



*Informed Consent for Clinical Psychotherapy Counseling Services with C. Skip Goddard,
MA, LCPC*

We are honored to be a part of this therapeutic journey with you. The field of counseling and psychotherapy is a crucial profession that provides support to individuals and families who are struggling with the experience of life transitions, mental illness, disabilities, relationships, learning and teaching, just to name a few. At PERMA mental health, we each work as part of a team whose primary objective is to support your wellbeing and mental health through various psychiatric and therapeutic services developed to assist you through life transitions and challenges.

As a member of your treatment team at PERMA, Christopher “Skip” Goddard, is currently licensed by the Idaho Bureau of Occupational Licenses: LCPC-6664. Christopher “Skip” Goddard has been trained to work with people using a person centered approach, emphasizing the safety and trust of the therapeutic container. He received a Bachelor of Science degree from Boise State University and went on to earn a *Master of Arts Degree in Transpersonal Counseling Psychology* from Naropa University. Mr. Goddard holds extensive experience in working with non ordinary states of consciousness, meditation, hypnotherapy, crisis response and suicide intervention and with individual’s in the midst of psychosis. Primarily specializing in treating trauma through mindfulness and connection, Skip is able to rely on various treatments and theory to help in attaining your specific mental health goals.

Through the support of the individual, in an environment that emphasizes the importance of set, setting and safety, facilitates a process through difficult emotional experiences, awareness and increased objectivity may be achieved. With this, an ability to transition through challenges allows for the realization of your true potential and inner-strength.

Counseling can be a very intimate process but it is important for you to know that as a professional, there are a set of standards in place that exist to best serve you. It is important to remember that although we may feel like close friends in our counseling sessions, that we maintain a professional relationship. With this in mind, our contact will be limited to our time together in the paid counseling sessions or in scheduling appointments or other administrative efforts. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you socially outside our counseling sessions. Sexual relationships are never permitted between clinician and client or relatives of clients. Again, these standards are in place to best serve the professionalism of the counseling profession and the best interests of those I serve.

Risks and Benefits of Counseling

Counseling is not easily described in general statements as you've seen from my theory on counseling above, and it varies depending on the personalities of the therapist and client, and the particular struggles you bring forward. There are many different methods used to deal with the problems that you hope to address. I will always do my best to explain any methods I may use and to answer questions along the way. The only way for counseling to work is if we communicate. Counseling is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the counseling to be most successful, you will have to work on things talked about both during your sessions and sometimes at home.

Counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, counseling has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, significant reductions in feelings of distress, greater life satisfaction. But there are no guarantees of what you will experience.

All clients have the right to be informed of the goals and purposes, limitations, possible risks, and the benefits of services to be performed. Goals of treatment and procedures to be used will be agreed upon by the client and provider through the signatures on the treatment plan. You are encouraged to ask questions and have the right to have such questions answered in terms clearly understandable.

Minors

Parental involvement in mental health treatment is critical for children to make progress toward their goals. Therefore I require parents or guardians of children under the age of 18 to sign all required documents and be available for regular consultation to discuss progress, barriers, and exchange information on the child's status. Failure to cooperate could result in the termination of services for the child.

Alternatives to Counseling

At Perma health a number of services may be available to you. Some typical examples include: medication management with a licensed medical professional, support and process groups, exercise/nutrition and other natural methods, and psychedelic assisted psychotherapy. Other agencies may provide community based rehabilitation services, case management, and parenting classes. We can discuss options together and I will assist you in a referral if needed.

Right to Refuse Services:

Your informed consent is required to receive treatment of any kind. Unless you are under involuntary or court ordered counseling, you have the right to refuse treatment and services at any time. Please note that if you are court ordered, a disclosure of this termination will most likely be given to the courts.

Appointments

The amount of and length of counseling varies from person to person. Sessions are 30-60 minutes in duration, with 45 minute sessions being the standard. Of course if you find yourself in

a very difficult and emotionally challenging time, an increase in counseling services is always available and a crisis treatment plan would be devised to ensure your safety and well-being. Generally the first few sessions will be an evaluation period. As your treating clinician, I will be working with you to establish goals and to develop a treatment plan.

Confidentiality

I will keep confidential everything you say to me with a few exceptions. While the right to privacy binds all providers of mental health services, there are limitations. Some specific limitations of confidentiality are:

- o When the client waives their right to privacy and gives written consent (involves you completing a release of information)
- o When, based on sound clinical judgment, disclosure is required to prevent clear and imminent danger to yourself or others
- o In matters affecting the welfare or abuse of children or other vulnerable populations
- o When ordered by an official of the court as required by law; I will always consult with my own legal expert on how best to navigate legal proceedings to ensure only what is mandatory is being disclosed.

HIPAA- from the HHS. Gov website: The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). 1 The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties. A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

Your protected health information means health information, including your demographic information, collected from you and created or received by your physician, nurse practitioner, psychologist, therapist, case manager, psychosocial rehabilitation specialist, other treatment staff, another healthcare provider, a health plan, employer, or a healthcare clearinghouse. This protected health information relates to your past, present, or future physical or mental condition and identifies you, or there is a reasonable basis to believe the information may identify you.

Again, I am required by law to protect the privacy of your information, provide you with this notice about information practices, follow the information practices that are described in this consent, and obtain your acknowledgement of receipt of this notice.

Client Rights

Each person receiving services designated under these rules shall be ensured the following rights:

1. Idaho Code Sections 66-412 and 66-413, Idaho Code, provides the following rights:
 - a. Humane care and treatment; and
 - b. Not be put in isolation; and
 - c. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others; and
 - d. Be free of mental and physical abuse; and
 - e. Voice grievances and recommend changes in policies or services being offered; and
 - f. Practice his/her own religion; and
 - g. Wear his/her own clothing and to retain and use personal possessions; and
 - h. Be informed of his medical and habilitative condition, of services available and the charges for the services; and
 - i. Reasonable access to all records concerning him/her-self; and
 - j. **Refuse services**; and
 - k. Exercise all civil rights, unless limited by prior court order.
2. Additional Client Rights include the right to:
 - a. Privacy and confidentiality; and
 - b. Be treated in a courteous manner;
 - c. Be free from discrimination based upon race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity; and
 - d. Receive a response from the agency to any request made within a reasonable time frame; and
 - e. Receive services which enhance the client's social image and personal competencies and, whenever possible, promote inclusion in the community; and
 - f. All other rights established by law; and
 - g. Be protected from harm.

Records, Copies and Case Notes-

This typically involves a note that gives a brief description of the session, treatment progress, goals, etc. You have the right to look at and/or get a copy of health information about you that has been generated by me. I am not allowed to provide you with records that I did not myself generate. I may limit your access to your personal information if I determine that providing the information could possibly harm you or another person. If you request copies, I will charge you only normal photocopy fees. You also have the right to receive a list of instances where I have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that I correct the existing

information and/or add the missing information. I may decline your request to amend the record for certain reasons including if you ask us to change information that I did not create.

By Idaho Code, I will maintain all your records in a locked and secure area for 7 years starting your last documented appointment.

Complaints

Complaints and concerns should initially be discussed with your provider. Your safety, confidentiality and wellbeing are my top priority. If you find that you are dissatisfied with my services, please let me know. Additionally, if you are concerned I have violated your privacy rights, if you disagree with a decision made regarding your records or if you feel an ethical violation has occurred, please contact Idaho Bureau of Occupational Licensing at (208) 334-3233 to file a complaint directly with the board. Steps for this process are included on their website.

Financial Arrangements

If you expect to use insurance to obtain reimbursement for services, please check your current coverage carefully. Call the phone number on your card and ask about your mental health benefits. At Perma, our front office staff may assist you with this process. Some insurance plans require advance authorization before they will reimburse for mental health services. Often they will only pre-approve a limited number of sessions, and it will be necessary to seek approval if additional sessions are needed. Please remember that you, and not your insurance company or a third party payer, are responsible for full payment of the fee. I will provide you a receipt of payment and services monthly or sooner if you notify me of an alternative option.

Cancellation

We will make all efforts to be there for your appointment and, in turn, expect you will do the same. When you make an appointment, we reserve that time specifically for you. You are requested to notify Perma as soon as possible, but no later than 24 hours in advance, if you need to cancel or reschedule an appointment. A \$50.00 is applied to each account for missed appointments.

Permission and consent to treatment

I acknowledge that it is my choice to participate in mental health treatment (or have my child participate). I will take responsibility for my treatment and will be prepared and ready for each session.

Your signature acknowledges agreement and understanding of the terms in this document:

Printed Name

Signature

Date

Witness Signature & Date