

# INFORMED CONSENT

JR Counseling, LLC  
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## SERVICE AGREEMENT

Thank you for making the decision to begin therapy with me. This document contains important information about my professional services and policies. If you have any questions prior to signing, please ask.

## COUNSELING SERVICES

### Credentialing

I am nationally certified as a provisionally licensed mental health practitioner (PLMHP, NCC). As such, I am required to have weekly supervision with a fully licensed clinician for professional consultation and feedback.

### Risks and benefits

Therapy has both risks and benefits. Therapy is challenging work and has the potential to influence uncomfortable feelings. Individuals may feel worse as therapy progresses. Talking through difficult topics may also influence individuals to have thoughts about harming themselves. If this happens, it is important to communicate such thoughts to me so we can take an appropriate direction in therapy to ensure everyone's safety. Benefits of therapy may include a higher level of functional coping, solutions to specific problems, new insights into self, more effective means of communicating in relationships, symptomatic relief, and increased autonomy.

### Appointments

Appointments will ordinarily be 50 minutes, one time a week. Length of treatment will vary from person to person. Please plan to come to your session on time; if you are late, your appointment will still need to end on time. If you need to cancel or reschedule a session, please provide a 24-hour notice and indicate your desire to reschedule. If you do not provide a cancellation notice, it will be considered a no-show. I allow one no-show per client. I reserve the right to charge a fee amount for any additional no-shows. I will follow up with you by telephone or email to discuss rescheduling. If I am unable to reach you for 2 weeks, I reserve the right to terminate your services.

### Records

I am required to create, safeguard, and maintain documentation necessary for rendering professional services following HIPPA standards and requirements. Records may include brief progress notes, intake paperwork, treatment plans, and documents received from external entities. These records are maintained under consideration of security, and provisions are made for their destruction after 5 years' post termination. You have the right to review and request a copy of these records. If you would like to review your records, I prefer that we do so together.

### Confidentiality

The information shared in session remains private and between us. Confidentiality may be compromised if you share a plan to harm yourself or someone else or if you share information of child or elder abuse.

### Confidentiality and minors

As a minor, caregivers legally have the right to request information about treatment. If a caregiver requests information about treatment, I will inform such minor and use my professional judgment on the extent of information delivered to that caregiver.

### *Joint custody*

If one caregiver consents to treatment, I reserve the right to resume appropriate examination to ensure ethical guidelines and legal requirements are being met.

### *Non-custodial caregiver*

The state of Nebraska does not allow a noncustodial parent to provide consent to treat a minor. However, there are two exceptions to this rule. A noncustodial caregiver can provide consent if that caregiver has physical custody due to an emergency or if a divorce decree acknowledges these rights to the noncustodial caregiver. I reserve the right to request a copy of the decree that illustrates this agreement. Please note that a minor will not begin treatment until these documents have been obtained by the caregiver. Absent of these documents would require a custodial caregiver's permission to treat the minor.

## **COMMUNICATION**

### Contacting your clinician

I prefer to communicate via telephone to schedule appointments and discuss related concerns. My preferred telephone number you can reach me on is 402-819-7885. Please note that this number will not be answered after regular business hours. In the event of an emergency, please contact 911 or one of the following hotlines:

1. Boys Town National Hotline, 1-800-448-3000
2. Suicide hotline, 1-800-273-TALK
3. Nebraska family helpline, 1-888-866-8660
4. CHI information and referral psychiatric crisis line, 402-717-HOPE.

### Social media

I do not "accept" client friend/follow requests on any form of social media. This is to preserve the nature of the therapeutic relationship.

## **OTHER RIGHTS**

As a client, you have the right to be treated with dignity, respect, and consideration in accordance with your cultural/ethnic background and to ask questions about your therapy. You have the right to receive a second opinion at any time about your therapy and to report unethical behavior by myself. You have the freedom to choose whether to enter and remain in a counseling relationship.

If you are at all dissatisfied with your therapy, I encourage you to speak with me about your concerns. As such, your concern will be taken seriously and handled with respect. Informed consent is an ongoing part of the counseling process, and it is my responsibility to appropriately document these discussions throughout our counseling relationship.

## CONSENT TO COUNSELING

Your signature below indicates that you have read this Informed Consent and agree to all outlined terms and conditions of treatment.

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Signature of client

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Date

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Signature of caregiver (if client is a minor)

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Date

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Signature MS, PLMHP, NCC

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Date