

KALEIDOSCOPE WELLNESS PLLC

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CLIENT INFORMATION & CONSENT TO TREATMENT

Welcome to Kaleidoscope Wellness PLLC, I'm glad you're here! Clients seek psychotherapy services for a variety of reasons, and it can be an intimidating process. I look forward to collaborating with you to offer my support and guidance on your journey.

This document includes information about your legal rights as a therapy client. Both State and Federal law require me to provide you with this information, intended to assist you in making informed choices as you begin your therapy. Because you have the legal responsibility to choose a clinician and treatment modality most appropriate for your needs, you will also find information regarding my education and training background, therapeutic approach, fees and policies. If you ever have any questions about this information, please ask me.

Background and Services

I am a Licensed Professional Counselor (LPC-16077) and a Licensed Mental Health Counselor in WA State. I am in independent private counseling practice, and while I do share my office suite with other licensed professionals, we are all in independent practice and not responsible for each others' clients.

My credentials include a Masters of Science degree in Professional Counseling, and I am licensed by the Arizona Board of Behavioral Health Examiners and the Washington State Department of Licensing. I am also a Nationally Certified Counselor through the National Board for Certified Counselors.

For over 10 years, I have worked in various mental health treatment clinics and similar settings. I am trained and experienced in doing individual therapy with children (ages 5 and older), adolescents, and adults. I am also trained and experienced in couples and family therapy. I also maintain active memberships in the following professional organizations:

- American Counseling Association
- Arizona Counselor's Association
- Postpartum Support International
- Perinatal Support WA

Scope of Practice & Therapeutic Approaches

I offer counseling and consultation services to individuals and families in the areas of anxiety, depression, perinatal mood and anxiety disorders, trauma processing, including birth trauma, parenting and the transition to parenthood, self-esteem enhancement, stress management, relational counseling, women's issues, and codependency issues.

I am trained to use many different theories, trauma-informed approaches, and evidence-based treatment models such as Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Mindfulness-Based Stress Reduction (MBSR), Mindfulness, Expressive Arts therapy, Family Systems theory, and attachment-based trauma treatment.

Because my office does not have in house Psychiatric or crisis services I do not work with serious mental illness, violent behaviors or personality disorders. If you present with these conditions, you may be referred to other professionals or programs that specialize in treating these clinical areas of focus. I reserve the right to refer a client to another therapist.

Purposes, Limits, and Risks of Treatment

Counseling, like most endeavors in the helping professions, is not an exact science. While the ultimate purpose of counseling is to reduce your distress through a process of personal exploration and change, there are no guarantees that the treatment provided will be effective or useful. Moreover, the process of counseling usually involves working through tough personal issues that can result in some emotional or psychological pain for the client.

Attempting to resolve issues that brought you to therapy in the first place may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, or virtually any other aspect of your life. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member.

Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. In the case of relationship and family counseling, interpersonal conflict can increase as we discuss family issues. As a result, the potential for separation or divorce is always a risk in interpersonal relationships.

Treatment Process and Rights

Your counseling will begin with one or more sessions devoted to an initial assessment so that I can formulate a thorough understanding of your presenting issues, your background, and any other factors that may be relevant. When the initial assessment process is complete, we will discuss ways to treat the problem(s) that have brought you into counseling and develop a treatment plan. This may include referrals for other services that may be clinically indicated (for

example, a referral for a psychiatric evaluation).

You have the right and the obligation to participate in treatment decisions and in the development and periodic review and revision of your treatment plan. You also have the right to refuse any recommended treatment or to withdraw consent to treat and to be advised of the consequences of such refusal or withdrawal.

Privacy, Confidentiality, and Records

Ordinarily, all communications and records created in the process of counseling are held in the strictest confidence. However, there are some exceptions to confidentiality defined in both state and federal statutes. The most common of these exceptions are when there is a real or potential life or death emergency (including when someone is a threat to themselves or someone else), when the court issues a subpoena, or when child/elder abuse or neglect is involved.

I also participate in a process where selected cases are discussed with other professional colleagues to facilitate my continued professional growth and to provide you with the benefit of a variety of professional experts. While no identifying information is released in this peer consultation process, the dynamics of the problems and the people are discussed along with the treatment approaches and methods. These consultations, like the other elements of our work and communication together, are also held and governed by the same principles of confidentiality and privacy as any other part of your treatment.

There are also numerous other circumstances when information may be released including when disclosure is required by the Arizona Board of Behavioral Health Examiners, when a lawsuit is filed against me, to comply with worker compensation laws, to comply with the USA Patriot Act and to comply with other federal, state or local laws.

The rules and laws regarding confidentiality, privacy, and records are complex. The HIPAA NOTICE OF PRIVACY PRACTICES, included in the initial packet of client information, details the considerations regarding confidentiality, privacy, and your records. This packet also contains information about your right to access your records and the details of the procedures to obtain them, should you choose to do so.

Periodically, the HIPAA NOTICE OF PRIVACY PRACTICES may be revised. Any changes to these privacy practices will be posted on Kaleidoscope Wellness PLLC's website for public access, and you will not receive an individual notification of the updates. You may request an updated copy at any time. It is imperative that you read and understand the limits of privacy and confidentiality before you start treatment.

What to Expect from Our Relationship

The client/counselor relationship is unique in that it is highly personal, and at the same time, a contractual agreement that is exclusively therapeutic. In other words, it is inappropriate for a client and a counselor to spend time together socially, to bestow gifts, or to attend family or

religious functions. The purpose of these boundaries is to ensure that you and I are clear in our roles for your treatment and that your confidentiality is maintained.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with me about it. It is never my intention to cause this to happen to my clients, but sometimes misunderstandings can inadvertently result in hurt feelings. I want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well. In addition, this can be a great way for clients to practice conflict resolution skills, or flex their communication muscles, as well as provide me with important feedback and information pertinent to our work together.

If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. If you have reason to believe this may occur in the future, you should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.

About Our Appointments

The very first time we meet, we will review this Client Information Packet and, and you will have time to discuss any questions you might have before I ask you to sign that you understand the items discussed in this packet, and that you consent to treatment. In addition, we will spend the remaining session time discussing the challenges or concerns you are experiencing, history gathering, testing or questionnaires, and completion of forms. For this reason, I usually schedule 60 minutes for this first meeting, and then either a 45-minute or 60-minute session once per week, or more or less often as we agree is appropriate for subsequent sessions.

While I am willing to be flexible, in my experience I've found that therapy is more effective when it occurs at a regular time and frequency each week. For this reason, I hope we can work together to identify a consistent day and time to meet regularly.

Cancellation/Missed Session Policy

Your session time is reserved for you. If you must miss your scheduled session, I respectfully request 24-business hours notice at minimum. (For these purposes, business hours are considered by Kaleidoscope Wellness PLLC to be Monday through Friday, 8am to 6pm.)

This policy allows for me to open up your cancelled session spot for another client who may need it. Except for unpredictable emergencies (or because of a situation that would be seen by both of us as an unpredictable emergency or urgent matter), if you provide less than 24 hours notice for missing a session, you will be charged a \$110.00 missed appointment/late cancellation fee per missed session. This payment will be due before that next appointment can be scheduled. Your insurance will not cover this charge, and it is your responsibility to pay it. Consistent attendance is paramount to progressing in therapy.

Availability

My practice does not have the capability to respond immediately to counseling emergencies. True emergencies should be directed to community emergency services (911) or the nearest hospital Emergency Room. If you or someone you know is in crisis, please contact the local crisis line (Crisis Response Network –1(800) 631-1314, or locally, 602-222-9444). You may also text HOME to 741741 for any crisis at any time.

Established clients may communicate with me regarding urgent matters by calling my work cell: (480) 749-9841 or sending an email: Lindsey@kaleidoscopewellness.com, but an immediate response is not guaranteed. A quick or immediate response in one situation does not constitute a commitment of rapid response in another situation.

Please note that email and text communication is not considered to be a secure form of communication, and therefore information shared over email or text message cannot be guaranteed to be kept confidential. Please take care to keep the content of text messages specific to scheduling or other general logistics.

I generally return voicemails and emails within 48 hours, unless received on Sundays, holidays, or while I am out of the office on vacation. When I am on an extended vacation from my practice (5 or more days), I will provide clients with contact information for a covering colleague that has agreed to support my clients in urgent matters while I am away. You can always leave a message on my confidential voicemail, or send me an email, and I will return your messages once I return to the office.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. Finances can be uncomfortable for many people to talk about, and thus become an even more important part of our dialogue in a therapeutic relationship. Open communication and transparency about fees, payments, and billing are an important part of my practice.

Payment is expected at the time services are rendered, unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. The current fee schedule for Kaleidoscope Wellness PLLC is as follows:

Clinical Service Rates	Cost per service unit
Initial Intake Assessment Session (per 60-90 minute session)	\$180.00
Individual Counseling Session	\$135.00

(per 45-minute session)	
Individual & Couples Counseling Session (per 60-minute session)	\$150.00
New Parent In-Home Wellness Consultation (per 90-minute session. Typically held in client's home. Not covered by insurance.)	\$200.00
Professional Consultation Phone or In Person (per 15-minute unit)	\$35.00
Phone Support (Established clients only. Charged per 15-minute unit. Not covered by insurance.)	\$35.00
Report Preparation (per 15-minute unit)	\$35.00
No Show/Late Cancellation Fee (Charged per missed/late cancelled session. NOT covered by insurance.)	\$110.00
Extended Sessions (pro-rated charge begins at 6 minutes over end of scheduled session, per 15 minute unit. NOT typically covered by insurance.)	\$35.00

In addition to the basic session and assessment fees, there may be other fees for additional services such as psychometric testing, teletherapy, books and materials, etc. The additional fees are available upon request. I reserve the right to change my fees with 30 days notice. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with me if you have a concern.

Insurance: I require payment at the time services are rendered. I am happy to supply you with a superbill that you can submit to your insurance company so they can reimburse you. In all cases, however, payment for services is ultimately the responsibility of the client, not the insurance company.

Please note: your insurance company or managed care company may limit the number of sessions based on their assessment of medical necessity or other factors. Their determination may or may not match what you want or need in treatment. In the event that they will not authorize additional sessions or you exhaust the sessions that your insurance will provide, you understand that you will be responsible for self-advocating with your insurance provider. Using a third party to pay for counseling services implies that some information will be released in order to obtain payment for the services. Please see the HIPAA NOTICE OF PRIVACY PRACTICES for more information.

Initial _____

Disputes over insurance payments are between you and your insurance company. It is your responsibility to initiate preauthorization with your insurance company as required. In the event that your insurance company denies payment for claims made on your behalf you are required to pay the balance of your account within 45 days of services provided.

Initial _____

You should also be aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you. **I am required to provide a clinical diagnosis, dates of services, types of services provided, and any co-payments already received. Sometimes I am required to provide additional clinical information such as treatment plans or summaries, or copies of your entire Clinical Record.** In such situations, I will make every effort to release only the minimum information about you that is necessary for the purposes requested. This information will become part of the insurance company files, your medical record, and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, in some cases, they may share the information with a national medical information databank. I will provide you with a copy of any report I submit, if you request it.

By signing this agreement, you agree that I can provide requested information to your carrier. It is important to remember that you always have the right to pay for my services yourself to avoid the considerations described above.

Initial _____

Reports: I will not charge you for my time spent making routine reports to your medical insurance company, however if your insurance company requests a complex, extensive report be completed, you will be billed at my report fee, pro-rated per 15-minute time unit, for the time it takes to complete the report. This is not typically covered by your insurance company.

Extended sessions: Occasionally it may be better to go on with a session, rather than stop or postpone work on a particular issue. When this extension is more than 5 minutes, I will tell you, as sessions that extend beyond 5 minutes after the scheduled session has ended will be charged on a prorated basis per 15-minute unit.

If you think you may have trouble paying your bills on time, please let me know as soon as possible. Finances can be a difficult topic to discuss, however it is also an important aspect of the therapeutic relationship and is best addressed quickly so we can identify a solution together.

If your unpaid balance reaches \$360.00 (or the equivalent of 3 sessions), I will notify you by email. If your balance continues to remain unpaid, we may have to pause therapy sessions until your balance can be brought current. Patients who owe money and fail to make arrangements to pay may be referred to a collection agency.

Statement of Principles and Complaint Procedures

It is my intention to fully abide by all the rules of the American Counseling Association (ACA) and by those of my state licenses.

Please bear in mind that a complaint is a very serious action and should be made if and when you believe professional misconduct has taken place. It is an important aspect of treatment that we practice resolving difficulties together should a problem arise. Part of therapy/treatment is learning new methods to communicate effectively. Before making your decision to report a healthcare provider, keep in mind that many common complaints such as scheduling problems, personality conflicts, or disputes over bills or insurance are usually not within the Department or board's legal authority to take action. Reports involving fees or insurance claims are only investigated if there appears to be fraud involved.

If you believe that I have caused you harm or have violated your rights, you are asked and encouraged to contact me so that we may discuss the situation. I can be reached by telephone at (480) 749-9841 or a written complaint may be mailed to me P.O. Box 24275, Tempe, AZ 85285. If it is not possible to resolve an issue or a complaint in a way that you find satisfactory, a formal complaint can be made with the Arizona Board of Behavioral Health Examiners at the address below.

State of Arizona
Board of Behavioral Health Examiners
1740 W. Adams St., Suite 3600
Phoenix, AZ 85007

Missed Appointment/Late Cancellation Agreement

Appointments MUST be cancelled 24-business hours prior to the scheduled session time. When an individual misses an appointment, and has not called to cancel that appointment at least 24 business hours before the scheduled session time, this is considered a missed appointment. The client will be responsible for the \$110.00 missed appointment/late cancellation fee for missed appointments. This payment will be due before that next appointment can be scheduled.

I have read and received a copy of this policy. I understand and agree with the policy that I will be responsible for the missed session fee before my next appointment will be scheduled.

Signature: _____

Date: _____

Financial Agreement

My therapist has discussed services and fees with me, and I have agreed to pay for these services. I understand that all services are provided on a prorated basis at the rate of (See Chart) per fifty-minute hour. I understand that additional fees may be added for additional time spent in session, or other services as indicated by the chart of fees above. I understand that I can request a

detailed list of fees from Lindsey Burns, MS LPC LMHC NCC at any time. I understand that if I fail to cancel my appointment within 24 business-hours of a scheduled session I will be charged the \$110.00 missed appointment/late cancellation fee amount.

My signature below indicates that I understand and agree to the above conditions. I consent to participate in services from Kaleidoscope Therapy and Wellness PLLC.

Signature: _____

Date: _____

Consent for Treatment and Evaluation

Consent is hereby given for Lindsey Burns, MS LPC LMHC NCC of Kaleidoscope Wellness PLLC to administer evaluation and treatment services under the terms described in this consent document and the HIPAA NOTICE OF PRIVACY PRACTICES.

It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided.

In the case of a minor child, I hereby affirm that I am a custodial parent or legal guardian of the child and that I authorize services for the child under the terms of this agreement.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature: _____

Date: _____

Printed Name: _____

Relationship to Client: (for minor clients) _____

Date: _____

Lindsey Burns, MS LPC LMHC NCC
Therapist
Kaleidoscope Wellness PLLC