1

**INFORMED CONSENT FOR THERAPY**

# Lea M. Larch, MA, LPC, NCC, AADC, ALPS

**Licensed Professional Counselor**

**Nationally Certified Counselor**

**Advanced Alcohol and Drug Counselor**

**Approved Licensed Professional Supervisor**

**(681) 460-8911 (o)**

**Clarity Counseling Services**

**Current Edition: July 2024**

**Dunbar, WV**

## Credentials, Supervision, Training, and Affiliations

I have a Bachelor’s degree in Counseling from Marshall University and a Master’s degree in Clinical

Mental Health Counseling also from Marshall University located in Huntington, WV. I am currently a Licensed Professional Counselor (license #2551) and an Approved Licensed Professional Supervisor through the West Virginia Board of Examiners in Counseling, a Nationally Certified Counselor (license #685070) through the National Board of Certified Counselors, and an Advanced Alcohol and Drug Counselor (license #22-312) through the National Association of Addiction and Prevention Professionals (NAADC).

I adhere to the American Counseling Association Code of Ethics and the National Association of Addiction and Prevention Professionals Code of Ethics (copies made available upon request). You may view the ACA Code of Ethics from their website at [www.counseling.org](http://www.counseling.org/) or the NAADC Code of Ethics on their website at [www.naadc.org.](http://www.naadc.org/)

I am a member in good standing with the West Virginia Licensed Professional Counselors Association (WVLPCA), the American Mental Health Counselors Association (AMHCA), the West Virginia Addiction and Prevention Professionals Association (WVAPP) and the National Association of Addiction and Prevention Professionals.

Licensing Board Contact Information:I have active licenses in West Virginia, Colorado, Florida, Maine, Oregon, and Virginia.

**West Virginia Board of Examiners in Counseling.**

 815 Quarrier Street, Suite 212 Charleston, West Virginia 25301Phone: (304) 558-5494 [www.wvbec.org](http://www.wvbec.org/)

**State Board of Licensed Professional Counselor Examiners**

1560 Broadway, Suite 1350, Denver, CO 80202 Phone: (303) 894-7800

<https://dpo.colorado.gov/ProfessionalCounselor>

**Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling**

4052 Bald Cypress Way Bin C-08, Tallahassee, FL 32399 Phone: (850) 413-6982 <https://floridasmentalhealthprofessions.gov/>

**Maine Board of Counseling Professionals Licensure**

35 State House Station, Augusta, ME 04333, Phone (207) 624-8626 <https://www.maine.gov/pfr/professionallicensing/>

**Oregon Board of License Professional Counselors and Therapies** 3218 Pringle Road SE, Ste 120, Salem, OR 97302 Phone: (503) 378-5499

<https://www.oregon.gov/oblpct/pages/index.aspx>

**Virginia Board of Health Professions**

9960 Mayland Drive, Suite 300, Henrico, VA 23233 Phone: (804) 367-4400 <https://www.dhp.virginia.gov/>

## Office Hours and Policies

1. My business hours are Monday - Friday 8am until 8pm, by appointment only.
2. If you need to speak with me outside of this scheduled appointment time, please use the patient portal.

If it is an emergency (suicidal or homicidal thoughts), please use the mental health crisis line at 988, call 911, or go to your nearest emergency room. contact the front desk and ask them to message me or inform your group leader.

1. If you have any urgent matters to discuss with me, please bring them up at the beginning of our session so adequate time can be given to them.

## Death or Incapacitation

a. Should I unexpectedly become incapacitated/die and can no longer provide services to you, you will be reassigned to another therapist through Bicycle Health if you wish to continue therapy.

## Counseling Approaches

1. I provide treatment primarily based on the schema focused Cognitive Behavioral Therapy and Dialectical Behavior Therapy in which we focus on determining negative life patterns that have negatively influenced the way you think, feel, and act. We will work on developing new coping skills to assist you to gain control over your symptoms and problems. I may also use techniques based on other known psychotherapy approaches, such as Rational Emotive Behavioral Therapy, Choice Therapy, Interpersonal Therapy, Solution-Focused Therapy, or Motivational Enhancement Therapy, or Internal Family Systems when your issues dictate these methods.
2. There are other therapists in the area, who may provide therapy with different theories and/or techniques than I currently use. There are many different counseling theories and techniques in use today that have been found helpful by clients. If you are interested in trying other techniques and/or theories besides those that I currently use, please let me know and we can discuss if it’s within my scope of practice or I can make referrals for you as needed or wanted.

## Diagnosis

1. To bill for services, we must assess for and provide a diagnosis for the issues and symptoms you present with. This diagnosis is used by insurance to determine eligibility of benefits and any limitation of service they will provide. I may use your diagnosis as a guide to identify theories and techniques that may be useful to you in therapy.
2. If you would like, I can discuss your diagnosis with you including: what it is, its potential causes, effective treatment for it, prognosis, etc.
3. From time to time I or other staff here may ask you to complete brief testing, a questionnaire or other assessments of your symptoms. These are used to determine how severe, frequent, or intense your symptoms are to provide direction in your treatment plan. These completed assessment tools will be placed in your chart as part of your medical record.

## Parameters of Voluntary/Involuntary Treatment

1. Unless you are court ordered into treatment, it is understood that treatment is completely voluntary, and you may terminate treatment at any time.
2. If you are being court ordered for treatment, you must provide a copy of the court order and sign a release to the appropriate parties (judges, attorneys, magistrates, etc.). Your confidentiality rights may be limited depending on the nature of the court order.

## Frequency and Duration of Treatment

**a.** The frequency and duration of individualized treatment varies from client to client. The frequency of your appointments with me depends on my availability, your participation, the severity of your presenting problem(s), and other extenuating factors while here at Clarity Counseling Services, LLC. The duration of your stay with the practice depends on your needs, prior treatment experience, and severity of symptoms.

## Cancellations, No Shows, and Tardiness

a. The policy for therapy on an outpatient basis will be that two (3) no-show appointments could result in staff closing the case, double booking, scheduling shorter appointment times. In addition, if a client fails to show for a scheduled appointment after the intake, a letter will be sent to their address on file, in which they have 10 days to respond or their case may be closed.

## Guarantees, Risks, and Participation

1. Please keep in mind that when first beginning therapy it is possible for you to feel worse before you being to feel better. This is quite common, and I encourage you to discuss this with me should you feel this in the case. Unfortunately, there is no guarantee that any therapy will help you with your problems and that therapy is not a “quick fix”. Results may not be immediate. Success in therapy is directly related to the amount of time and effort you put into it and personal change doesn’t generally come quickly or easily.
2. There can be some risks to change that may be unpleasant (i.e., negative reactions from others to your personal changes, possible increased conflicts as you become more assertive, etc.). There are also potential risks that accompany NOT receiving therapy which may include but are not limited to: continuation of the presenting problems, worsening of the presenting problem, needing higher level of care in the future.
3. Therapy requires the participation of both parties: *you and me*. In therapy, I will provide support, education, and skills to help you with your problems and achieve your goals. Your participation is also needed for there to be any effective results. The more effort you put forth, the more likely you are to see benefits from treatment. I reserve the right to transfer you to another level of care if you are not participating in services and/or abiding by your treatment plan/contract.

## Referrals

1. There may be times that I may suggest referrals to other providers for ancillary services to address various aspects of your care. This may include but not be limited to psychological testing, medical tests or visits, wellness or preventative care, housing assistance, etc. When necessary, I will have you sign a release of information to that person or agency to expedite your care.
2. If I do not have the knowledge, competency, and/or skill currently to assist you with your specific problems I will share my concern with you and either refer you to another therapist with the appropriate training and/or expertise or, if you are in any way uncomfortable with me for any reason, you may request a referral to a different practice.
3. Your safety and the safety of others is important to us. Because of this you will be asked often if you are suicidal or homicidal. The only time involuntary commitment would be considered is if you are unable or unwilling to consent to voluntary treatment. If you ever feel suicidal and are not able to see staff face to face, here are several crises contact numbers that can help: Suicide Hotline (Text only) 24/7: Text “HOME” to 741-741, Suicide hotline: 1-800-273-8255. Mental Health crisis line: 988.

## Policies and Procedures

1. Assessments and Treatment Plans: There will be times we will have to break from our therapy routine to complete required assessments or treatment plans/reviews to determine how you’re doing. If you are receiving other services from us, your other team member will also participate as much as possible in developing or reviewing treatment plans or completing assessments.
2. Technology: Clarity Counseling Services, LLC’s policy prohibits staff members following, friending, or connecting on any social media platform through their personal page. Clarity Counseling Services, LLC is a part of several social media sites and you may feel free to interact of those sites as you are comfortable. My main forms of communication will by phone call or confidential email.
3. Telehealth: I will provide all telehealth services through confidential platforms, such as the practice’s secure electronic medical record system (EMR) or via Microsoft Teams. The benefit of telehealth is continuity of care. The risks include poor connections resulting in fragmented contact or miscommunication of information, the inability to adequately assess your condition, the inability for me to assure you are in a private location, etc. If video connection is lost, I will attempt to call you, or you can call me at (681) 460-8911 If you are in crisis, do not wait **and contact your local Emergency Medical Services (911) or go to the closest Emergency Room.** When telehealth therapy is used, it is imperative that you be in a secure and private location to assure your confidentiality. To assure your identity, I may

ask to see your license or some other form of picture ID. We may also develop a code word that only you and I know to assure it is you that is receiving the service. If someone else enters the room you are in while in a telehealth session, I reserve the right to disconnect from the telehealth session.

## Confidentiality, Release of Information, and Access to Records

1. Treatment at Clarity Counseling Services, LLC is strictly confidential. However, there are specific limitations for your safety and the safety of others. If I have reason to believe that you are a threat to self or others; if I find out about child or elder abuse, neglect or exploitation; if the information in your record is court ordered to be released, then I am mandated (ethically and legally) to release information about you. Please understand that I am not legally required to tell you of my actions if I release information under these circumstances.
2. I will together as a treatment team with any other ancillary services, such as psychiatrists, medical providers, etc. to provide the best possible care for you. As such, we reserve the right to engage in periodic consultation amongst one another to ensure that you do receive quality services and treatment.
3. Records are maintained and stored electronically. If you wish, a portion or your entire record can be released. For information to be released, you must sign a written release of information (ROI) form indicating to whom the information is being released, why it is being released, what parts are being released, and the dates of service that can be released (typically 6 months, unless revoked). In general, any information released from me or this agency requires a signed authorization to release information by you. If someone calls/contacts me on your behalf, I cannot confirm nor deny any information about you or your treatment and reserve the right to withhold information or refuse contact with that person. Also, I cannot copy information from your file or a write letter on for you without a signed release, even if it is a release to yourself.
4. Your record may also be subject to external auditors to verify that Clarity Counseling Services, LLC is providing adequate, timely, and legal services to you under the policies of the center, our licensing bodies, and/or payers such as insurance companies, Medicaid and/or Medicare.
5. Family/couple’s counseling is available upon request. If arrangements are made to meet with your spouse/partner/family, then be aware that their confidentiality still applies, and ROI’s must be signed prior to the meeting. Note: If one party requests or subpoenas joint or family counseling records in the future, a written authorization of all parties will need to be signed or a court-order must be obtained.
6. If you see me outside of the telehealth platform or Clarity Counseling Services, LLC’s offices, to protect your privacy, I will not acknowledge you unless you acknowledge me first. If you are uncomfortable speaking to me outside of our professional sessions, you are under no obligation to do so. Please keep in mind that, also to protect your privacy, I will not conduct therapy in public, on the phone, or by email.

## Client Rights

a. A complete list of rights is outlined upon admission. If at any time you are dissatisfied with the services you are receiving at Clarity Counseling Services, LLC you may discuss the matter with me, my or you may file a complaint or grievance. Forms are available, upon your request from any staff member. Without judgment, I will also provide any of this information or forms, if requested. If you file a

complaint or grievance against me within Clarity Counseling Services, LLC, know that I may be required to release information about you to external auditors who are investigating your claim.

## Group Expectations

a. It is expected that you be on time to group, participate in the group process, and show respect for all group members (violence or threats could result in immediate discharge from the program & other inappropriate behavior will not be tolerated). It is expected that you maintain the confidentiality of your group members, during and after therapy sessions at the Clarity Counseling Services, LLC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date