

# NEW DAY RECOVERY YOUTH & FAMILY SERVICES, INC.

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## INFORMED CONSENT FOR COUNSELING AND THERAPY SERVICES

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

File Number: \_\_\_\_\_

Except in emergency/crisis situations, New Day Recovery staff has a legal and ethical obligation to obtain your informed consent before initiating services.

**Confidentiality.** , New Day Recovery maintains a policy of confidentiality. All services are guided by the Ethical Principles and Standards for the American Counseling Association and the National Association of Social Workers and the licensing laws of the State of West Virginia.

All information disclosed within the session, is confidential and will not be revealed to anyone outside of, New Day Recovery except under these conditions:

1. When communication of your diagnosis and other clinical information to your insurance company is necessary for payment;
2. When you have given permission for information to be shared with another person;
3. When disclosure is required by law (e.g., when there is reasonable suspicion of abuse of children or adults; when there is a court order);
4. When you present an immediate risk of causing serious harm to another person; or
5. Where it is believed that you will harm yourself unless protective measures are taken. When there seems to be a significant risk of you causing serious harm to yourself or another, , New Day Recovery staff may be obligated to seek hospitalization for you, and/or inform appropriate individuals who may be able to help intervene and protect (including your parents-if a minor). In addition, if you are under 18 years of age, the counselor reserves the right to advise your parent(s) or legal guardian about developments that could significantly affect your health or well-being. In such situations, the contents of specific meetings between you and your counselor will not be discussed, but your overall progress may be discussed in general terms.

**Supervision and Consultation.** All counselors/therapists at , New Day Recovery are under the supervision of the Clinical Supervisor. At times, the Clinical Supervisor will be consulted about different cases for a variety of reasons. In addition, the Clinical Supervisor will review documentation from a variety of cases to ensure quality. The Clinical Supervisor is bound by the same confidentiality standards as the counselor/therapist and no consultation with or review of records by the Clinical Supervisor will result in any compromise of your confidentiality.

**Electronic communication.** , New Day Recovery understands that email communication is an effective and oft-used manner of communication. However, you must understand that regardless of security measures, it cannot be guaranteed at any time that electronic mail communications are absolutely confidential. It cannot be determined with certainty that internet service provider systems, local servers, electronic mail provider systems, and other electronic devices and software are completely secure at all times.

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While you may communicate using electronic mail, you acknowledge there is some risk that communications via electronic mail may not always be confidential. Also, you acknowledge that counseling will not be done via electronic mail as, New Day Recovery does not provide electronic or internet-based counseling/therapy.

***How counseling/therapy works.*** Counseling is a mutual, collaborative process. You and your counselor will work together to develop goals on which you want to work. You are responsible for making the effort to work on the problems or issues that concern you. Your counselor is committed to help you in this process.

When you are working with a counselor, it is important to honor the commitment you have made to meet with your counselor, and to take an active role. For example, it is helpful if you:

1. Spend time between scheduled sessions thinking about what you and your counselor have been discussing
2. Follow through on any actions you agreed to take
3. Take the initiative to bring up issues or topics to talk about with your counselor

Counseling works best when you and your counselor develop a good working relationship, based on mutual trust, honesty, and respect.

***Counseling/Therapy outcomes.*** No one can guarantee that counseling/therapy will produce certain results. There are some risks associated with counseling. For example, you may discover things about yourself that are uncomfortable; sometimes relationships change as a result of counseling; if you are discussing a traumatic event with your counselor, sometimes the feelings get more intense. We can assure you that your counselor will use his or her professional skills to the best of his or her ability to address your concerns and help manage possible risks.

Your counselor may consult and seek supervision with another professional within , New Day Recovery about his or her assessment and/or treatment.

Also, please be aware of the following conditions in regard to discontinuing counseling/therapy:

1. If your counselor/therapist believes that he or she is not able to help you, because of the kind of problem you have or because his or her training and skills are not appropriate, we will inform you of this fact and refer you to another therapist who may meet your needs.
2. If you have two consecutive “no-shows” or same-day cancellations for appointments.
3. If you have not had and kept an appointment in our office in 6 consecutive weeks and this is not part of your treatment plan.
4. If you commit an act of violence toward, threaten, or harass any staff member or client of , New Day Recovery, you will be immediately terminated from treatment.
5. If you are terminated from counseling/therapy for something other than completing the agreed-upon treatment plan, you will be given contact information for other sources of counseling/therapy. However, , New Day Recovery cannot guarantee that they will accept you for counseling/therapy.

### *Types of Therapy*

Choice Theory/Reality Therapy suggests that we are internally, not externally motivated. While other theories suggest that outside events “cause” us to behave in certain predictable ways, Choice Theory teaches that outside events never “make” us do anything. What drives our behavior are internally developed notions of what is most important and satisfying to us. The Basic Needs which provide the foundation for all motivation are: to be loving and connected to others; to achieve a sense of competence and personal power; to act with a degree of freedom and autonomy; to experience joy and fun; and to survive. Another major concept in Choice Theory is the notion that we always have some choice about how to behave. This does not mean that we have unlimited choice or that outside information is irrelevant as we choose how to behave. It means that we have more control than some people might believe and that we are responsible for the choices we make.

Cognitive behavioral therapy is generally focused on specific problems, using a goal -oriented approach. Each session may have a specific agenda to guide discussion. As you go through the cognitive behavioral therapy process, your counselor/therapist may ask you to do “homework” – activities, reading or practices that build on what you learn during your regular therapy sessions. Along with homework, your therapist will likely encourage you to apply what you're learning in your daily life. Although there are different ways to do cognitive behavioral therapy, it typically includes activities like identify troubling situations or conditions in your life, become aware of your thoughts, emotions and beliefs about these situations or conditions, identifying negative or irrational thinking, and challenge and replacing negative or irrational patterns of thinking.

Person-Centered therapy is used to assist individuals in achieving personal growth and/or come to terms with a specific problem they are having. In Person-Centered therapy, the therapist uses techniques that encourage clients to make changes by assisting clients in finding solutions to their problems that are consistent with their own beliefs about themselves and others. The basic assumption of Person-Centered therapy is that given a good therapeutic environment, clients will move toward positive change.

Play therapy can take nearly any form or approach. For example, there is cognitive -behavioral play therapy, Adlerian play therapy, etc. The goal of play therapy is to assist children in understanding themselves and resolving conflicts and problems in their lives. Play therapy allows children to explore emotions and problems that are too difficult to talk about with another person. Play therapy assists children in becoming independent, well adjusted, and well developed. Play therapy has been used and shown to be effective for a wide range of problems that children face. Play therapy helps children become responsible for behaviors, develop solutions to their problems, develop self-acceptance and respect for others, learn to express emotions appropriately, and learn social skills and relational skills with family.

Strategic family therapy asserts that problems are viewed as solutions that have not been successful. In other words, the family members and the family are doing the best that they can, and each person is simply trying to make things work out better using what they believe to be solutions. In this view, problems arise when families do “more of the same” and believe that if a little bit is good, then more must be better. There are four general ways that attempted solutions become problems: making the wrong changes when change is necessary, initiating changes that are unnecessary, not initiating changes when necessary, and making changes at the wrong level. There is also a heavy focus on family interactions and how dysfunctional interactions perpetuate problems within the family. The counselor/therapist works to help family members develop and implement new ways of communicating and behaving to solve problems.

**Emergencies.** While staff members, including your counselor, will always try to return your call or email by the next business day, , New Day Recovery is not an emergency mental health service. If you experience an emergency, you should call 911 or go directly to your nearest emergency room.

**Access to records.** Generally speaking, you have access to your mental health record. You should also understand that psychotherapy notes may not be part of your mental health record. There are certain, limited, and rare situations wherein your counselor/therapist may deny you access to psychotherapy notes to reduce the risk of harm to you or someone else. If this decision is made, it will be made only after consultation with supervisors.

**Billing.** All bills, including copayments, will be paid at the time of service. By signing, you are agreeing to authorize payments of any insurance benefits directly to , New Day Recovery. Sometimes, when payments are not made and are delinquent beyond 30 days, , New Day Recovery may use a collection agency to assist with collecting delinquent fees. If we need to use a collection agency to collect unpaid fees, the client may be responsible for any collection fee charged to collect the debt owed.

**\*Missed appointment policy.** By signing below, you understand that you will be charged a \$35.00 fee for missed appointments or cancellations when they are not cancelled at least 24 hours in advance. In addition, you may not be rescheduled if you miss consecutive appointments without notifying , New Day Recovery in advance.

**CONSENT FOR TREATMENT FOR ADULTS**

I have read and understand the information on these sheets. My signature indicates my understanding of all the policies contained within this Informed Consent for services at The Counseling Connection.

**By signing below**, I am consenting to treatment by The Counseling Connection staff.

\_\_\_\_\_  
*Client Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature* \_\_\_\_\_  
*Date*

**CONSENT FOR TREATMENT OF MINORS**

As parent/guardian, I/we consent that \_\_\_\_\_ may be treated as a client of The Counseling Connection.

**By signing below**, I affirm that I have read and understand the information on these sheets. My signature indicates my understanding of all the policies contained within this Informed Consent for services at The Counseling Connection. In addition, I affirm that I am legally authorized to consent for behavioral health services for the minor child named above.

\_\_\_\_\_  
*Client Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parents/Guardian (as appropriate)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parents/Guardian (as appropriate)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature* \_\_\_\_\_  
*Date*

**NOTICE OF PRIVACY PRACTICES AND CLIENTS RIGHTS  
 HIPPA**

**By signing below**, I confirm that I have been given a copy of The Counseling Connection’s Notice of Privacy Practices and Statement of Clients’ Rights.

\_\_\_\_\_  
*Client Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parents/Guardian (as appropriate)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parents/Guardian (as appropriate)* \_\_\_\_\_  
*Date*

