

Karen Drack
Registered Mental Health Counselor Intern
Introduction to Therapeutic Services

Thank you for choosing me to join you on your journey of exploration, growth and healing. Please read the following, and sign on the last page. Please ask for clarification of any part of this information that is unclear or causes concern.

My Qualifications: I received my Bachelors Degree in Psychology from the Richard Stockton College of New Jersey and my Master of Arts Degree in Counseling from Webster University. In my practice, I see adults for individual and group counseling. I use techniques from Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Person-Centered Therapy, and mindfulness-based practices.

Client Expectations: It is my belief that each of us has an innate power to resolve our personal issues through a therapeutic relationship. I am hopeful you as a client will discover your commitment to counseling to be beneficial. As part of the growth process you may be asked to complete assignments or experiences outside of our sessions. At the beginning of our relationship we shall meet on a weekly basis but as you progress in your healing we may adjust the frequency. Please turn off your cell phone upon entering the waiting room so as not to disturb others around you.

Appointments: The first appointment is scheduled for 60-75 minutes and is dedicated primarily to information-gathering and assessment of your concerns. We will also discuss your goals for therapy. Please come 15 minutes before your appointment to complete necessary paper work. Subsequent appointments are scheduled for 60 minutes: 50 minutes of face-to-face contact between us, with the extra 10 minutes devoted to planning and record keeping on your behalf. Sessions are scheduled on a regular basis to facilitate the consistency and security needed to establish a working relationship and to allow for the natural ebb and flow of therapy to take place.

Cancellations: If you are unable to keep your appointment, please provide at least a 24-hour notice. There is a \$25 charge for appointments missed or not canceled 24 hours in advance unless it is an emergency situation. Because our sessions will be 50 minutes in length, if you arrive more than 10 minutes late, this will be considered a cancelled appointment. Medical or other emergencies will be considered on an individual basis.

Risks and Benefits of Therapy: The benefits of counseling are many including a reduction in stress and anxiety, an improved outlook and an increase in self-esteem. During our sessions, we may explore your emotions and relationships. These discussions may cause you to experience a feeling of vulnerability. As your counselor, I will assist you in accepting and processing these emotions. If you are committed to the therapeutic process, in time, you may find different resolutions to your problems. Therapy can be an empowering experience. Through the therapeutic process, you may realize that the power to create more positive life experiences is hidden within you. As your therapist, I will attempt guide you in your search for healing.

Duration of Therapy: Therapy requires commitment and may be lengthy in time. This process is unique to each person and will be discussed within our sessions together.

Financial Agreement: Your fee will be established at the first session and is based on my standard fee. Payment is due at the time services are rendered unless other arrangements are made. You may pay by cash, check, or credit card. Returned checks are subject to a \$25.00 fee. If financial emergencies arise, I will expect you to discuss these with me as soon as possible. Special arrangements may be made to avoid a lapse in your therapy. However, delinquent accounts without regular monthly payments will necessitate the termination of therapy or other action.

Limits of Confidentiality: Our relationship is built on trust and I want you to be comfortable to discuss with me any area in your life that is causing you pain, distress or anxiety. In most situations, I will need written authorization to speak with an outside party concerning your treatment. However, there could be circumstances that arise when I am legally obligated to break confidentiality. These circumstances include:

- If I have reason to suspect the abuse or neglect of a minor.
- If I have reason to suspect the abuse or neglect of an adult that is unable to care for themselves.
- If I have reason to suspect that you are a danger to yourself or others.
- If you choose to tell me that you have a life-threatening communicable disease and your behavior is putting others at risk.

As a Registered Mental Health Counselor Intern, I am required to obtain weekly supervision. My supervisor is Lucy S. Lauer, LMHC. During supervision your case will be discussed to ensure you are progressing in your treatment goals. There may be other times, when I need to consult with colleagues and/or supervisor concerning your case. I will discuss the situation with you prior to seeking consultation. During the consultation, every effort will be made not to reveal your identity and only the pertinent information will be given. The other mental health professionals are bound by law to keep any information confidential.

Emergencies: During regular office hours (9:30 am-5:30 pm, M-TH; 9:00-2:30 F) you may call me at 321-327-3793, if needed, between sessions. After hours and on weekends, all calls are answered by an answering service. If you have an emergency for which you need to reach me after hours, the answering service will contact me, and I will return your call within an hour. If they are unable to reach me, for some reason, or when I am away from the office for extended periods (vacation or other travel) they will give you the option to have another licensed psychotherapist, whom I have designated, to return your call. These professionals are bound by the same legal, ethical, and privacy guidelines as I am.

By signing below, I agree that I have read the above information. I have had the opportunity to discuss any questions or concerns with Karen Drack, RMHCI.

Client's Signature

Date