

Client Service Information & Agreement

Welcome! This agreement contains important information about Stepping Stone Counseling LLC and what you can expect from our work together. Please feel free to bring up any questions you may have about this information when we meet.

The counseling experience

I am honored that you have chosen to work with me in exploring your possibilities for change, and I am excited about the opportunities that lie ahead of us. This will be a journey that we take together, with responsibilities on both sides.

My responsibilities are to be present and attentive, to safeguard the relationship by maintaining confidentiality and attending to boundaries, to not harm you, to adhere to professional and ethical standards of practice, to keep our work focused on clinically relevant issues and to share useful information and resources when needed.

Your responsibilities are to participate in sessions with a sense of ownership and a willingness to take an active role in your progress, to be honest, and to adhere to plans for homework or exercises between sessions to the extent that you are able. Finally, it is your responsibility to pay promptly for each session.

The relationship in counseling is unique in many respects and quite different from possibly any other relationship you may have experienced. One of our first priorities in working together will be to create a trusting therapeutic relationship where you can feel safe to share your thoughts and feelings without fear of judgment. A mainstay of my therapeutic philosophy is the importance of avoiding judgment... of ourselves and others. This is not always easy. And it is very normal to feel embarrassed or potentially judged when you first begin working with a counselor, but I encourage you to try to remember that judgment and self-judgment are actually a choice. And another fundamental part of my responsibility in this relationship is to be warmly accepting of you just as you are.

As we work toward your goals in counseling, there may be instances of discomfort. This is a normal part of the counseling process and part of our work will be to help you move through difficult emotions and experiences so that you can move forward in life. But if something is too uncomfortable or you prefer not to do an exercise or discuss a topic, you absolutely have the right to decline – and I truly encourage you to voice such limits if you need them. The pace of progress and change can sometimes be quick, but at other times it can seem slow. This is also normal. But if your counseling experience is not meeting your expectations, please feel free to discuss this with me. Again, you have every right to voice your concerns and I truly encourage you to do so. I have been doing this a long time, so there is not much that I have not already heard. And more importantly, I truly value your feedback and candor.

Conversely, there may be some rare occasions where I may find that you would benefit from a treatment that I cannot provide. I do not accept clients into my practice that I do not think I can help. But it is my professional and ethical obligation to be honest with you if I assess that my treatment does not seem to be effective for you. In these rare cases, I would help connect you with another professional who could offer a different kind of treatment.

Finally, a few other things about the counselor/client relationship: To protect your confidentiality, if we happen to run into one another in public, I will not initiate contact or a conversation with you. I clarify this ahead of time to avoid awkwardness or confusion. I do this so as not to put you in a position of feeling obligated to explain our relationship to anyone with whom you might be. Also, professional and ethical obligations prohibit dual relationships during and after the counseling relationship has ended. After sharing personal information

and working with a counselor over time, it can be very normal to feel quite friendly with a counselor. But to be clear ahead of time, after engaging in a counseling relationship, we will not be able to be friends. Also, I am only licensed to practice counseling – not law, medicine, finance or any other profession.

Confidentiality & Communication

You can view the privacy statement in the initial paperwork I provide and upon request. I am committed to protecting your privacy, and federal, state and ethical laws oblige me to keep your information confidential. But there are few exceptional circumstances where confidentiality may not be maintained.

I meet regularly with other clinicians for case consultation which is a best-practice for this profession. I do not use names or other identifying information in these consultations. On occasion I may need to or you may request that I coordinate services with someone else you are seeing. In order to do this we would need to sign a release of information before I could have such communication. Individuals with whom I contract for billing services and support staff at the St. Louis Wellness Center may also come into contact with your information and they are also bound to protect confidentiality.

The other exceptions to confidentiality rarely occur but would be related to concerns for your safety or that of someone else. State law and professional and ethical obligations require that I fulfill the obligations of a mandatory reporter if I hear of abuse or imminent danger to a child or dependent adult. I am also obliged by a duty to warn if you disclose information about intentional plans to harm yourself or someone else. Again these are very unusual circumstances and every reasonable effort would be made to communicate and establish safety with you directly before confidentiality might be broken.

Many clients choose to use mobile devices, phone, email and other electronic means to initiate counseling services and/or communicate throughout treatment. It is important to note that these forms of communication come with certain risks including but not limited to the following:

- The possibility of technology failure resulting in messages or information not being received
- The possibility of misunderstandings due to the absence of nonverbal/visual cues
- Use of email may result in various servers creating permanent records of message transactions.
- Employers or other agencies may review email archives on a routine basis, record letters typed on a keyboard and/or engage in data mining activities.
- Email communication across free services such as Hotmail, Yahoo! and Gmail are not encrypted.
- I cannot guarantee confidentiality when mobile devices, phone, email, tablets or computers are used for communication. I will assume that if you use any of these methods to contact me, you are giving me permission to do the same.

I have read and understand this information and that which is included in the 'Privacy Notice' detailed on the paperwork provided to me. I also understand the circumstances under which my counselor is legally obliged to break confidentiality.

My credentials and experience

I have a Master's degree in School and Professional Counseling from Lindenwood University and I am licensed as a Licensed Professional Counselor in Missouri. I am a professional member of the American Counseling Association.

- National Provider Identification (NPI) #1538435342
- Licensed Professional Counselor (LPC – MO) #2012009490
- American Counseling Association (ACA) Professional Member #6325443

For over five years I have been providing counseling and consultation in both high school and private practice. My training includes neuroplasticity, mindfulness, cognitive-behavioral, motivational interviewing and psychodynamic therapies. I regularly participate in continuing education offerings as well as personal wellness activities to maintain progress in my professional and personal growth.

Practical Matters: Time, Payment, Cancellations and Ending

My standard counseling fee is \$100 per 50-55 minute session. Stopping at this time allows us a few minutes to schedule the next appointment and take care of payment and other details. And while keeping us on schedule is ultimately my responsibility, I would ask that you try to be mindful of time as well when bringing up new topics so that there is time for us to give them appropriate attention.

Your fee or copayment is charged per session; I ask that the fee be paid at the time of the session. Payments can be made by check (payable to Stepping Stone Counseling LLC), Visa, MasterCard, Discover, or American Express. There is a thirty dollar fee for any returned check. The insurance companies with which I am contracted at this time are Anthem Blue Cross Blue Shield, Cigna, and HealthLink (please ask me for the additional 'Insurance Agreement' form if you choose to use your insurance benefit). If you choose to use an Anthem, Cigna, or HealthLink benefit you should be aware that claim information is filed electronically. I do not file insurance forms for any other insurers, but I can provide you with a monthly statement outlining dates of sessions, charges and paid fees. This form can often be submitted to insurance companies for reimbursement under an out-of-network benefit. If you have specific needs around these matters, please bring them up when we meet.

Your session time is reserved for only you. If you must cancel or reschedule your appointment, please provide at least a 24-hour notice by phone call or text message. Outside of instances of serious illness or emergency, if you fail to provide that notice, you may be charged a late cancellation/no-show fee at your established session fee. If you arrive late for your session, we will probably not be able meet for the full time, because it is likely that I will have another appointment after yours.

Should you need to talk with me occasionally by phone between sessions, there is no fee for this service. However, if calls become lengthy and/or frequent, additional charges based on the hourly therapy rate would be implemented.

Finally, it is my policy to keep a credit card on file to be used for late cancellations or past due fees. This prevents you from having a past-due balance and keeps our therapeutic relationship free from financial distraction so that we can focus on your goals. With the exception of the fee for a missed appointment without adequate notice, I will discuss any charges with you in advance.

Type of Card: _____ (Visa, MasterCard etc.)

Name of Card holder: _____

Card number: _____

Expiration Date: _____ Security code on back: _____

Billing Zip Code for this card: _____

You may of course decide to end the therapy relationship and leave the work at any point. I do ask however that you agree to meet with me in person to discuss this decision once it is made. This gives us an opportunity to summarize our work together and explore and address any potential future needs.

Involvement in legal matters

I do not knowingly accept court-related cases. Your signature of this document serves as your agreement that you are not involved in a court-related case regarding the circumstances in which you are seeking counseling. I am not a custody evaluator and cannot make any recommendations on custody matters. I can refer you to a professional who can provide custody evaluation if needed. Due to the sensitive nature of court related issues, and the time that it could take away from my normal work day, I also ask that my clients waive their right to subpoena me to court for any reason. It is my desire and ethical obligation to preserve the confidentiality and trust that is established in the counseling relationship. Having me and/or my records subpoenaed often damages this. It is in your best interest to know that conducting expert witness testimony is not my area of expertise. I can refer you to another professional who can provide this service if needed. Your signature indicates your agreement to waive your right to subpoena me for this purpose.

Finally, if you happen to become involved in a court case or proceeding and I am seeing you jointly with a spouse or significant other, I will not be able to release any information about our work together to any third party without the written consent of each person attending counseling.

Contacting me and emergencies

My voicemail is confidential and is accessed only by me. I regularly check my messages Monday through Friday 8:00 a.m. – 5:00 p.m. When calling outside of these hours, you may leave a message, but I may not receive your message until the next business day. I cannot be available 24 hours a day and may not be able to check voicemail or email every day. If you are experiencing an emergency, you should take immediate care of yourself by calling 911 or going to your nearest hospital emergency room. Another 24-hour resource in the community is the Life Crisis Hotline available at 314-647-4357.

I understand and agree that if for any reason I think that my physical, psychological, or emotional health is at risk during the period of my counseling, it is my responsibility to seek medical or emergency mental health care immediately.

My signature below and initials in the sections describing Confidentiality and Emergencies indicate that I have read and understand the information provided in this agreement. I understand that no specific promises have been made to me by this counselor about the results of treatment, the effectiveness of procedures used by this counselor, or the number of sessions necessary for therapy to be effective. I understand that I can, at any time, ask my counselor additional questions about this information.

Client _____ Date _____

Parent/Guardian (if applicable) _____ Date _____

I, Sarah Strohmayer, have met with this client and his/her guardian if applicable and have informed him/her of the issues addressed in this document. To the best of my ability I have responded to all his/her questions. I believe this person fully understands this document and find no reason to believe this person is not competent and legally authorized to give informed consent to treatment at this time.

Counselor _____ Date _____