
ClearWaters Family Guidance and Wellness Centers Office Policies & Informed Consent for Counseling

***This form provides you with information that is in addition to that detailed in the
Notice of Privacy Practices.***

PLEASE REVIEW IT CAREFULLY.

1. **Counseling** is a collaborative process between you and a counselor to work on areas of dissatisfaction in your life and assist you with life goals. For counseling to be most effective, it is important that you take an active role in the process. **Counseling activities are governed by the Nevada State Board of Examiners for Professional Counselors. I do not take on clients I do not think I can help.** Therefore, I will enter our relationship with optimism about our progress. I do not provide custody evaluation recommendation, or medication and prescription recommendation, or legal advice, as these activities do not fall within my scope of practice.
2. **Time Parameters:** Individual appointments are scheduled for 45-minute segments. *Being late for an appointment by 20 minutes or more may require that you reschedule.*
3. **Confidentiality:** **As a Licensed Professional Counselor in the State of Nevada, I am bound by the Nevada Administrative Code, Chapter 681 and the Health and Safety Code, Chapter 611.** In accordance with these rules, information obtained in the counseling session or in written form will **not** be disclosed to any outside person(s) or agency without your written permission except when such disclosure is necessary to “protect you or someone else from imminent harm” or is otherwise legally required and/or allowed by law, such as abuse or neglect of a child under 18, elder, or disabled person. This notification may include notifying the victim, notifying the police, or seeking appropriate hospitalization. I may also be required to provide information to the court if provided a court order. If a client files a workers’ compensation claim or disability claim, I must, upon appropriate request, provide records relating to treatment or hospitalization for which compensation is being sought. If any of the above situations arise, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary. If you are under 18, your parents or legal guardian(s) may have access to your records and may authorize release to other parties. If I run into you outside the counseling office, I will protect your confidentiality and wait for you to acknowledge me should you choose to do so.
4. **Risks:** In counseling, major life decisions are sometimes made, including decisions involving separation within families, development of other types of relationships, changing employment settings and changing lifestyles. The decisions are a legitimate outcome of the counseling experience as a result of an individual’s calling into question may of their beliefs and values. Furthermore, symptoms may be intensified and the emotional experienced may be too intense to deal with at this time. I will be available to discuss any of your assumptions or possible negative side effects in our work together. There is no guarantee of what you will experience in counseling.
5. **Cancellation:** If you find it necessary to cancel an appointment, please contact the receptionist at (702) 778-5300 or your counselor at least 24 hours in advance. ***Cancellations with less than***

24 hours advance notice will be charged a \$60 no-show fee. The provider may also terminate counseling in the event the client has missed 3 appointments without calling to cancel 24 hours prior to the scheduled appointment.

PLEASE INITIAL HERE THAT YOU UNDERSTAND THIS POLICY _____.

6. **Emergencies:** If an emergency situation for which you feel immediate attention is necessary, please contact emergency services (911) immediately, or go to your nearest hospital emergency room. Keep in mind that while I may be in the office I do not answer the phone while in session with a client.