



Kristine Kirsch, M.Coun., LPC

COUNSELING GUIDELINES, RIGHTS AND RESPONSIBILITIES

The mission of the counselors at Synchronicity Counseling is to offer a holistic, non-judgmental approach to therapy with an understanding that all human beings experience individual challenges. The counselors each hold the belief that people can find a way to heal, transform and grow. They have made a commitment to work collaboratively with clients to discover the insight and strength to achieve that goal. Each Counselor is a private practitioner doing business as Synchronicity Counseling and therefore maintains sole responsibility and liability for their practice.

Counseling Process:

Sessions are typically 50 minutes in length. Frequency of sessions varies depending upon issues presented, client preferences, etc., and will be established during consultation with your counselor. **The termination of counseling can be determined by you or your counselor at any time.** My primary purpose is to help you become effective in dealing with concerns that influence your ability to achieve success in pursuit of personal goals. I want to help you explore your concerns, provide support, and incorporate your goals into a plan for the future. In order to provide these services efficiently, your active participation is required. Oftentimes, your effort is needed inside of, and outside of session, to gain the most benefit from what is discussed in session.

Client Rights and Responsibilities:

- You have the right to be informed of the counselor's licensing status and clinical experience, including the limitations and restrictions of services.
- You have the right to be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling.
- You have the right to request to be seen by another counselor if dissatisfied with the counselor assigned to you.
- You have the right to terminate counseling at any time.
- You have the right to ask questions about techniques and strategies used during counseling.
- You have the right to refuse any services and to understand the implications of refusal.
- You have the right to actively participate in the development of a plan for self-improvement.
- You have the right to expect fair and equal treatment in all circumstances.
- Counseling records are the property of Nichole Jordan, M.Coun., LCPC, NCC. However, you do have the right to the information contained within your records. If information from your record needs to be transferred to a third party, a release of information must be signed and submitted. If engaged in couples counseling, authorization must be signed and submitted by both parties before information will be released.

Benefits of Counseling:

Benefits of counseling may include: an improved ability to relate to others; a clearer understanding of self, your values and/or goals; increased productivity; and an ability to cope with everyday stress. There are no guarantees that counseling goals will be achieved.

Risks of Counseling

While benefits are expected from the counseling process, there may be periods of increased anxiety or confusion, which may affect significant relationships, your job and your understanding of self. Therapy often times needs to go deep. Rather than turning away from our suffering, healing sometimes requires an exploration into the depth of the wounds that fuel our beliefs, feelings, and behaviors. It is impossible to predict the extent to which you experience these changes. You and your counselor will work together to maximize the benefits of the counseling process.

Confidentiality

Staff consultation is an important aspect of serving my clients' needs. Some cases may be discussed in a supervision session, in order to ensure you are receiving the best possible care. These cases will be discussed with non-identifying information, unless you have given consent. Otherwise, information about you that is obtained during a counseling session will not be revealed to anyone outside of Synchronicity Counseling without your consent, except in the following situations where disclosure is required by law:

- 1) Where there is a reasonable suspicion, or report, of abuse to children or elderly persons.
- 2) Where you present a serious danger to yourself or others.
- 3) If a judge through a court orders a counselor to do so.
- 4) In the case of law enforcement emergency or a national security issue as determined by the government.

Counselor Credentials:

Kristine Kirsch obtained her bachelor's degree, from the University of Idaho in 1999 and her Master's Degree in Mental Health Counseling from Idaho State University in 2008. She is a Licensed Professional Counselor within the State of Idaho.

Costs:

The cost for individual counseling is \$85 and couples counseling \$95 for a typical 50 minute session. Sessions that are scheduled for 80 minutes will be charged \$120 for individual and \$130 for couples. Sessions scheduled for longer than 80 minutes will incur further additional fees. Upon request, Kristine can provide a 1500 Insurance Reimbursement form for those clients with health insurance that they may submit directly to their insurance provider for reimbursement of session fees. A portion of Kristine Kirsch's appointments are reserved for individuals requiring payment arrangements or sliding scale fees based on individual financial circumstances. In the case of a returned check for insufficient funds, a \$20 fee will be assessed to cover bank processing fees. Your counselor may choose to utilize a third party collection agency if you default on the terms of the payment option and fail to pay the full balance due.

Cancellation Policy: If you must cancel an appointment please call at least 24 hours in advance to allow me to reschedule another client who needs my services. *Appointments not cancelled or rescheduled within this time limit will result in a charge of \$45 for that missed session.*

By signing below you agree that you have read this document, you have been given an opportunity to ask whatever questions you deem necessary, you have received a copy of the Privacy Notice, you agree to the terms of service, and wish to begin treatment.

Client _____
Date

Parent/Guardian (if client is minor parent/guardian signature required) _____
Date

File Copy

Client Copy