

Center for Healing in Harmony, LLC.

Informed Consent and Client Intake Form

Informed Consent Information: The information contained within this section of the document is given to help you better understand the nature of the counseling relationship and provides the basic information for you to make an informed decision regarding working with me in this therapeutic relationship.

Counseling Relationship: Please know that the counseling relationship is a professional one entered into voluntarily by the client (you) and that a healthy therapeutic relationship is built over time and supported by mutual respect between client(s) and therapist. Clients who benefit the most by working with me are those who possess some personal insights and are willing to engage in critical self-exploration to grow. Scheduling a 10–15-minute consultation provides both the client and therapist the opportunity to assess the viability of this therapeutic relationship. This is strongly encouraged prior to moving forward with counseling.

I am licensed to practice counseling/therapy in the state of Maryland; Maryland is part of the Counseling Compact agreement that includes 36 additional states and counting (this better ensures continuity of care for clients should you move to a participating state). Maryland licensure is governed by the Maryland Department of Health and Mental Hygiene, Board of Professional Counselors and Therapists, Baltimore, MD.

Confidentiality & Privacy: Laws protect the therapeutic relationship, and no disclosures are made without written permission. As such, the interpersonal nature of counseling will be held in confidence except for expressed threats of harm to self or others, neglect or abuse to vulnerable populations (including, but not limited to, children, older adults, people with intellectual or physical disabilities, persons who are/were incarcerated etc.). *Because counseling takes place using Zoom, please ensure that you are in a space where you cannot be heard by others. Use of headphones or earphones is STRONGLY recommended. The level of privacy and environment where clients choose to engage in therapy is their responsibility.* As the therapist, I will take necessary precautions to ensure sessions remain confidential on my end by holding them in a secure enclosed office space and by wearing soundproof headphones. Note that I do not participate in workers' compensation cases or court-related testimonies.

What to Expect: The primary goal of therapy is to support clients as they work through personal areas of struggle. This process often begins with developing rapport and psychological safety and may involve internal struggle. Clients are encouraged to continue with therapy through this initial period of discomfort. It is the job of the therapist to assist clients with stretching themselves to see broader perspectives to facilitate this growth. This may take the form of challenging views or reframing experiences with the goal of cultivating intra and/or interpersonal insights. Expect therapy to consist of engaging exchanges between therapist and client. The primary counseling philosophy guiding my work is humanistic, which means that the therapeutic modalities I use are centered on my clients' needs during sessions.

- Sessions take place on Sundays and are virtual, only; a personal Zoom link will be provided; *this link should be saved for future sessions*

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- An intake session is required for all new clients (first time clients and returning clients, if the last session was within 6 months; all fees apply)
- Individual sessions are 45-50 minutes; Individual intake sessions are 60 minutes; Couples sessions are 90 minutes
- New and returning clients are encouraged to meet at least twice (2xs) a month for a period to establish the counseling relationship; thereafter, we will decide on the frequency of sessions and re-evaluate the therapeutic process periodically, including ending therapy as appropriate
- Full fees are expected to be paid at least 24-48 hours prior to sessions via the www.healingNharmony.com website – No exceptions
- Notification of cancellation by client MUST be given no later than 24 hours before the scheduled session or the FULL fee is required – this shows your commitment to therapy
- Emergencies happen; however, it is the responsibility of the client to provide proper notification and to reschedule appropriately (Text messages are preferred)
- **Call 911 for emergencies or go to your nearest emergency room**
- Reminder texts will be sent typically within 24-48 hours of the session and are a courtesy; notification by the therapist outside of this timeframe does not negate the client's responsibility to attend sessions, submit timely payment, or cancel in a timely manner.

Fee & Insurance Information: Currently, this practice does not accept insurance or managed care plans. **This is strictly a private pay practice. Payment in full is expected 24-48 hours before the scheduled session through the www.healingNharmony.com secure website.** Please contact your insurance provider to ask about their re-imbursement protocols. **Refer to the website for fee schedule***. Current clients will be notified no later than 30 days prior to fee increases (COL adjustments *may* occur on an annual basis (4% rounded to the nearest dollar) *. This intake form serves as a contract for therapy.

Refund Policy: Because of the nature of counseling/therapy, there are no refunds. This policy also applies to Reiki.

Initial/Date to signify that you have read the above _____

(Email this document to Dr.dhthorne@gmail.com within 24-48 hours of your first session)

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Intake Information

(Please email to Dr.dhthorne@gmail.com 24-48 hours prior to first session. Failure to do so will result in postponement of the session)

Name _____

Address _____

Working phone number (able to receive text messages) _____

Email address (this should NOT be a family or work email address) _____

Date of Birth _____ Age _____

(If under 18, provide name and contact information for parent/guardian) *

*This practice provides therapy for adults only (defined as 18+)

Emergency Contact Information (Name/phone number)

Briefly describe your general focus for counseling* (For privacy, only provide a brief and broad description here, as email is not always secure. More details can be shared during your intake session) _____

Additional areas to be covered during your scheduled intake session(s) include previous counseling, family, social and medical histories (as necessary), drug and alcohol use, history of addiction, other pertinent information. Note that while it may take several sessions to conduct a thorough intake, you will only be charged for 1 intake session. The only exception is if you stop therapy for a period of 1 or more years and return.

How did you learn about this practice? _____