



Hello & Welcome

Thank you for choosing to work with me. I look forward to getting to know you. Please read, complete, and sign the attached sheets. This information will help me in my work with you and make your therapy more productive.

Also, please identify your initial goals for our work together, to the best of your ability, on **"The Initial Plan"** at the end of this packet. We can fine tune these goals in your session.

Please bring this intake packet to our first session together. I look forward to working with you.

Thank you,

Christine

Dr. Christine M. Bielinski, Ph.D., LPC



Contract for Professional Services

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully. Note any questions you have so we can discuss them. When you sign this document, it will represent a binding agreement between us.

PSYCHOTHERAPY SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the client and the therapist and the particular issues you bring to our work. There are many different methods I may use to address the issues you bring to our sessions. Psychotherapy will require a very active effort on both our parts. You will have to work both during our sessions and at home to achieve the most successful outcome.

Psychotherapy has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings and talking about parts of your history that are painful. Psychotherapy has also been shown to have benefits for people who undertake it. It often leads to a significant reduction of distress and an increase of satisfaction with yourself, your relationships and the resolution of specific problems. But there are no guarantees about what you will experience.

Our first few sessions will be an assessment time. I will be able to offer you initial impressions of what our work may include and a treatment plan to guide us in this work. We will focus on some specific goals you wish to accomplish; together we will map out a plan. You too will be doing an assessment and determining if the services I propose will fit your needs. As therapy involves a large commitment of time, money and energy, it is important that you feel comfortable continuing our work together. If you feel uncomfortable with pursuing our work together, I will be happy to assist you in finding another counselor. I welcome your discussion of how we are proceeding at any time. Please remember that you always have a choice in the therapy. Please, don't be shy. Let me know what elements are most useful to you in gaining the changes you desire and which elements, if any, are not helpful to you.

CONTACTING ME

Phone: My office phone is my cell phone. I use a cell phone to be more available to my clients. On the other hand, please be aware that because they are wireless, cell phone conversations do not provide as high a level of privacy as may be available with a land-line.

Messages: When I am unavailable, your message will be forwarded to my confidential voice mailbox. I make every effort to return calls from my clients within 24 hours of the time I receive them.

Text: Please limit text messages to information regarding scheduling. Text messages are not encrypted, can fall into wrong hands, and provide little confidentiality. The nature of text messages is not

conducive to a full understanding of your emotional state. They are very easy to misinterpret, which can lead to serious disruptions in communication and could undermine the trusting therapeutic relationship, which we will be working hard to build.

Email: Email is a good way to respond to a questionnaire or confirm appointments. But please be aware that my email service does not provide encrypt email; therefore, it does not provide confidentiality. For skills coaching, or managing emotional issues, a phone call is best.

EMERGENCIES

My practice does not have the capacity to respond immediately to counseling emergencies. True emergencies should be directed to **911** or **Impact: 480-784-1500**. In addition, if you are anywhere within Maricopa County, Arizona, you can call the **24-hour Crisis Line**, at **602-222-9444** (1-800-631-1314).

PROFESSIONAL RECORDS AND CONFIDENTIALITY

Both Arizona law and the standards of my profession require that I keep appropriate treatment records. You are entitled to receive a copy of your records, or I can prepare a summary for you instead. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, I recommend that you review them in my presence so that we can discuss the contents. You will be charged my hourly rate for any professional time spent in responding to information requests. In the rare cases where clients request that I provide some information about their treatment to a third party, I have found that their goals are often best achieved if I can tailor that information to the specific situation and its requirements. This means that rather than copying all their treatment notes, they may prefer that I respond in a focused way to specific questions that the third party may pose.

All information disclosed within sessions and the written records are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. There are some limitations to strict confidentiality that protect your welfare and that of the public. These limitations provide for a partial breach in confidentiality only under the MOST SERIOUS CIRCUMSTANCES. For example:

- If I receive a report of abuse or neglect of a child or vulnerable adult, I may be required to advise the appropriate authorities, depending on my judgment of the credibility of the report.
- If you threaten serious bodily harm to another person or yourself – and I am unable to dissuade you from the action you threaten -- I am required to notify the intended victim and the appropriate law enforcement agency. Under some circumstances, I may be required to seek hospitalization for you or contact family members or others who can help provide protection.
- If a court of law orders me to release your records, I must do so. Other exceptions exist, if you make your mental status a court issue. These will be discussed on a case-by-case basis.

TREATING COUPLES OR FAMILIES

The goal of couple and family therapy is to help create emotional safety within the family or couple relationship, a deeper connection, and a place to feel supported when personal challenges arise. When I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. I will be compelled to work for what is best for the health of the relationship. Secrets can be detrimental to the closeness and safety of a relationship.

There may be a time when information is revealed by an individual participant that is detrimental to the family or couple relationship if kept secret. I will use my best judgment as to whether, when, or to what

extent I will make disclosures to the treatment unit, and will also, **if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure.**

This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family.

RECORDS AND YOUR RIGHT TO REVIEW THEM

Both the law and the standards of my profession require I keep clinical records for seven years. You have the right to review your records at any time except in limited legal or emergency circumstances or when I assess that releasing such information might be harmful to you or someone else. In the case of couple’s therapy, I will release records from the couple’s sessions only with the signed authorizations **from BOTH people** involved in treatment. From time to time when I do couple’s therapy, I may wish to make a video recording of the sessions, in order to give me an opportunity to study the session after the couple has left and gain further insight into their interactions. Such videotaping will only occur when the couple, specifically authorizes it in advance, in a special release form, which I will provide. Please know, however, that such videotapes are for my use only. Unlike the progress notes and treatment plan, they are **not** part of my treatment record, and so are not available for release to clients or third parties.

Unlike the official treatment record – which the law requires that I maintain for seven years – I will destroy these session videotapes after I have reviewed them sufficiently to provide the most astute therapy I can to my clients. I also will destroy my clients’ official treatment records following seven years after my last contact with them.

LITIGATION LIMITATION

The nature of our work together involves confidential and sensitive matters. By signing this contract, you are agreeing that should there be legal proceedings such as, but not limited to divorce and custody disputes, injuries, or lawsuits, neither you nor your attorneys nor anyone else acting on your behalf will call me to testify in court or at any other proceeding.

SOCIAL MEDIA

I do not accept “friend” or “contact” requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.). I believe that adding clients as friends, contacts or fans on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet.

USE OF CELL PHONES IN SESSION

I always try to remember to set my cell phone to “Airplane Mode” during sessions and request that you do so as well, unless there is an urgent situation that you need to monitor and have advised me of this fact. Do NOT under any circumstances use your cell phone or other device to record a session. This would be a huge violation of the privacy rights of everyone in the room.

FEES AND STATEMENTS

My hourly fee is \$200 for up to a 50-minute session or \$300 for up to an 80-minute session. You agree to pay for your session at each meeting unless we have made other arrangements. I charge this amount for other professional services you may need, breaking down the hourly cost into 15-minute segments if I work for periods of less than one hour. Professional services that I may bill for include report writing, telephone conversations lasting longer than 15 minutes, preparation of records or treatment summaries, and time spent performing other services you may request of me. If you are experiencing financial difficulties, **please tell me about this promptly** so that we can discuss possible adjustments of these fees or when they are due.

I will provide you with statements of all charges and payments if and when you request them. For many of my clients, a single annual statement takes care of their needs. For others, more frequent accounting is required. **I will rely on you to tell me what you need.**

CANCELLATIONS

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of **24 hours notice** is required for re-scheduling or cancelling an appointment. By signing this contract, you agree to pay the full \$200 fee for sessions missed without such notification.

I am always happy to discuss any questions or concerns you have about any clinical issue or business policy. Please feel free to talk with me about these matters. I truly appreciate the opportunity to be of professional service to you and look forward to our work together.

Please initial the following 3 items, if you agree.

- 1)** I agree to receive counseling services from Dr. Christine M. Bielinski, Ph.D., LPC _____
- 2)** I understand Dr. Christine M. Bielinski's electronic communication and social media policies and agree to comply with these policies. _____
- 3)** I have received a copy of the Financial Agreement, Contract for Professional Services, and HIPAA Privacy Policies, and agree to their terms. _____

Permissions

☐ I give, ☐ I do NOT give Dr. Christine M. Bielinski permission to contact the person (if any) who referred me to him and to express appreciation for this referral.

☐ I give, ☐ I do NOT give Dr. Christine M. Bielinski permission to contact me from time to time (probably very rarely) by email to inform me about workshops she and/or her colleagues may be having .

Your signature below indicates that you have read and understand the information in this document and agree to abide by its terms.

Signature

Date

Client Name (PLEASE PRINT)

Dr. Christine M. Bielinski, Ph.D., LPC

Date