

Samantha Endicott Therapy
Samantha L. Endicott, M.Ed., LPCC, & Wellness Coach
101 Wind Haven Dr., Ste #202
Nicholasville, KY 40356

INFORMED CONSENT, CONFIDENTIALITY, & OFFICE POLICIES

CLIENT NAME: _____ **DATE:** _____

Welcome! Please take a few minutes to read through the following information about my professional services and business policies. Where indicated, please initial each paragraph in the space provided; your initials indicate that you have read and understood the content of that paragraph. Your signature at the end of the document represents an agreement between us.

PURPOSE OF THERAPY: The purpose of therapy is to support and/or create positive change in a safe environment so that the client can experience life more fully. Beyond that, the care, compassion and confidentiality that a trusted listener provides lays the foundation for self-exploration, goal-setting, enhanced communication skills, and healthier ways of coping with internal and external stresses. No issue is too big or too small for therapy to have a positive and lasting impact.

PROCESS OF THERAPY: The process of therapy is not easily described in general statements. It varies depending on the personalities of the clinician and the client as well as the particular issues you hope to address. There are many different methods I may use in order to help you deal more effectively with those challenges. In order for therapy to be most successful, you will have to work on things we talk about both during our sessions and in your life outside of therapy.

Therapy can have benefits and risks. Participation in therapy can result in a number of benefits to the client including, but not limited to, reduced stress and anxiety, a decrease in negative thoughts and self-sabotaging behaviors, improvement in interpersonal relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, increased self-confidence as well as resolution of the specific concerns that led you to seek therapy. Therapy requires your very active involvement, honesty, and openness in order to change. As your therapist, I will ask for your feedback and views on your therapy, your progress, and other aspects of the therapy process. Although therapy typically has a positive outcome, there is no guarantee that therapy will yield all or any of the benefits listed above.

Participating in therapy may also involve some risk or discomfort, including remembering or talking about painful memories, unpleasant events, feelings, and/or thoughts. The process may evoke feelings of sadness, anger, fear, shame, anxiety, depression, etc. At times, I may challenge some of your assumptions and/or perceptions and propose different ways of looking at, thinking about, or handling situations that can cause you to feel upset, angry, depressed, challenged, or disappointed. Attempting to resolve issues that brought you to therapy, such as personal or interpersonal relationships, may result in changes that were not originally

intended. Therapy may result in decisions about changing perceptions, beliefs, behaviors, employment, substance use, schooling, housing, or relationships. Sometimes, a decision that is positive for one family member can be viewed negatively by another family member. Personal growth and change may be easy and swift at times, but it may also be slow and even frustrating. I will strive to help make your therapeutic experience as productive as possible.

MY QUALIFICATIONS AND CREDENTIALS: Samantha Endicott is a Licensed Professional Clinical Counselor (LPCC). She earned a BA in Anthropology and Sociology from Rhodes College and a Master of Education in Counseling from the University of Houston. Samantha works primarily with adolescents (12+ years), adults, couples, and families. Her areas of interest and expertise include issues related to unhealthy self-esteem, shame, codependency, boundary development, relationship counseling, life adjustments/transitions, anxiety, depression, weight and stress management, grief and loss, and social skills education. In addition to her trainings in feeling reduction, inner child work, and wellness coaching, Samantha works extensively with Brené Brown's shame resiliency curriculum as a Certified Daring Way Facilitator™ (CDWF). Distance counseling/tele-therapy options are also available.

COUNSELING APPROACH: I draw on various psychological approaches according, in part, to the problem that is being treated and the assessment of what will best benefit you. Sometimes more than one approach can be helpful in dealing with a certain situation. These approaches may include, but are not limited to: psychodynamic, systems/family of origin, developmental (adult/child/family), behavioral, existential, cognitive-behavioral, bibliotherapy, or psycho-educational.

CONFIDENTIALITY: What is talked about in our sessions will remain confidential, except for matters pertaining to (1) suicidal intent or intent to harm another person, (2) abuse or neglect of minors, persons with disabilities, and the elderly, (3) legal activity resulting in a court order to release information, (4) the revelation of sexual exploitation by another mental health services provider, (5) signed client authorization to release confidential information, and/or (6) insurance co-payers and other third-party payers are given information that they request regarding services to the client (i.e. types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.). If you choose not to use your insurance, we can discuss alternative financing options if needed.

CONFIDENTIALITY OF E-MAIL, TEXT, and FAX COMMUNICATION: Please be aware that e-mail and cell phone (i.e. text) communication can be relatively easily accessed by unauthorized people (despite devices being password protected). Therefore, the privacy and confidentiality of communication over e-mail and text can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes are sometimes mistakenly sent to the wrong address. Please notify me at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail, text, or fax for emergencies.

PROFESSIONAL FEES: My fee for therapy is ____ per 50 minute session. Payment is expected at the time of service, unless other arrangements have been agreed upon. In circumstances of unusual financial hardship, I may be willing to negotiate a fee adjustment commensurate with the client's current financial situation. Additional session time and phone

calls over 15 minutes (in between sessions) will be pro-rated based on the hourly rate.

CANCELLATION POLICY: If you are unable to keep a scheduled appointment, please notify me as soon as possible. Late cancellations make it difficult to offer the appointment time to someone else. Therefore, **missed appointments and cancellations made less than 24 hours in advance of the scheduled appointment will result in you being charged in full for your reserved appointment time.**

TELEPHONE & EMERGENCY PROCEDURES: Due to my work schedule, I am often not immediately available by phone. If you need to contact me between sessions, please leave a message on my voice mail. I will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. In case of medical emergency, or when there is immediate danger or potential for harm, please call 911 or go to your nearest emergency room. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

CLOSURE/TERMINATION: You have the right to end therapy at any time. Ideally, this happens when the goals of therapy have been met. A closure session is recommended to review your accomplishments and discuss supports available to maintain your growth. If you voluntarily withdraw or refuse treatment there can be consequences to your mental or physical health (i.e. your symptoms/level of impairment may increase). Any such concerns will be discussed with you. Or, if at any point during therapy, I believe I am not being effective in helping you reach your therapeutic goals, I am obliged to discuss it with you and, if appropriate, to terminate treatment. In both cases, I would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, I will talk to the new psychotherapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, I will assist you in finding someone qualified and, with your written consent, provide him or her with the essential information needed.

COMPLAINTS PROCEDURE: If I am dissatisfied with any aspect of the services I receive, I understand that I can and am encouraged to raise my concerns with my therapist immediately. Dissatisfaction will make working together slower and more difficult if not resolved. If I feel that I have been treated unfairly or unethically and cannot resolve this problem directly, a complaint procedure is available through the therapist's state licensing agency, the Kentucky Board of Licensed Professional Counselors which may be contacted at P.O. Box 1360 in Frankfort, KY 40602.

