



Ariel Newman LPC LLC
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Informed Consent for Services

Introduction, Experience, and Specialization

I am a graduate of Northwest Nazarene University's counselor education program (CACREP accredited). My master's degree is for both school and clinical counseling with an emphasis in grief, trauma, and crisis. Body disorders and disordered eating is a research specialty. My undergraduate degree was awarded from University of Idaho, and is based in secondary education and English geared towards alternative educational settings. This consent form is an opportunity to know your rights as a client and my obligations as a counselor.

Counselor Techniques, Theoretical Orientation, & Approach to Counseling

I use a trauma-focused, humanistic orientation to the techniques and theories I use. From the techniques, orientation, and approach used, clients can expect open communication from me to increase their own personal awareness of self and others. Client feedback is important to the counseling relationship and the progress of the counseling appointments, so I may periodically inquire about feedback from clients.

Counselor's Philosophy of Counseling

My philosophy of counseling is that all people have the right to be heard and understood. Counseling is a beneficial application that assists people in living their best lives with a useful set of social-emotional skills applicable for immediate real world use.

Purpose of Goals

During your first session, we will discuss your goals. The purpose of creating goals is so you know when you have achieved or are working toward your personal objective. My assignment is to assist clients in reaching those goals to the best of my ability. Clients may be periodically reminded of their goal(s). New goals have the potential to be created once the previous goals have been accomplished or are nearing accomplishment.

Relationship with Counselor

This is a professional relationship and will remain only as a professional relationship throughout the duration of our lives. Friendships will not grow from our time together. A sexual relationship with your counselor will never be acceptable.

Duty to Warn; Confidentiality and its Limitations

As a counselor, I will keep your information and our conversations confidential. I am also a mandated reporter, which includes a duty to warn law enforcement and medical personnel if you

or another person is believed to be in danger. By signing this consent form, you are consenting to my expertise and acknowledge my authorization to disclose protected health information in the event there is a duty to warn.

Confidentiality WILL NOT be Maintained When:

- There is a case dispute between counselor and client
- When a client's condition poses a threat to themselves or others
- There is suspected child, elder, or vulnerable adult abuse
- The client is contemplating a crime
- Clients have a court ordered psychological evaluation
- Client is involuntary hospitalized
- The client has been a victim to a crime

Potential Risks and Benefits of Counseling

The work you do in counseling has the potential to cause discomfort by facing fragments of yourself that you may not like. The long term benefits of counseling tend to outweigh the passing tender effects. The benefits of counseling are generally a better understanding of oneself, greater capacity for self care and assertiveness, and the ability to live your life with a lessened ailment.

After Hour Emergencies

Be advised - if there is a true emergency requiring immediate care, you will be directed to call 911 or go to your nearest emergency room. If you are unable to call 911 or go to your nearest emergency room, I may do it for you.

Therapist's Incapacity or Death

In the event that I become incapacitated or die, your records will remain confidential through OWL.

Consent to Treatment & Alternatives to Counseling

By signing this consent, you willfully agree to be the recipient of counseling and you have researched your options in this geographical area, and out of the choices available, you have selected me as your counselor. By signing this consent, you also state your personal choice to withhold other alternatives to counseling. While I will do my best to assist you, no outcome can be guaranteed; no specific results will be promised.

Subpoenas and Court Charges

In the event that a judge or lawyer requests information, I am obligated to release the documentation you are permitting me to release. I charge \$350 each hour you request my presence at a trial or hearing. Each hour of work and/or my presence at a trial or court hearing will be paid for in advance.

Copies and Case Notes

All case notes (electronic and handwritten) are kept confidential and locked away with encrypted passwords only accessible by me. Copies of documentation and case notes will not be transferred without a written and signed release of information.

Implications of Diagnosis and Intended Use of Tests & Reports

A diagnosis is a spectrum, and speaking with your counselor about your possible diagnosis will help you understand its implications on further treatment, tests, and reports. No psychological testing will occur under my care.

Insurance, Fees and Billing

At this time, Medicaid and private insurance are not accepted. Fees are as follows: Individual, couple, and marriage counseling in-person and Telehealth is \$115 per 50 minute session. 30 and 90 minute sessions are also available. Superbills can be submitted to insurance for possible reimbursement. Your card on file will be charged directly after each session.

Clients' Rights to Refuse any Recommended Services or Modality Change and Be Advised on Consequences of Refusal

As a client in the counseling setting, you have the opportunity and ability to refuse any recommended service or change of modality offered by your counselor. However, please be advised that counselors are trained in the art of mental health therapy, and that refusal of the suggested services may have negative short term and long term ramifications.

The Code of Ethics and HIPAA

The APA Code of Ethics are rules and regulations counselors must abide by during work and off-work hours. These codes are available at counseling.org and available to all people with internet access. HIPAA (Health Insurance Portability and Accountability Act) is a legislative boundary to ensure all medical and therapeutic care is kept confidential. Both APA Code of Ethics and HIPAA ensure your privacy and non-identifiability. A copy of HIPAA policies are available to you online.

Logistics of Counseling Process - Length, Frequency, Making & Canceling Appointments

Generally, our counseling appointments will be weekly or bi-weekly for the duration of 50-55 minutes each session. If you need to cancel your appointment, do so 24 hours in advance unless an emergency occurs. In the event that a client does not show for their appointment with no cancellation call, it will be marked as a no-show and charged \$50 to the client's card on file. Upon two no-shows, the client will be placed on the waiting list to obtain continued counseling services. If needed, during our last session together. I will assist you in referring to an alternate counselor with whom you will be comfortable enough to continue treatment.

Expectations for Counselor and Client; Resources if Dissatisfied

It is acceptable and expected that a client will have expectations of their counselor. If you have an expectation that is not being met, it is imperative you speak with me in a way that allows for open communication and the opportunity for us to resolve any realistic expectation you have. From me you can expect fairness, kindness, and to be treated in an ethical manner.

It is my hope that clients are satisfied with the services they receive from me. On the condition a client is not satisfied with their services, the following steps are: 1. Client is to speak directly with the counselor regarding their dissatisfaction with the intention of implementing a positive change; 2. If a positive change is unable to be obtained, the client is to speak with a supervisor regarding their dissatisfaction; 3; At the extent where a client has spoken with the counselor and the supervisor but has not received an acceptable remedy, the client has the right to contact the licensing board through IBOL.Idaho.gov

Counselors expect clients to be on time and communicative regarding their appointments, and seek openness with the ability to change and grow as a person; possess honesty when facing difficulties; and own perseverance when said difficulties arise. Counselors also expect to be treated in a fair, kind, and ethical manner from their clients.

Videotape and Audiotape

There may be times in which I request to videotape or audio record our session(s) to review and analyze my counseling techniques. The goal of recording our sessions is to grow my competency and expertise as a counselor.

Coordination of Treatment with PCP

If a client requests that I speak with their primary care physician, it will be necessary to fill out a release of information document to have on file.

Consent for Treatment of Minors

I have an ethical obligation to keep the privacy of minors at the forefront of the counseling sessions. Unless there is a non-negotiable circumstance in which I must inform parents or law enforcement, all information will be kept confidential. Parents and guardians are expected to appreciate and follow these boundaries, and will be reminded of said boundaries when necessary. By signing this form, parents and/or guardians of client's acknowledge my obligation to keep their minor's information confidential.

LGBTQ+ Positive and Gender Identity

I see through the lens of LGBTQ+ and gender identity positive. This means I accept all sexual identities and genders as legitimate. Conversion therapy or anything similar is not a counseling option.

Body Positive & HAES

Body positivity, Fat Liberation, and Health at Every Size (HAES) is the approach that all bodies are good bodies.

Race, Ethnicity, National Origin, and Religion

If I do not share your race, ethnicity, national origin, or religion with you, I may ask questions to better understand. These questions are meant to help me grow as a person and as a mental health professional.

Referrals

During our time together in session, if it becomes clear that your need(s) as a client becomes greater than the scope of my knowledge and understanding, we will discuss the option and possibility of being referred to a counselor in your area who is more informed regarding the solution you seek. You will not be abandoned by me; we will keep appointments until you are able to see the new counselor. I will assist in referring you to a professional in which you are comfortable with.

By signing below, I acknowledge that I have read and agree to the terms listed above.

Client's Signature

Date

Parent/Guardian's Signature

Date

Counselor's Signature

Date

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Informed Consent for Ecotherapy Services

I, _____, have requested ecotherapy sessions that take place outside of the therapy office while walking with my therapist as part of my healing process. Ecotherapy options I have are weather-dependent, but range from walk-and-talk, to fishing, kayaking and gardening. I understand that I may request my sessions to be over Telehealth at any point. By signing this form, I further agree to the following:

- I agree that I am responsible for setting the physical pace of the session.
- I understand that this is not exercise or workout training, and that while movement may be a benefit to me physically, the focus is not about exercise.
- I agree to communicate with my therapist if I am uncomfortable physically or emotionally while participating in ecotherapy.
- I take full responsibility for my medical and physical well-being and will not hold Ariel Newman LPC LLC legally or financially responsible for any medical conditions, weather, and/or accidents that may arise out of ecotherapy.
- I agree to seek a doctor's approval before beginning ecotherapy if appropriate.
- If I have any medical conditions that would be detrimental to ecotherapy, I agree to disclose this to my therapist, and I understand that ecotherapy may not be an option for me depending on my condition.
- I understand that if I encounter someone I know, I have the right to disclose or not to disclose that I am in a therapy session.
- I understand that if my therapist encounters someone they know, my therapist will not acknowledge me as a client to preserve client privacy and confidentiality.
- I agree that I have had all questions answered by my therapist. I understand and agree with the above regarding ecotherapy.
- I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature

serves as a complete and unconditional release of all liability to the greatest extent allowed by law in Idaho.

Client's Signature

Date

Parent/Guardian's Signature

Date

Counselor's Signature

Date