**Richard Herbig, Ph.D.**

**Client** Counseling/Psychotherapy\*

Welcome! This document contains important information about my approach to counseling. As part of our effectively working together it is important and necessary that we have an under-

standing about certain parts of our joint effort.

To keep this document as brief as possible, I have used professional terms (jargon) in certain statements. Do feel free to ask me for any necessary clarifications.

Please read the following information carefully. Discuss any questions that you might have. Then sign the blanks at the end of this document (pg. 4).

**Purpose of Counseling:** To provide general mental health outpatient services for children, adolescents, adults, couples, and families.

**Type of Counseling offered:**  This is in-office counseling only, for the above clients. An important part of the treatment process is regularity and consistency in meetings. A session is 45 minutes in length. Your time with your therapist is reserved for you. See section on “Cancellations” (pg. 3).

In my approach I focus on the identified intrapersonal and interpersonal issues and needs of the client. I urge clients to be ever more self-aware of what is transpiring with them—within and outside of themselves—and to make that awareness the focus of our work.

In my training I was heavily influenced by psychodynamic, interpersonal-humanistic, self-psychological, cognitive behavioral and family systems orientations to helping. As someone who has practiced for some time, I developed an *integrated* approach. I have combined a variety of methods and approaches…“using the best of differing orientations” with the focus always being the best treatment techniques for the person and presenting problems.

**Contact Information:** Sessions are in-person by appointment only. I can also be reached by telephone (602-687-9256) or e-mail (richardherbig36@gmail.com) . Use the telephone for the fastest way to contact me. If I do not take your call let me know a good range of time to contact you. I will return your call as soon as possible, but certainly within twenty-four hours unless I am away on vacation. If you are a regular client you will have been informed of my absence at least a week before its occurrence.

\*In this document the terms “counseling—psychotherapy—treatment” are used interchangeably.

**Crisis:** While clients and I commonly deal with crises that arise in the course of treatment, I am not a crisis counselor per se. I cannot promise an immediate response to a crisis call during or after hours. If you (or a significant other) are in crisis call 911, go to your nearest emergency room, or call the Crisis Mobile Team at **(602) 222-9444** or the Crisis Hotline **(480) 784-1500**. If you arrive at the office in a crisis or under the influence of drugs or alcohol you will referred for services at that time that better meet your needs.

**Benefits, limitations and risks:** While benefits are expected from counseling, specific results are not guaranteed. Counseling may lead to changes in your view of yourself and your life. Naturally this can affect relationships, your work, and perception of and feelings about yourself. At any time you may ask your counselor about the potential positive or negative effects of counseling.

Counseling is not a quick fix. It may not address all of your issues. Counseling can also have its risks. It likely will stir up uncomfortable feelings of various kinds, and they may persist for some time. Counseling may also highlight important questions about significant relationships, your career, or your past behavior.

Counseling can also help facilitate better relationships—with self and with others. This might be manifest in improved self-awareness and self-care, in improved self-regard/self-esteem, in increased satisfaction with career, relationships, or spirituality.

**Treatment plan:** In the first (telephone) contact, potential clients are informed about an “assessment period”. With an individual that usually runs three sessions. When a child/ adolescent is the identified clients, there are usually four session involving both child and parents. Likewise with couples the assessment period usually is four sessions. With **all** clients, the last session is used to share with them my assessment of the situation—how I have come to see and understand what is going on; to identify the significant problems and concern. If ongoing treatment is recommended, we discuss how that will be set up and how the work will proceed.

This plan will be thoroughly discussed and can be put in writing for clients. The plan will be reviewed at least annually. Review of the treatment work and process can be initiated by either client(s) or therapist at any time.

**Professional conduct:** I will work with you in a professional manner consistent with accepted legal and ethical standards. This would exclude any personal, professional, or business relationships with you outside of our office contact. This stance will be maintained and respected even after the counseling has ended.

Since my office is part of an office complex you may encounter other people including other clients that you recognize or know.

**Privileged Communication:** In accordance with the Health Insurance Portability and Accountability Act (HIPAA) I will comply with all HIPAA terms to protect your personal health information (PHI).

“Privileged Communication” means that a therapist is entitled to and maintains client’s confidentiality. However I may use or disclose information about you when required to do so by Federal, State, or local law. Practitioners are required by law to break such confidentiality under the following conditions. When, in the best judgment of the practitioner—

* Clients are likely to do serious harm to themselves, others, and/or physical property.
* The client(s) are suspected of neglect, abuse, or endangerment of children, vulnerable adults, or the elderly.
* Practitioner is ordered by a court, subpoena, discovery request, or other legal process , to provide privileged information.
* The client requests and gives specific written permission for the release of information to a designated person and/or institution.

**Reports:** At times a report may be requested (e.g. by a lawyer, the court, a school, or yourself). You must approve, in writing, the release of such a report unless it is court mandated. When a report is composed and sent, you will be charged for the time required to review notes and compose this report.

**Cancellations:** You will not be charged for cancellations—

* That are a result of circumstances that are beyond your control (e.g. illness, accidents), provided that you notify your therapist as soon as possible.
* That are voluntary (e.g. to attend a special event, to go on vacation) *as long as you discuss the possible cancellation with your therapist well in advance of the change*

 *(e.g. two sessions) .*

You will be charged for cancellations—

* That are made for your convenience and/or because of your preference or choice (e.g. to respond to job or family request).
* That are made less than 24 hours prior to your appointment.
* That were never cancelled.

**Payments:** You will be expected to pay for each session at the time that it is held.

This practitioner does not accept insurance or credit cards. Cash or checks only, please.

Fee Adjustment: For the (3-4) initial assessment sessions I generally charge my full fee for each session. However, if it is mutually determined (i.e. client and myself) that ongoing treatment is indicated, that the client is desirous of continuing but the fee is an issue, I will work with the client to try to derive a fee (i.e. make an adjustment) that we both can feel right about. This need for an adjustment can sometimes occur during ongoing treatment as well. For example

the client’s financial situation may change. When considering an adjustment I generally ask the clients to complete a *Brief Confidential Financial Statement.* We use this form to assist us in making a determination of fee adjustment.

If you wish to submit your payments to insurance, periodically your therapist can provide you with a statement. That statement will contain the necessary information needed by your insurance company. Your insurance company will then send any eligible reimbursement to you.

**Ending Counseling:** You have a right to withdraw this consent and end counseling at any time. There can be risks involved in terminating too early or in reaction to something stirred up in the work but not resolved. Generally it is wise to let your therapist know of your intent to stop so that a most helpful, therapeutic ending can be planned. Please note: if your handle your decision to stop by first not showing for your scheduled sessions, you will be charged for those non-cancelled sessions, even though you may later announce your intent to end.

Please sign and date below. This indicates that you have read, understand, and concur with all the above information; that you are giving your informed consent to begin counseling and operate under these terms and understandings.

Client printed name

Client/guardian signature Date

Practitioner’s signature Date