



## **Denisha Smith, SE INT III, LPC**

### **Informed Consent**

#### **Office Policies**

##### **Psychotherapy and Somatic Experiencing**

Welcome to my psychotherapy and Somatic Experiencing practice. Somatic Experiencing (SE) is a naturalistic form of healing that will help you learn how to settle and release physiological activation from your body. Very often this process helps people to reduce stress and return to a sense of regulation and mastery in their lives. SE will support you in learning how to attend to uncomfortable sensations in your body and gently unwind them through your conscious attention. SE is particularly useful in managing stress because so many of the symptoms are physiological. If you would like to read more about SE, visit our website at [www.traumahealing.com](http://www.traumahealing.com) or read *In an Unspoken Voice* by Dr. Peter Levine. During SE practice, I also draw upon psychodynamic therapy, Cognitive Behavioral Therapy, Eye Movement Desensitization Reprocessing (EMDR), Family Systems, Play Therapy (for children) and Christian Counseling.

##### **Credentials**

I have received ongoing training in Somatic Experiencing, and have completed Intermediate III. I also hold a Masters in Professional Counseling and hold Professional Licensure in the state of Virginia.

##### **Benefits and Risks**

SE may offer you many benefits such as an increase in your ability to self-soothe and feel empowered. However, there may also be risks as with any treatment that focuses on healing trauma. Although SE is designed to help you resource and work with manageable amounts of discomfort, you may experience challenging feelings, images, or thoughts. Furthermore, as with any stress reduction treatment, there can be no guarantee that you will reach your goals. That said, many people report that SE has helped them tremendously and has created positive change in their lives. Learning how to reorganize “body memory” is often a vital to learning how to relax and calm your nervous system.



## **Fee rates**

Office visits

### **Procedure:**

CPT Code

Fee

Initial diagnostic interview

90791

\$125

Individual Psychotherapy

90837

\$105.00 (60 mins)

Individual Psychotherapy

90834

\$85.00 (45 mins)

Family Psychotherapy

90847

\$125.00

Group Therapy

90543

\$50

Telephone consultation

\$22.50 per each 15-minute period

Returned check fees

\$30.00 per item, per incidence

## **Confidentiality**

Everything that you share with me will remain confidential. There are a few reasons, however, I am required to break confidentiality by law. The first would occur if you were of danger to yourself and had an active plan to harm yourself. In this case I would contact the hospital to place you on a 72-hour watch. Another reason would occur if you were planning to seriously harm another person. I would be required to contact the person threatened if possible as well as the police department. Confidentiality will also be broken if I learn of child or elder abuse and will contact protective services immediately. If I learn of a child abuser from a person's past who is actively still around children I am mandated to report him or her.

If you are a minor, I am required to share important information with your parents regarding your emotional health. This is not the case if the information you share would put you at extreme physical risk from a caregiver. Breaches in confidentiality will occur along with the same guidelines for adults above, but include a report if you are having a sexual relationship with an older peer or an adult if you are under 16 years of age.

## **Patient Litigation**

Therapist will not voluntarily participate in any litigation, or custody dispute in which Client and another individual, or entity, are parties. Therapist has a policy of not communicating with Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in Client's legal matter. Therapist will generally not provide records or testimony unless compelled to do so. Should Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving Client, Client agrees to reimburse Therapist for any time spent for preparation, travel, or other time in which Therapist has made herself available for such an appearance at Therapist's usual and customary hourly rate of \$105 an hour.



### **Phone Calls and Emergency Contacts**

Calls will generally be returned within 48 hours during regular working hours Monday-Friday unless I am out of town. I will generally tell you when I will be away from the office. If you have an immediate emergency you may call your local emergency hotline or 911. For phone calls over five minutes you will be charged \$5/min. I will not respond via email and will only do so in person. If this level of contact in between sessions is not enough we can discuss the possibility of bi-weekly meetings until you feel ready for once a week meetings. These limits are important so that I can be fully available to you professionally and can have thoughtful, resonant, and meaningful interactions with you.

### **Cancellations**

If you decide that you need to cancel a session please call me 24 hours before at (804) 878-5810. If you do not cancel, I will expect you to pay a \$60 dollar no show fee. This means that if you have an appointment at 11:00am on Tuesday, you would need to cancel by 11:00am on Monday. This will allow me time to reschedule other clients who could benefit from the availability. These policies apply to me also. I will call you with at least 24 hours notice if I need to reschedule. If for any reason I miss our scheduled appointment without notifying you, I will provide your next session free of charge. True emergency situations that cannot be foreseen can be negotiated (sudden illnesses, accidents, or unpredicted loss of childcare).

**I, hearby, agree that in the event my account has to be referred to an attorney and/or collection agency for collection that I will be responsible for all fees, court costs and attorney fees of 33.3% of the outstanding balance. On all accounts referred to an attorney for collections, interest may accrue on all unpaid balances at the rate of 18% from the date of referral. I, also, hearby give permission to release the necessary information for such a process. I authorize the release of any medical information necessary to process my insurance claim and request payment of benefits directly to Healing Well Therapy, LLC or designated vendor. I, the undersigned, agree to accept full financial responsibility for services rendered by Healing Well Therapy, LLC. I agree to abide by the conditions outlined in this policy statement and by my signature acknowledge receipt of a copy of this policy.**

### **Responsible Party Signature:**

**Name Printed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Name Printed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **SE Session Format**

SE sessions are done seated in a chair or couch depending on your preference. You will be asked to share an impression of the sensations that you feel in your body, such as tightness, heat, shakiness, expansion,



relaxations, etc. I will teach you ways to track, or follow, these sensations with your awareness and come to a place of rebalance.

### **Touch**

SE is not a form of massage. I may offer you touch support for the following reasons: grounding, containment, supportive, mobilization, or awareness building. You will always be asked before being touched and have the right and my full support to decline. If you do not feel comfortable with touch, or if the session does not call for it, session work will not include touch.

### **Counseling Process and Termination:**

Usually the focus of the first session is answering any questions you have about the registration packet information, gaining history related to the issues that have brought you into counseling and identifying your goals for treatment. I like to see clients once per week for 3 or 4 weeks in the beginning, and then determine the appropriate rhythm of therapy sessions.

Everybody comes to counseling with the expectation of positive changes. The benefits include reducing or eliminating psychological symptoms, improving interpersonal relationships, and resolving the specific concerns that led you to seek counseling. Change can be hard and take a lot of work on your part. Therapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings, and/or behaviors. There are risks that people take in counseling. Sometimes remembering painful events may be difficult. It may seem that the situation may get worse before it gets better. You may take risks that seem scary. Changes may create discomfort in personal and employment relationships. There may be a lot of pressure for you to go back to the way you use to be. Sometimes a decision that is positive for one family member is view quite negatively by another family member. Change will sometimes easy and swift, but more often it will be slow and even frustration. There is no guarantee that psychotherapy will yield positive or intended results. It may take time for you and the people in your life to adjust to the changes.

Also, there are times that I am pointing out patterns of behavior and beliefs that may be unhealthy or unbiblical. It can be uncomfortable to hear this kind of input, but growing in self-awareness is necessary for making productive changes. Also I will frequently suggest options for change. Trying new behaviors is important to see what may work better.

Many clients complete their goals for counseling after 15 to 25 sessions. Others identify more goals for counseling and continue for longer periods. I like to evaluate progress at regular intervals just to see how you see progress toward your goals and whether we need to update goals. In this way it makes it easier to know when counseling ends because goals are completed to your satisfaction. I like to be able to have a closing session to discuss the pros and cons of the counseling process with me and to evaluate the progress of your goals. Often I encourage clients to lengthen the time in between sessions to several weeks to months to make sure change is consistent, then close. You may end counseling at anytime. If you want to end counseling spontaneously, I would appreciate letting me know so we can still have a closing session or at least a phone call. Sometimes clients have a difficult time with saying good-bye and just don't show up for a session. Learning how to say good-bye in healthy ways is a positive life skill. If I don't hear from clients to reschedule an appointment after a month, I close the case until the client calls to reschedule an appointment.



Occasionally there may be times when I will initiate ending therapy. This may occur when I perceive that the client no longer needs assistance or is no longer profiting from counseling services. If payment for services is not paid in a timely fashion, I may also end counseling. In rare circumstances I may terminate counseling if I perceive my physical safety is in jeopardy by the client or someone the client knows. In these situations, I can provide the names of counselors or practices that may continue to provide counseling services. Also, you can sign a release of information so that I may consult with the new therapist to aid in the transition.

This counselor does not provide custody evaluations and/or evaluations, medication or prescription recommendations or legal advice, as these activities do not fall within my scope of practice. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits.

### **Confirmation**

#### **Healing Well Therapy**

**I/We have been given the opportunity to ask questions about these policies. I/We understand above stated polices, including the limits of confidentiality, the use of our health information, our rights concerning the case record and Denisha Smith's treatment approach. I/We understand that Denisha follows state guidelines regarding limits to confidentiality. I/We understand that Denisha does not have control over how the insurance company uses information provided. I/We agree to pay for all services not reimbursed by the insurance company. If I/we have children involved in counseling, I/we have taken time to explain these policies them so that they can also give informed consent to the best of their ability at their age. I/We agree not to subpoena Denisha Smith to testify in court or the counseling record. By signing below I/we are accepting counseling services and payment for such services.**

**Thank you very much for taking the time to consider this information.**

**Client Name \_\_\_\_\_ Date \_\_\_\_\_**

**Parent or Guardian of a child**

\_\_\_\_\_ **Date \_\_\_\_\_**