

## **STATEMENT OF UNDERSTANDING AND INFORMED CONSENT**

Welcome to Directive Counseling. Please review the information on this form and sign as indicated. I will be happy to answer any questions you may have.

### **SERVICES**

I provide counseling services and referrals, as needed. The purpose of the counseling and referrals is to address personal behavioral health concerns. Counseling services begin with an assessment during which you and the therapist discuss your reason for requesting help. Following the assessment, where appropriate, you may be provided with referrals to community-based resources including therapists, psychiatrists, legal resources, and so forth. Whenever possible resources offered are covered by your health insurance.

### **FEES**

Services provided are on a sliding scale, in attempt to meet the needs of client whenever possible.

### **CONFIDENTIALITY, PRIVACY, AND RECORDS**

Counseling services are confidential in accordance with applicable state and federal law. With certain exceptions as required by law, information from a counseling session is NOT shared with anyone outside of the this agency without a signed Release of Information from the client. The exceptions to confidentiality include threats of harm to self or others and the abuse or neglect of a minor child or vulnerable adult. In situations such as these, I am legally required to report their concerns to the appropriate parties or agencies. Release of confidential client records may be compelled by subpoena or court order. Client records are kept in a secure area. A client who wishes information from their record may make such a request by submitting it in writing to Leonard V. Nasca, LCSW. Confidentiality of email, fax and cell phone conversations cannot be guaranteed.

### **BENEFITS, PROCEDURES, LIMITATIONS AND RISKS OF COUNSELING**

The decision to seek counseling is an important one. I will serve you in the context of a professional relationship based on the following standards:

- Counseling is a helping activity intended to reduce or alleviate anxiety or other distress through a process of brief solution-focused insightful discussion.
- Your counseling involves you meeting with a licensed therapist to discuss the concerns for which you would like to get assistance. The outcome of this discussion is a plan that may include some additional brief counseling, and/or referrals to outside services utilizing your health insurance or community-based agencies and self-help programs. You will participate in this planning process, and you have the right to participate in the periodic review and revision of the plan. You have the right to refuse any recommendations and to withdraw your consent to participate and to be advised of the consequences of such refusal or withdrawal.
- While the outcome of your counseling may be exactly what you expected, there are risks and limitations to the process. There are no guarantees the counseling will have a successful outcome. You may find addressing an issue will increase your anxiety or other strong emotion before you achieve resolution.

You may find the counseling results in an outcome other than what you were seeking or intended. You may find the changes you are seeking don't come quickly, as change can sometimes be slow and frustrating. I will be glad to discuss this with you further if you wish.

**I have read this form and understand the information as presented.**

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

**Counselor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Directive Counseling**

**Phone: 480-256-9399**

**Phoenix, AZ**