



Nichole Jordan, M.Coun., LCPC, NCC

## INFORMED CONSENT OF COUNSELING GUIDELINES, RIGHTS AND RESPONSIBILITIES

My mission is to offer a holistic, non-judgmental approach to therapy with an understanding that all human beings experience individual challenges. I hold the belief that people can find a way to heal, transform and grow when provided a safe place to explore mental health and life challenges. I am committed to work collaboratively with my clients to discover the insight and strength to achieve their goals. I am a private practitioner doing business as Synchronicity Counseling and therefore maintain sole responsibility and liability for my 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 and the right to ask questions about techniques and strategies used during counseling.
- You have the right to seek a second opinion or request to be seen by another counselor if dissatisfied with the counselor assigned to you.
- You have the right to refuse any service and have the right to terminate counseling at any time.
- You have the right to actively participate in treatment decisions and development of your treatment plan.
- 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 by you. If engaged in couples counseling, authorization must be signed and submitted by both parties before information will be released.
- You have the right to file a complaint with the Idaho Bureau of Occupational License located at P.O. Box 83720 Boise, ID 83720-0063, phone #208-334-3233, Fax #208-334-34006, email [inv@ibol.idaho.gov](mailto:inv@ibol.idaho.gov), and website [www.ibol.idaho.gov](http://www.ibol.idaho.gov)
- Sexual intimacy is **never** appropriate between a therapist and client and should promptly be reported to the Idaho Bureau of Occupational License.

**Contacting Me:** My office hours are Monday, Tuesday, Thursday and Friday from 9:30 am to 6:30 pm, with weekend appointments available on an as needed or emergency basis. If you need to reach me between sessions, outside normal business hours, or it is an emergency, you have the right to a timely response. Please be aware that I may not be immediately available by telephone as I am often in session with clients. You may leave a message on my confidential voice mail and your call will be returned as soon as possible or by the next business day under non-emergency circumstances. I check my voicemail for the last time at 8:00 pm each night. I will return a call after normal business hours if the matter is urgent, so please specify if it is an emergency in your message. If for any reason the issue is urgent and you do not hear back from me or you are in need of immediate care for a life threatening emergency please access the emergency room or 911. If for some reason I will be unavailable for an extended period of time I will arrange with a colleague to be available to take urgent calls and schedule emergency sessions if needed during my absence. I do accept communication by email, and make every effort to keep it confidential, however please be aware of what information you disclose within those email communications as I do not use encrypted email. As technology is evolving, so are privacy practices. I have had requests from clients to utilize texting which I am happy to do regarding scheduling only. If you are running late, need to reschedule, or need to make an appointment you may use this communication medium and I will return your messages as soon as I am able. However, please do not use this form of communication for more serious matters, and be aware that text messages are not encrypted.

**Social Media & Internet Policy:** I utilize several social media websites for professional and personal purposes. Please be aware that if you choose to post comments on these websites, I cannot be responsible for or guarantee your confidentiality. Because it represents a conflict of the personal professional relationship I do not accept friend requests of clients on my personal or professional social media sites.

**Confidentiality**

Staff consultation is an important aspect of serving my clients' needs. Some cases may be discussed in a professional consultation 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. The consultants are legally and professionally bound to keep all information confidential. Otherwise, information about you that is obtained during a counseling session will not be revealed to anyone outside of Synchronicity Counseling without your written or verbal 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 there is good reason to believe you present a 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.

**Costs:**

The fee for individual counseling is \$110 and couples counseling \$120 for a typical 50 minute session. Sessions that are scheduled for 75 minutes will be \$135 for individual and \$145 for couples. Sessions scheduled for longer than 75 minutes will incur further additional fees. The fee for the first session initial diagnostic assessment is \$140. Any additional recommendation letters or development of treatment documentation requested by client beyond what is required for insurance billing will result in additional charges based on hourly fee. I am a credentialed provider for most insurance agencies. Any session fees declined coverage by an insurance company are the full financial responsibility of the client. In the case of a returned check for insufficient funds, a \$20 fee will be assessed to cover bank processing fees. I 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.

**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.

**Counselor Credentials:**

I obtained my bachelor’s degree in Social Work from Idaho State University in 1988 and my Master’s Degree in Mental Health Counseling from Idaho State University in 2007. I am a Licensed Clinical Professional Counselor within the State of Idaho LCPC# 4471 and a National Certified Counselor with NBCC. My primary theoretical orientation in therapy is Adlerian and Gestalt. I have received additional education and training in specialized therapy modalities including EMDR level 1&2 for trauma, Emotional Freedom Technique and Mindfulness Based Stress Reduction. In addition, I serve as Treasurer of the Idaho Mental Health Counselors Association.

**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.***

Idaho Code 54-3410A:

*INFORMATION DISCLOSURE TO CLIENTS. Persons licensed under this chapter shall provide clients at the beginning of treatment with accurate disclosure information concerning their practice, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality, and the extent of confidentiality. The disclosure information provided by the counselor, the receipt of which shall be acknowledged in writing by the counselor and client, shall include any relevant education and training, the therapeutic orientation of the practice, modalities or treatment utilized, and all financial requirements. The disclosure information shall include a statement that licensure of an individual under this chapter does not imply endorsement by the licensing board nor effectiveness of treatment.*

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

**A copy of this form is available to keep for your personal records:**  
Yes, I would like to receive a copy  No, I do not want a copy at this time