

PLUM LIFE COUNSELING

Patricia Andow-Plum, Licensed Professional Counselor
6969 Montgomery Road, Cincinnati, OH 45236
Phone: 513.716.5043 Email: info@plum-life.net

COUNSELING INFORMATION & INFORMED CONSENT

WELCOME

At times, life can be hard. You want to experience the fullness that life has to offer you, but don't know how to get there. I believe counseling can be a form of healing and as a trained and licensed counselor, my desire is to help you navigate through your difficulties by walking besides you, encouraging, and mobilizing you towards wholeness and health. Welcome to counseling. I look forward to working together.

COUNSELING RELATIONSHIP

Counseling occurs when there is shared understanding and a therapeutic relationship between you and your counselor. A therapeutic relationship is the relationship developed between you and your therapist over time and is a professional connection where you work on identified goals and objectives. This professional therapeutic relationship occurs during sessions and avoids any type of social interaction.

The growth process can include some personal discomfort as you look at your thoughts, feelings, and actions and the changes you may make with them. While change may be uncomfortable, this is normal. I believe change occurs as I help you help yourself.

COUNSELING QUALIFICATIONS and BELIEFS

I am a licensed professional counselor in the State of Ohio having received a master's degree in mental health counseling from Xavier University. Working with individuals, couples, families and groups, a multi-modal (eclectic) approach to counseling is used. This means that various therapeutic approaches will be utilized depending upon your individual needs.

If you are or will be involved in a court case where you need counselor reports or testimony, I am not an appropriate counselor for you at this time.

CLIENT RIGHTS & RESPONSIBILITIES

Change happens when the ideas you've learned in sessions are practiced. Between appointments, you may spend 1-2 hours doing something related to what you've learned.

If at any time you do not think this counseling program is helpful, please let me know so we can discuss other resources for counseling. You also have the right to stop counseling sessions with me. If you wish to stop, please bring this up in session to help with your transition.

CONFIDENTIALITY and LIMITS

What is discussed during counseling appointments is strictly confidential, with the following exceptions:

- By law I must report possible situations of child abuse or elder abuse
- I determine you are a danger to yourself or to others
- You instruct me to tell someone else (i.e. other care providers) and you sign a "Release of Information" form

- I may speak with Cynthia Roy a clinically licensed counseling supervisor, to help me help you better

Client Signature

Date

IN CASE of an EMERGENCY

Please be aware that I do not have my cell phone with me at all times. There will be periods of times that I will not be able to be reached right away. Typically, I will return phone calls within 24-48 hours. If you feel like this is not a sufficient amount of support, please let me know so I can provide you with additional resources or if you prefer, transfer you to another therapist/ clinic.

If you have a mental health emergency do not wait for me to call you back, but do one or more of the following:

- Call 513.281.CARE, Crisis Hotline
- Call 911
- Go right away to your nearest hospital emergency room

Name, phone number, and relationship of two (2) people who can be contacted in case of an emergency:

Name _____ Phone number _____ Relationship _____

Name _____ Phone number _____ Relationship _____

DUTY TO WARN/DUTY TO PROTECT

If my therapist believes that I (or my child who is the client) am in any physical or emotional danger to myself or another person, I allow my therapist to contact any person who is in a position to prevent harm to me or another, including but not limited to, the person in danger. I also give consent to my therapist to contact any medical or law enforcement personnel deemed appropriate, as well as the person I have listed as an emergency contact.

Client Signature

Date

TECHNOLOGY USE & LIMITS

Technology may be used to initiate services, schedule/change appointments, send documents, or other electronic communication initiated and discussed between therapist and client. Do know that there may be a breach of confidentiality through forms of communication outside the therapy room (such as texting, email, phone...) because they are not secure or confidential.

Cell phones, text messaging, and email: No personal or therapeutic communication is to be sent by these modes of communication. This is to protect your privacy and confidentiality.

Facebook, LinkedIn, Instagram, Pinterest, Twitter, etc: It is my policy not to accept requests from any current or former clients on any form of social network platform because it may compromise your confidentiality.

_____ INITIALS

SESSIONS: STRUCTURE & COST

Individual counseling sessions are 45-50 minutes in length and cost \$50.00 per visit. Couples/family sessions are 70-75 minutes and cost \$75.00 per visit. Payment for services is expected at the time of each appointment and can be made by cash or check. A receipt will be given to you after each payment. Plum One Counseling currently does not accept insurance.

Talking by phone between sessions is not ideal and may indicate that you may need additional support. If you do choose to call, there will be a charge of \$25.00 if the conversation is longer than 10 minutes.

Please arrive so we can begin on time. If you are running late, please call or text me. Please know that I may not be able to extend your session time.

For your growth process, it is important for you to attend your scheduled appointments. If you must cancel, let me know at least 24 hours in advance by calling/texting me. If you do not show up for your appointment without calling to cancel, you will be charged \$25.

If I have to cancel an appointment, I will let you know as soon as possible by our agreed means of reaching each other.

_____ INITIALS

COUNSELOR INCAPACITY or DEATH

In the event that I become incapacitated or die, it will become necessary for another therapist to take possession of your files and confidential records. Cynthia Roy, LPCC-S is this designated mental health professional. She will contact you for your next steps.

_____ INITIALS

CONSENT TO COUNSELING

With your signature and initials, you acknowledge that you have read and understand this document, "Counseling Information & Informed Consent". You also agree with the policies of the therapeutic relationship.

Client Name (Please Print)

Date

Client Signature

Client Name (Please Print)

Date

Client Signature

CONSENT FOR TREATMENT OF MINORS

**With your signature below, you consent that _____ (minor's name)
may be treated as a client by Plum Life Counseling.**

Parent/Guardian (Please Print)

Date

Parent/Guardian Signature