of interventions intended to help meet the client goals.

The **Wrapping it up Phase** is when the clients are ready to move toward termination of the formal counseling process. This phase becomes evident as clients are implementing new attitudes/perspectives, behaviors, and interactions that enhance their quality of life and/or reduce symptoms that brought them into therapy. There is no guarantee that all clients will reach this final stage, but that certainly will be our goal in working together.

Counseling Limitations and Risks: My counseling services are limited to the scheduled sessions we have together. There are some risks to counseling. You may experience uncomfortable levels of sadness, anger, frustration, etc. as you explore your personal history. Counseling can help people gain new understanding and coping strategies to deal with these feelings. With new skills, people often gain insight about their past, have reduction in stress, and experience improved relationships. To better serve you, our counseling relationship will remain purely professional rather than developing a friendship. In the event you feel your mental health

requires emergency attention or if you have an emotional crisis, you should report to the nearest emergency room of a local hospital and request mental health services, or call 911.

Counseling Fee: See Rates for Service document.

Counseling Hours: I am currently affiliated with Hill City Counseling (Lynchburg, VA), where I see clients in person on selected days of the week. I also meet with clients via Telemental Health (Private video conferencing). All Private Video Conferencing sessions are arranged by completing a contact information form on the LifeScape website and In-person session at Hill City Counseling are arranged by either contacting Hill City Counseling or by completing the contact information form on the LifeScape webpage.

Phone and text Messages: If requested by the client, I use a Google Voice phone number (434-515-1206) to text reminders of our scheduled meeting times, but no inclusion of therapeutic content. Please be aware that this form of messaging is not a confidential messaging system and will only be used at your request. Texts are used with the understanding that messages sent to your approved number will be received by you and not another person. Furthermore, this number is not intended as a number to manage emergency situations. Please see the section above on Limitations and for further guidance for emergency situations.

Private Video Conferencing (Telemental Health)

If it is determined that Telemental health counseling is appropriate, I as the client understand that teleconferencing has limitations compared to in-person sessions, among those being the lack of “personal” face-to-face interactions, the lack of visual and audio cues in the process. There are also possible limitations to confidentiality when using Telemental health. Clients agree to take necessary measures to maintain the confidentiality they expect for the counseling services. You understand that Teletherapy /online counseling is not a substitute for medication under the care of a psychiatrist or doctor. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency department. You also acknowledge that there are alternative services that you may choose to explore such as face-to-face therapy or support groups. You also understand that Dr. Johnson follows the laws and professional regulations of the Commonwealth of Virginia and that counseling will be considered to take place in the Commonwealth of Virginia.

When conducting a tele-mental health session, Dr. Johnson will require the following information:

- Client’s physical location
- Identification of emergency services in your physical location
- Identity of any other person in the room or listening to the counseling session

Limits of Confidentiality/Duty to Warn: I adhere firmly to the principle of confidentiality. Both verbal information and written records cannot be shared with another party without the written consent of the client or the client’s legal guardian. There are several limits of confidentiality you should be aware of:

1. When you direct me to tell someone else,
2. I determine you are a danger to yourself or others,
3. I am ordered by a court to disclose information,
4. When there are suggested or reported abuses of a child, elderly person, or vulnerable adult.
5. Parents or legal guardians of non-emancipated minor clients have the right to access the client’s records.
6. Insurance companies and other third-party payers are given information that they request regarding services to clients. Typical information requested (but not limited to these) are types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Consumer Complaints: In the event you are dissatisfied with my counseling services, please let me know. I want to work with you through any issues that may arise that cause problems in your counseling progress. If I am unable to resolve your concerns, you may report your complaints to the State of Virginia Licensed Professional Counselors Board of Examiners (9960 Mayland Drive, Suite 300, Henrico, VA. www.dhp.virginia.gov/counseling) and/or call the toll-free Complaint Hotline (1-800-533-1560). I hold LPC license #0701005728 and LMFT license #0717001306.

Client Responsibilities

1. The client is responsible for any charges not covered by mental health insurance (co-pay, deductible, etc.)
2. Cancellation Policy: Please call (434-515-1206) to cancel or reschedule appointments within 24 hours of the appointment. Missed appointments incur an \$80.00 fee.
3. If you arrive 15 minutes after your appointment time, you may be asked to reschedule.

Emergencies

Counseling services are not provided in emergencies. If you have an urgent concern, I will work with you to try to provide an appointment that assists in meeting your need. If you have a critical emergency requiring immediate attention, follow this protocol:

1. Contact a family member or support person for assistance. If unable to contact a support person,
2. Call '911' for assistance from the police/ambulance service, or
3. Present yourself to the nearest hospital emergency room. For in-person clients in Lynchburg, VA the Emergency Room at Centra Lynchburg General Hospital is located at 1901 Tate Springs Rd, Lynchburg, VA 24501. Video Conferencing clients are required to inform Dr. Johnson of the location of the nearest hospital emergency room.

Termination of Counseling Relationship

As a counseling client, you have the right to terminate the counseling relationship at any time. If you desire to terminate the relationship prior to meeting the agreed upon goals for counseling, I would appreciate the opportunity to discuss the matter so that proper closure can be conducted for your greatest benefit. Termination of therapy may also occur if it has become reasonably clear that therapy sessions are not being beneficial to the client. Termination of the counseling relationship is an important aspect of the entire counseling process. Please feel free to discuss this issue with me at any time.

Counseling Consent

In the case of an emergency that arises during the counseling session or there is a duty to warn for client safety, I give my permission for Steve Johnson to contact the following individual/s:

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

I have read the preceding information. I understand and agree to the terms stated in this three-page document. I voluntarily agree to receive mental health assessment, care, treatment, or services, and authorize Steve Johnson, PhD, LPC, LMFT to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment, or services at any time.

My signature affirms that I have read or heard the information above and that it was presented to me in clear, nontechnical language. This information is understood by me and enables me to make an informed voluntary consent to this treatment.

I understand my rights as a client and I have received a copy of this document.

A copy of the HIPAA laws and statements were signed during initial registration for counseling and are on file with Hill City Counseling and Consulting (in-person clients) or LifeScape Counseling and Consulting (Telehealth clients). These documents have been made available to me.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____ Video Consent: _____

At times, I may request your permission to video record our counseling sessions. This may be done for consultation purposes and/or as a useful intervention tool for the counseling process. Sessions will only be recorded with your full consent and knowledge. A separate video consent form will be signed by the client if approval is given to record session/s.