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### **Counseling Information and Informed Consent**

This document is designed to inform clients of my counseling capacities and other information regarding participation in counseling, as well as to obtain the client's informed consent to receive counseling services from me.

It is necessary to recognize that counseling may present benefits and risks. The risks may include (but are not limited to) experiencing guilt, anger, frustration, anxiety and depression. The benefits may include (but are not limited to) gaining awareness, employing assets, changing patterns that are not working and reconciling past suffering.

I am pleased to have this opportunity to work with you toward your goals in therapy. I believe that all individuals have an inherent wisdom that will guide them and I work with individuals to help them access their own personal wisdom. My clinical experience includes working with adults and couples who experience depression, anxiety, phobias, traumas, severe and persistent mental illness, substance abuse issues as well as clients who want to work on particular goals for themselves to improve their quality of life. I am excited to help people grow through exploring a number of life issues and circumstances, including body image, self-esteem, spirituality, non-traditional parenting and partnering, coping with stress and change, surviving and challenging oppression in all its forms, creating and maintaining healthy relationships, recovery from abuse and trauma, and generally making meaning out of life experiences.

Within the counseling relationship both the client and the counselor have responsibilities. It is the counselor's responsibility to be present and create an environment where trust is encouraged. One important means of fostering trust is to maintain appropriate boundaries with the client. It is against any counselor's ethical code to maintain a dual relationship with a client, which means that the counselor cannot participate in the client's life beyond the role of a counselor before, during, or after the client receives services. It is the client's responsibility to keep all counseling appointments and to attend counseling sessions without being under the influence of alcohol or drugs. Also, the client's level of honesty will greatly affect the effectiveness of the counseling experience.

This is a mutual contract that we enter into that we will both be at appointments on time, payment is expected on the same day of the appointment, a 24-hour notice for cancellations is requested and the full fee will be charged for not keeping appointment or advance notification. The appointments last 55 minutes unless we decide on a different time frame. My fee is \$125

per 55 minute hour for individual therapy and \$40 per group session unless otherwise arranged. Forms of payment accepted are cash, check and card with a small processing fee.

If you have an after hours mental health emergency please go to your nearest emergency room for assistance or call 911. If you have a grievance please let me know so we can work it out together. If you are unsatisfied with the outcome you may contact your insurance carrier or the N.C. Board of Licensed Professional Counselors to further address your issues.

It is essential that a safe environment be created in order for the healing process to occur. I am committed to maintaining confidentiality within the counseling relationship. All information shared during the counseling session is confidential, which means it does not leave the office without the written permission of the client. However, there are specific exceptions as defined by law and ethical codes that necessitate limits to this confidentiality. The exceptions include (1) when it is believed that you intend to hurt yourself, (2) when it is believed that you intend to harm someone else, (3) when it is believed that the welfare of a child or disabled adult is endangered, and (4) I am ordered by a court of law to disclose information. Otherwise, any information or documentation covered under this confidentiality may only be released to or obtained from an outside agency or entity if the client has first signed a Release of Information form. If you are currently taking medication prescribed for emotional or psychiatric conditions, I reserve the right to require a signed Release of Information form for your prescribing provider. A previously-signed Release of Information may be revoked by the client at any time in writing.

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_