

Welcome to Counseling Services

What to expect

I provide counseling services to individuals, couples and families as well as providing supervision for other counselors, and consultation services. Services are typically provided in my offices. Other locations may be considered when physical needs of a client require a different setting.

I use aspects of Adlerian, Client Centered, Cognitive Behavioral, and Systems approaches to work with clients. I am a Licensed Clinical Professional Counselor in the State of Kansas and a Licensed Professional Counselor in Missouri. In addition, I am a Nationally Certified Counselor and a Registered Play Therapist- Supervisor. My doctorate is in Counselor Education, Counseling, and Supervision from Idaho State University and I hold a M.Ed in Counseling from Whitworth University.

You have the right to ask about anything that happens in therapy. If you have questions about why I am doing something or have ideas about what you think might work better, please feel free to ask and discuss this with me. I am very willing to discuss how you see things are going in counseling. I believe this is your session. If you have specific questions about my training at any point or for any specific concerns, please ask. If you would like a referral to a different therapist at any point that is also something you can ask me for.

Your first session will take approximate 60 minutes. Subsequent sessions will be for forty-five -minute sessions unless agreed upon prior to session. Starting counseling is a major decision and you may have many questions. This document is intended to inform you of my policies, state and federal laws, and your rights. If you have other questions or concerns, please ask and I will try to give you all the information you need.

Fees are to be paid prior to services. I will provide you with a receipt if you request it for your own submission to your insurance.

Therapy can result in a number of benefits including improving interpersonal relationships, increased understanding and expansion of options you see, new information about transitions and growth as well as support through challenges.

Therapy has potential emotional risk. Strong feelings and new or long avoided thoughts can be intense and may be painful. Making changes in our beliefs and life can be scary and can be disruptive to current relationships. It is important that you consider carefully whether these risks are worth the benefits of changing to you. Most people who take these risks find that counseling is helpful.

The counseling relationship will not last forever. You can choose to discontinue at any time, and we will be discussing progress and ongoing goals to help you with your decision. Counseling sessions will be limited by either your choice, mutual decision that goals are met, or my assessment that I am not the best clinician to work with you at this time. If I assess I am not the best clinician to work with you at this time, I will give you names of other clinicians.

Confidentiality

I will guard any information obtained about or from you with confidentiality as far as the law allows. The following exceptions pertain to confidentiality.

- In the event of my death, or incapacitation, Dr. Mary Fry LCPC is my designated professional executor and will become responsible for client files.
- Information on receipts may include diagnostic code.
- Mandated reporting of physical or sexual abuse of a child or someone who is in need of protection
- Threats of suicide or homicide
- You, the client, sign a release of information
- Information necessary for professional consultation
- To defend myself or my practice in court of law
- As required by law

Cell phones or e-mail are useful ways of communicating and can be helpful but you need to be aware these are not entirely confidential ways to communicate. I offer an encrypted email or secure communication through my website.

I keep brief records of your sessions. The purpose of these records is to provide you with good care. Included in these notes will be date, time and who attended session, interventions discussed, and topics covered. You are entitled to a copy of your records if they will be useful to you. I ask that you request these ahead of time, so I am able to copy them. In cases where files are lengthy, a summary may be more useful to you and will also be prepared if requested.

Emergency Situations

If an emergency occurs outside of our scheduled appointment times, please do the following;

Call 911 or go to the nearest emergency room if the situation cannot wait.

Call to inquire about an appointment at **913 602-9631** if the situation is not emergent but will need attention directly. This is a cell phone number.

Financial Expectations

You will be responsible at the time of services for payment. Counseling, Consultation, and Supervision fees are \$180.00 per 45- 50-minute hour. 30-minute sessions will be billed at \$150.00. This will be prorated for session that are scheduled for longer or which go over the scheduled time.

Any time outside of session spent on e-mail, phone or other communication, which exceeds 10 min between sessions, will be billed at the above-prorated rate.

If a check is returned without payment a \$35.00 service charge will be applied.

An additional fee is charged if any part of a day or more of my time is required for **court appearances or expert testimonies or legal documentation.**

Missed Appointments – please call and cancel as soon as possible if you know you will miss a scheduled appointment. At least **24 hours’ notice** is required to avoid being charged for the session.

Your Responsibilities

Attend session at scheduled time or notify me 24 hours prior to session that you are canceling

Pay for services

Talk to me if you are unhappy with the way things are going in session

If you believe I have behaved unethically you can register a complaint to the Kansas Behavioral Science Regulatory Board at 785-296-3249

Contact Information

Please inform me how you would like to be contacted should an appointment need to be canceled or other information obtained.

Your Best **Phone number**

Is it ok to leave a Message Yes No

Is this a number you would like to receive Texts on? Yes No

Your **email Address**

Your Address _____

Clients **Date of Birth** _____

**Transforming Growth and Renewal LLC
Tricia K. Brown, Ph.D. LCPC, NCC
Registered Play Therapist- Supervisor
913- 602-9631**

Consent for Treatment

I have read this document, had sufficient time to be sure that I considered it carefully, asked any questions that I need to, and I understand it. I consent to the use of a diagnosis in billing and the release of that information and other information necessary to complete the billing process. I agree to pay the fees outlined in this document. I further understand my rights and responsibilities as a client and my counselor's responsibilities to me. I acknowledge that I am over the age of eighteen and I agree to undertake therapy with Tricia K Brown, Ph.D. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Dr. Brown

**Signature of client or clients
or guardian of client**

Date

Printed name of client or clients And Guardian if applicable
