Vera Counseling Collective, PLLC

Informed Consent for Counseling with Kaiti Williams, LPC

1. Scope of Services

Vera Counseling Collective, PLLC provides routine outpatient counseling services to adults, age 18 and older. This informed consent applies to individual counseling. Couples or relationship counseling requires a separate informed-consent agreement addressing confidentiality, clinical records, individual communications, and the responsibilities of each participant.

Counseling is not a substitute for emergency services, inpatient treatment, medication management, medical care, legal advice, forensic evaluation, or any service outside the clinician's professional scope.

2. Purpose and Nature of Counseling

Counseling is a collaborative professional relationship intended to help you address emotional, behavioral, relational, or mental health concerns. Services may include assessment, diagnosis when clinically appropriate, treatment planning, exploration of thoughts and feelings, development of coping strategies, processing difficult experiences, improving communication, and supporting meaningful change.

Treatment commonly begins with an intake and biopsychosocial assessment. Your clinician will work with you to develop an individualized treatment plan and will periodically review and revise that plan with your participation.

3. Counseling Methods

Depending on your concerns, preferences, clinical needs, and treatment goals, your clinician may use approaches such as:

- Cognitive behavioral therapy and behavioral activation
- Dialectical behavior therapy-informed skills
- Acceptance-, mindfulness-, and values-based approaches
- Trauma-informed and attachment-based interventions
- Emotion-focused and relational interventions
- Body-based regulation interventions, including breathing exercises and grounding
- Psychoeducation, communication skills, and problem-solving strategies
- Other evidence-based or clinically appropriate methods within the clinician's competence

Your clinician will explain recommended approaches and answer questions about how they may be used.

4. **Potential Benefits, Limitations, Risks, and Client Participation**

Counseling may help you better understand yourself, reduce distress, strengthen coping skills, improve relationships, and make meaningful changes. Results cannot be promised or guaranteed, and progress may be gradual.

Counseling often involves discussing painful memories, emotions, conflicts, or experiences. At times, you may experience temporary discomfort, sadness, anxiety, anger, shame, frustration, fatigue, or changes in your relationships. Addressing concerns may lead to decisions or changes involving relationships, routines, employment, beliefs, or other areas of life. People close to you may not always experience those changes positively.

Counseling typically requires active participation during sessions and, at times, between sessions. Progress may depend on your willingness to discuss concerns honestly, practice new skills, consider recommendations, and communicate with your clinician about what is or is not helping. You are encouraged to tell your clinician if treatment feels unhelpful, unsafe, confusing, or inconsistent with your goals.

5. **Your Rights and Voluntary Participation**

Participation in counseling is voluntary unless services have been ordered or required by another authority. You have the right to:

- Participate in treatment decisions and in the development, review, and revision of your treatment plan.
- Ask questions about your diagnosis, recommendations, treatment methods, and alternatives.
- Refuse a recommended treatment method or request a different approach.
- Request a referral, consultation, or second opinion.
- Withdraw consent and end counseling at any time.
- Be informed of reasonably foreseeable risks or consequences of refusing recommendations or ending treatment prematurely.

Ending counseling does not prevent you from requesting services in the future, but clinician availability, insurance participation, and the ability to resume treatment cannot be guaranteed.

6. **Professional Nature of the Therapeutic Relationship**

The therapeutic relationship is a professional relationship and is different from a friendship, social relationship, business relationship, or personal relationship. Professional boundaries are maintained to protect your privacy, support effective treatment, reduce conflicts of interest, and preserve the clinician’s objectivity.

Your clinician will not enter into another relationship with you that could reasonably interfere with treatment, exploit the professional relationship, or create a harmful conflict of interest. The relationship does not continue as a personal relationship after services end.

7. Confidentiality and Its Limits

Information you share in counseling and records related to your treatment will generally be kept confidential. Information will not ordinarily be released to another person or organization without your written authorization, except when disclosure is permitted or required by law.

Confidentiality may be limited in circumstances that include, but are not limited to:

- Reasonable suspicion of abuse, neglect, or exploitation of a child or vulnerable adult.
- A serious or imminent threat of harm to you or another person.
- A medical or psychiatric emergency in which disclosure is reasonably necessary to protect health or safety.
- A valid court order, subpoena, or other legal requirement after the clinician has considered applicable confidentiality and privilege obligations.
- Information permitted or required for treatment, payment, health care operations, insurance processing, audits, licensing-board matters, or legal defense.
- Information shared with approved business associates or service providers who support practice operations and are required to safeguard protected information.

When disclosure is required or permitted, the clinician will generally attempt to disclose only the information reasonably necessary for the purpose. Additional details are provided in the practice's Notice of Privacy Practices.

8. Professional Consultation and Treatment Team

Your clinician may consult with other qualified professionals to support the quality of your care. Identifying information will be limited when reasonably possible, and consulting professionals are expected to protect confidentiality. When coordination with another provider is appropriate, you may be asked to sign an authorization allowing communication.

Clinician licensure and supervision status: Your clinician practices independently and is not under the supervision of another therapist.

Therapist information:

Kaiti Williams, LPC | Owner
Email: kaiti@veracounselingcollective.com
Licensed in AZ, LPC-22647
Phone: (623) 252-6140

9. Clinical Records and Access to Information

A clinical record will be maintained and may include intake information, assessments, diagnoses, treatment plans, progress notes, correspondence, authorizations, billing information, and other treatment-related documentation. Relevant calls, emails, text

messages, portal messages, and voicemails may be documented or retained as part of the clinical record.

You may request access to your records or ask questions about their contents. Access may be limited or handled differently when permitted by law, including for psychotherapy notes, information about another person, or information whose disclosure could create a significant safety concern. Records will be maintained and disposed of in accordance with applicable law and professional requirements.

Requests for records should be submitted to your therapist (see section 8 for their contact information). Reasonable fees may apply for copying, preparation, or delivery of records when permitted by law.

10. Telehealth Services

Some or all services may be provided through secure video, telephone, or another approved electronic platform. Telehealth may improve access and convenience, but it also has limitations and risks, including technology failures, interruptions, reduced access to nonverbal information, and confidentiality risks associated with electronic communication.

When participating in telehealth, you agree that:

- You will be physically located in Arizona (or any other jurisdiction the therapist is licensed in).
- You will provide or confirm your identity, physical location, and appropriate local emergency information when requested.
- You will attend from a reasonably private and safe location and take reasonable steps to prevent others from overhearing the session.
- You will not drive or operate a vehicle during a session.
- Neither party will record a session without prior written consent from all appropriate parties.
- If technology fails, the clinician may attempt to reconnect, contact you by telephone, or reschedule the appointment.
- If adequate privacy, safety, technology, or clinical appropriateness cannot be maintained, the clinician may end or reschedule the session, recommend in-person care, or provide referrals.
- For audio-only or non-video communication, the clinician may use identifying questions or other reasonable procedures to verify your identity.

You may withdraw consent to telehealth. However, the practice may not be able to offer an alternative format, and continuity with the same clinician cannot be guaranteed if telehealth is no longer appropriate or available.

Neither the client, clinician, nor any other person may audio record, video record, photograph, livestream, or otherwise capture a counseling session without the prior agreement of the clinician and all appropriate participants. Vera Counseling Collective does not routinely record counseling sessions or permit third-party observation. If recording or observation is ever

proposed, the purpose will be explained and additional consent will be obtained before it occurs.

11. Emergency and Crisis Services

Vera Counseling Collective, PLLC provides routine outpatient counseling and does not provide emergency, crisis-response, or 24-hour on-call services. Your clinician may be unavailable while in sessions, outside established work hours, during weekends or holidays, or during planned absences.

Do not use voicemail, email, text messaging, or the client portal for emergencies. If you believe you may harm yourself or another person, are experiencing a medical or psychiatric emergency, or need immediate assistance, call 911 or go to the nearest emergency department. You may also call or text **988**, call the Arizona Statewide Crisis Hotline at **1-844-534-HOPE (4673)**, or call the Maricopa County crisis line at **1-800-631-1314**.

12. Electronic Communication and Response Time

Email, text messaging, portal messaging, telephone, and voicemail may be used for scheduling, billing, forms, brief administrative matters, or limited care coordination. These methods may have privacy and security limitations and are not appropriate for emergencies or extensive clinical discussions.

Clinicians are generally unable to respond while providing services to other clients. Routine calls, emails, text messages, and portal messages will ordinarily receive a response within two business days, excluding weekends, holidays, vacations, and other periods of announced unavailability. A delayed response should not be interpreted as confirmation that a message was received or that the clinician is available to provide urgent assistance.

By selecting below, you authorize the practice to contact you using the selected methods:

- ☐ Telephone calls
- ☐ Voicemail messages
- ☐ Text messages
- ☐ Email
- ☐ Client portal

Preferred phone: _____

Preferred email: _____

Restrictions on messages: _____

13. Financial Policies

Before services begin, you will receive Vera Counseling Collective, PLLC's **Financial Policy and Additional Fee Schedule**. That document identifies the fees that may apply to counseling and other professional services, including session fees, late cancellations, missed appointments, records, letters, forms, care coordination, and legal-related requests. It also

explains payment requirements, insurance billing, refunds, outstanding balances, and collection procedures.

The Financial Policy and Additional Fee Schedule is incorporated into and made part of this informed-consent agreement. By signing this informed consent, you acknowledge that you have received or been given access to the current Financial Policy and Additional Fee Schedule and have had an opportunity to ask questions about it.

Payment is due at the time stated in the Financial Policy unless another written payment arrangement has been approved. You are responsible for amounts not paid by insurance or another responsible party. Insurance coverage, authorization, and reimbursement cannot be guaranteed.

Appointments canceled after the required notice period and missed appointments may be charged according to the Financial Policy. Insurance generally does not cover late-cancellation or missed-appointment fees.

Material changes to fees, refund practices, or collection procedures will be provided to you in writing before they take effect. When a change could reasonably affect your decision to continue treatment, you may be asked to review and sign an updated informed consent or financial agreement.

- ☐ **I received or was given access to the Financial Policy and Additional Fee Schedule.**

14. Insurance and Diagnosis

You are responsible for understanding your insurance benefits, deductible, copayment, coinsurance, authorization requirements, network status, and limitations. Coverage and reimbursement cannot be guaranteed.

Insurance companies often require a mental health diagnosis and information supporting medical necessity. Using insurance may require the practice to disclose your diagnosis, dates and types of service, treatment status, or other information required to process or review claims. Once information is disclosed to a third-party payer, the practice cannot fully control how that organization uses or stores it.

You may ask questions about your diagnosis. You may also choose to pay privately rather than submit claims to insurance, subject to applicable payer contracts and practice policies. Discuss any request to restrict insurance disclosures before claims are submitted.

15. Inactive Clients and Administrative Closure

If you do not have a future appointment scheduled and do not attend or communicate with the practice for 30 consecutive days, your services may be considered inactive. The practice may make a reasonable effort to contact you before administratively closing your clinical record.

Administrative closure ends the active course of treatment and routine clinical availability. It does not prevent you from requesting services again, but the prior clinician's availability, participation with your insurance, or ability to resume treatment cannot be guaranteed.

16. Artificial Intelligence and Technology

Vera Counseling Collective, PLLC may use the SimplePractice AI Note Taker to assist with clinical documentation. When used during a counseling session, the tool may process spoken information and generate a transcript, summary, or initial draft of a progress note. The clinician reviews, edits, and approves all final documentation and remains responsible for diagnosis, treatment planning, risk assessment, clinical decisions, and the accuracy of the clinical record.

The AI Note Taker will not be used during your sessions unless you have been provided additional information about the tool and have completed the practice's separate **Consent for Use of AI-Assisted Note Taker**. You may decline or withdraw consent for future use without losing access to counseling services.

Electronic and AI-assisted systems carry possible risks, including inaccurate transcription, incomplete or incorrect summaries, technology failures, and confidentiality or security risks. The practice will use approved systems and reasonable safeguards consistent with applicable privacy, security, and professional requirements.

17. Social Media and Public Contact

To protect your confidentiality and maintain professional boundaries, your clinician will generally not accept personal social-media requests or communicate with clients through personal social-media accounts. Public comments, reviews, follows, or other online interactions may reveal that you are connected to the practice and may create privacy risks.

If you encounter your clinician in public, the clinician will ordinarily not acknowledge you unless you initiate the interaction. Even when you initiate contact, the clinician may keep the interaction brief to protect your privacy.

18. Legal Proceedings, Custody Matters, and Forensic Services

Vera Counseling Collective, PLLC provides psychotherapy for treatment purposes only and does not provide forensic, custody, parenting-time, disability, fitness-for-duty, court-ordered, or expert-witness evaluations. The clinician will not provide letters, reports, testimony, legal opinions, or recommendations regarding custody, parenting ability, credibility, disability, competency, damages, or similar matters. Treatment records are created for clinical care and are not forensic evaluations.

A subpoena, court order, or other legal request does not automatically authorize the release of confidential information. The clinician will respond in accordance with applicable law and may disclose information only when properly authorized or legally required. Legal involvement that conflicts with the clinician's treatment role may result in referral or termination of services.

Legal-related work is not included in regular session fees and will be billed according to the Financial Policy and Additional Fee Schedule. An advance retainer may be required.

19. Ending Services, Safety-Related Discontinuation, and Referrals

You may end counseling at any time. When possible, you and your clinician will discuss the decision, review progress, and identify appropriate next steps.

The clinician or practice may recommend ending, transferring, suspending, or administratively closing services when:

- Treatment goals have been met.
- Counseling is no longer beneficial or clinically appropriate.
- Your needs require a different provider, specialty, or level of care.
- The clinician does not have the training, competence, availability, or resources necessary to provide appropriate treatment.
- Appointments are repeatedly missed or canceled, or you do not maintain contact with the practice.
- Financial obligations remain unresolved despite reasonable efforts to address them.
- You repeatedly decline recommendations that the clinician reasonably believes are necessary for safe and appropriate treatment.
- A client or another involved person engages in threats, harassment, intimidation, violence, stalking, or other conduct that compromises the safety of the clinician, staff, other clients, or the public.
- Another circumstance materially interferes with the clinician's ability to provide lawful, ethical, safe, and effective treatment.

Except when immediate action is necessary for safety, the clinician will make reasonable efforts to discuss the change, provide notice, and offer appropriate referrals or recommendations. The practice cannot guarantee that another provider will be available, accept your insurance, or provide the requested services.

20. Notice of Privacy Practices

You acknowledge that you have received, reviewed, or been offered access to the practice's Notice of Privacy Practices, which provides additional information about how protected health information may be used or disclosed and explains your privacy rights.

☐ I received or was given access to the Notice of Privacy Practices.

21. Questions, Concerns, and Complaints

You are encouraged to discuss concerns directly with your clinician. Raising a concern will not result in retaliation or negatively affect your access to appropriate services.

You may also submit a complaint to the Arizona Board of Behavioral Health Examiners: 1740 W. Adams Street, Suite 3600, Phoenix, Arizona 85007; telephone (602) 542-1617; website: www.azbbhe.us. You may also contact another applicable payer, privacy, or regulatory authority.

22. Consent and Acknowledgement

By signing below, I acknowledge that:

- I am age 18 or older, or I am legally authorized to consent on behalf of the adult client identified below.
- I have read and understand this informed-consent document.
- I have had an opportunity to ask questions, and my questions have been answered to my satisfaction.
- I understand the possible benefits, limitations, and risks of counseling.
- I understand confidentiality and its limits.
- I understand the communication, telehealth, emergency, financial, cancellation, inactivity, and termination policies.
- I understand my right to participate in treatment decisions, refuse recommendations, withdraw consent, and end treatment.
- I voluntarily consent to receive counseling services from Vera Counseling Collective, PLLC.
- I understand that I may request a copy of this document.

Client name: _____ Date of birth: _____

Client signature: _____ Date: _____

Authorized legal representative, if applicable: _____

Relationship/Authority: _____

Legal representative signature: _____

Please retain a copy of this document for your records.