



The Therapist

CLIENT CONSENT FORM

Welcome! This document is intended to inform you of our policies, state and federal laws, and your rights. If you have other questions or concerns, please ask and we will try our best to give you all the information you need.

Your Therapist

I, Claribel Severson, MA, NCC, LPCC have a Master of Arts degree in Professional Counseling from Liberty University in Lynchburg, VA. I am licensed by the State of Minnesota #1304 as a Licensed Professional Clinical Counselor. Certifications include Autism Certification from the Autism Society of Minnesota, ADOS-2 Autism Assessment Training from the University of Minnesota; and a NCC (National Counselor Certification) from the National Board of Certified Counselors. I work as a sole practitioner under The Therapist, PLC providing mental health psychotherapy and Autism services. I am currently pursuing a PhD in General Psychology and am a doctoral candidate.

Psychotherapy Services

Therapy services are offered to help you better understand your situation, change your behavior, or move toward resolving your difficulties. I believe therapist is a team approach, where we work together to produce the outcomes you seek.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Therefore, it requires an active effort on your part for positive changes to occur. **In order to be most successful, you will also need to work on things we discuss outside of our sessions.**

The first 2-4 sessions will involve a comprehensive evaluation of your needs and establishing the therapeutic relationship. By the end of the evaluation, I will be able to offer you some initial impressions of what our work together may include. At that point, we will discuss your treatment goals and create an initial treatment plan with your input. Your understanding of my impressions and your active participation in the creation of your goals is an important part of your healing process. If you have questions about my procedures, we should discuss them as they arise.

Not every client connects well with every therapist. Since I believe strongly in the importance of a safe space in which to offer healing and health therapeutic alliance in helping you achieve your goals, please feel free to discuss your feelings about this with me or to find another therapist. If you determine that we are not a good fit, I am more than happy to help you identify another mental health professional. Similarly, I reserve the right to terminate services if **I determine that your needs are outside my scope of practice, there is no longer a therapeutic benefit or for non-payment of services.** I will discuss this with you as well as assist you in identifying other mental health providers.



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Appointments

The initial appointment will generally last 90 minutes. Thereafter, appointments will be 60 minutes in length, typically once per week, although sessions may become more or less frequent as the need arises. Every effort will be made to start and end your appointment at the scheduled time. **Please note, once an appointment hour is scheduled, it is assigned to you and you alone. If circumstances arise where you must cancel or reschedule, I ask that you provide at least 24 hours in advance of the scheduled time, or you will be charged \$25 for the missed appointment.**

If you are 20 (or more) minutes late for a scheduled appointment, and fail to notify the office, the appointment will be considered cancelled and the above cancellation policy will be applied. In the event of 3 or more appointments being missed or cancelled late, we will discuss scheduling of future appointments, treatment goals, and possibly termination of services.

Professional Fees

SEE FEE SCHEDULE INCLUDED. Self-paying clients are also offered 15% discount. Sliding fee is available and based on Federal standard scales upon request.

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. Throughout the course of counseling, there may be periods of increased anxiety or confusion. You may experience an increase in symptoms as you work through issues, this can be a normal part of processing experiences. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process or has outlined a plan in case of crisis.

CONFIDENTIALITY:

All interactions with The Therapist PLC, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. No record of counseling is contained in any academic, educational, or job placement file. You may request in writing that the counseling staff release specific information about your counseling to persons you designate.

EXCEPTIONS TO CONFIDENTIALITY:

- Your therapist often works with other professionals in the community and may consult with other professionals in order to provide best possible care. These consultations are for professional and training purposes and do not include personally identifiable information.
- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety. Therefore, if there is evidence that suggests you may engage in harm to self or others, the therapist will contact authorities and/or individuals who may be threatened.
- Minnesota state law requires that staff of The Therapist who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to county child protection services.



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- A court order, issued by a judge, may require The Therapist, PLC to release information contained in records and/or require a therapist to testify in a court hearing.

The undersigned voluntarily agrees to receive mental health assessment, care, treatment or services and authorizes The Therapist, PLC and Claribel Severson, MA, NCC, LPCC to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree I will participate in the planning of my care, treatment, or services and that I may stop such care, treatment or services that I receive through The Therapist, PLC and Claribel Severson, MA, NCC, LPCC at any time. I also understand that there are no guarantees that treatment will be successful.

By signing this Client Information and Acknowledgment of Informed Consent to Treatment form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein and agree to abide by its terms and conditions. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

I have read and discussed the above information with my therapist. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of The Therapist, PLC.

Signature of Client

Signature Claribel Severson, MA, NCC, LPCC

Date