Individual Counseling Informed Consent & Practice Agreement

Be My Neighbor Counseling
Phone: 406-414-7011
Email: bemyneighborcounseling@gmail.com

Welcome

Thank you for choosing to work with me. I believe counseling is a collaborative process in which the client remains the expert on their own life. My role is to walk alongside you, offer support and perspective, provide clinical knowledge and tools, and help you explore the experiences, relationships, patterns, and systems that may be affecting your life.

You are always encouraged to ask questions, provide feedback, disagree with me, or let me know when something does not feel helpful. **You are in the driver's seat of your counseling experience.**

My goal is to create a counseling relationship that is respectful, trauma-informed, collaborative, accessible, and affirming.

My Role & Student Status

I am currently a **graduate student in a Mental Health Counseling program** and provide counseling services under the clinical supervision of:

Clinical Supervisor: ____Onnie Michalsky_____

Professional License: ____MA, EdS, LCPC, NCC _____

License Number: ____LIC#38831_____

Supervising Organization/Practice:_____DBA Mom's Without Capes
onnie@momswithoutcapes.com_____

As a graduate student, I practice under the supervision and guidance of my clinical supervisor. Depending on the circumstances of your care, I may consult with my supervisor regarding clinical questions, treatment planning, risk concerns, documentation, or other matters related to providing ethical and appropriate services.

Confidentiality will be maintained in accordance with applicable professional, ethical, and legal requirements.

My Counseling Approach

I practice from an **eclectic and integrative counseling approach**. This means that rather than relying on one therapeutic modality for every client, I draw from multiple approaches depending on your needs, goals, preferences, and circumstances.

Approaches I may integrate include:

- Cognitive Behavioral Therapy (CBT)
- Psychoeducation
- Trauma-informed care
- Internal Family Systems (IFS)-informed practices
- Liberation Psychology
- Existential therapy and meaning-making
- Adlerian therapy
- Psychodynamic approaches
- Talk therapy
- Narrative approaches
- Other evidence-informed interventions appropriate to your goals and scope of practice

Not every approach will be appropriate for every person. We will discuss what may be useful for you and make decisions collaboratively.

Counseling is collaborative.

Treatment goals will be developed together. When appropriate, we may identify up to three primary goals using SMART-goal principles and periodically revisit whether those goals continue to reflect what you want from counseling.

At the same time, I recognize that life does not always follow a treatment plan. Some sessions may focus directly on your goals, while others may involve processing something that happened that week, navigating a relationship, managing emotions, or simply having space to talk.

We can adjust the work as your needs change.

Trauma-Informed Care

A trauma-informed approach means that I will prioritize safety, choice, collaboration, trust, empowerment, and respect.

You are not required to disclose traumatic experiences before you are ready. We can discuss difficult experiences at a pace that feels appropriate for you.

I will not assume that I know what is best for you simply because I am the counselor. Your experiences, culture, identity, values, and understanding of yourself matter.

Somatic Wellness Coaching & Body-Based Practices

I am also a **Certified Somatic Wellness Coach**. Somatic wellness practices may involve exploring the relationship between physical sensations, emotions, stress responses, nervous-system experiences, and the body.

Some clients find body-based practices helpful when working with stress, trauma-related experiences, emotional regulation, or the ways difficult experiences can become reflected in the body.

However, **somatic wellness coaching and counseling are distinct roles.**

If we mutually decide to incorporate somatic wellness coaching into a session, I will clearly identify that we are shifting into that role. During that portion of the session, the focus will be on wellness and body-based practices rather than counseling, psychological processing, or diagnostic work.

You are always in control of whether we engage in somatic practices.

You may:

- Say yes.
- Say no.
- Ask questions.
- Ask to stop.
- Change your mind at any point.

- Ask to return to counseling.
- Choose not to participate in a particular exercise.

Consent is ongoing and can be withdrawn at any time.

Somatic wellness coaching does not replace psychotherapy, medical care, psychiatric care, or other healthcare services.

Collaboration With Other Providers

I believe that mental health care is often strongest when appropriate members of a person's support and healthcare team can communicate and collaborate.

With your permission, I may coordinate care with professionals such as:

- Primary care providers or other physicians
- Psychiatrists or psychiatric medication-management providers
- Case managers
- Social workers
- Other mental health providers
- Substance-use treatment providers
- Acupuncturists
- Wellness professionals
- Other members of your healthcare or support team

Any communication with outside providers will generally require your written authorization unless an exception to confidentiality applies under law.

You may choose whether you want me to coordinate with another provider, and we can discuss what information you are comfortable sharing.

My Personal Values

Counseling should be centered on **your** needs, values, goals, and experiences.

I do not expect clients to share my personal beliefs, and I will not require you to adopt my worldview in order to receive respectful care.

At the same time, I believe transparency can be helpful in establishing a therapeutic relationship.

My personal values include supporting:

- LGBTQ+ rights and affirming care
- Accessibility and reasonable accommodations
- Equality and equity
- Racial justice and the principle that Black lives matter
- Bodily autonomy and personal agency
- The right to establish and maintain personal boundaries
- The understanding that **“no” is a complete sentence**
- Respect for diverse identities, cultures, backgrounds, religions, and lived experiences

These values are not intended to dictate what you should believe. My responsibility is to create a counseling environment where you can explore your own beliefs and experiences without fear of judgment.

If we discover that our values, perspectives, or approaches are not a good fit for your counseling needs, I will work with you to address those concerns and, when appropriate, help identify alternative resources.

Confidentiality & Privacy

Information shared during counseling is intended to remain confidential except when disclosure is permitted or required by applicable law and professional ethical standards.

There are circumstances in which confidentiality may be limited. These may include, depending on applicable law and the circumstances:

- Serious and imminent risk of harm to yourself or another person
- Suspected abuse or neglect of a child, older adult, or vulnerable person when reporting is legally required
- Court orders or other legally required disclosures
- Medical emergencies
- Certain situations involving consultation or supervision
- Other circumstances required or permitted by applicable law

If you have questions about confidentiality or its limits, please ask. We can discuss your concerns at any time.

HIPAA & Notice of Privacy Practices

Your protected health information will be handled in accordance with applicable privacy laws, professional standards, and the privacy practices of the practice/EHR system used for your care.

You will be provided with the applicable **Notice of Privacy Practices**, which explains how your protected health information may be used and disclosed, your privacy rights, and how to raise privacy concerns.

Please review the Notice of Privacy Practices separately and ask questions before signing this agreement if anything is unclear.

Electronic health records will be maintained through the practice's designated electronic health record (EHR) system.

Communication

For scheduling, administrative questions, or brief communication related to your care, you may contact me by:

Phone/Text: 406-414-7011
Email: bemyneighborcounseling@gmail.com

Please understand that texting and email are not appropriate methods for communicating during a mental health emergency. Please reach out to me and let me know what is going on as I care for your well being, but unfortunately I am not an on-call mental health clinician.

I generally respond during my normal working hours. **I do not provide 24-hour crisis response or emergency services, and messages may not be answered outside of general working hours.**

If you need urgent assistance, please use emergency or crisis resources listed below.

Crisis & Emergency Resources

If you are experiencing an emergency or believe you are in immediate danger, **call 911 or go to the nearest emergency department.**

988 Suicide & Crisis Lifeline

Call or text 988

The 988 Lifeline provides crisis support for mental health, suicide, and substance-use concerns.

Veterans Crisis Line

Call 988 and press 1
or text **838255**

The Trevor Project

For LGBTQ+ young people seeking crisis support and resources.

National Domestic Violence Hotline

1-800-799-SAFE (7233)
Text **START to 88788**

SAMHSA National Helpline

1-800-662-HELP (4357)

Provides information and referrals related to mental health and substance-use services.

If you are unsure which resource is appropriate, you can contact 988 for assistance identifying crisis support.

Fees & Sliding Scale

Counseling services may be offered through a **sliding-scale fee arrangement ranging from $5–$50 per session**, depending on individual circumstances and the agreed-upon fee.

Your agreed-upon session fee: $_____ per session

Payment will be processed through the practice's designated electronic health record (EHR) and payment system.

Your fee and payment arrangement will be discussed before or at the beginning of services. Please communicate with me if your financial circumstances change. I want to work collaboratively to determine whether your current arrangement remains appropriate.

Missed Appointment & No-Show Policy

Consistent attendance helps support continuity of care.

If you need to cancel or reschedule an appointment, please communicate with me as soon as possible.

No-Show Policy

- After **3 no-shows without notification**, you will receive a warning regarding attendance.
- Continued missed appointments may result in discharge from counseling.
- After **5 total no-shows**, services may be discontinued and you may be discharged from care.
- A **$20 fee may be charged for each of the final two no-show appointments** leading up to discharge, consistent with the agreed-upon fee policy.

If circumstances outside of your control make attendance difficult, please communicate with me. I want to understand what is happening rather than make assumptions about your commitment to counseling.

Your Rights as a Client

You have the right to:

- Be treated with dignity and respect.
- Participate in decisions regarding your treatment.
- Ask questions about counseling or treatment approaches.
- Decline an intervention or exercise.
- Withdraw consent at any time.
- Discuss concerns about your counseling experience.
- Request reasonable accommodations when applicable.
- Know the limits of confidentiality.
- Receive information about fees and policies.
- Request information about your records as permitted by applicable law.
- Ask about my qualifications, supervision, and scope of practice.
- Discuss referrals or alternative services when appropriate.

You are also encouraged to tell me if something does not feel helpful.

Feedback is part of the counseling process.

Scope of Practice

I will practice within my education, training, supervision, ethical responsibilities, and applicable scope of practice.

Counseling does not replace medical care, psychiatric care, emergency services, legal advice, or other specialized professional services.

When a concern falls outside my scope of practice or when a higher level of care is appropriate, I may recommend consultation, referral, or additional services.

Client Acknowledgment & Consent

By signing below, I acknowledge that:

☐ I understand that my counselor is a graduate student practicing under clinical supervision.

☐ I understand the counselor's general therapeutic approach and the modalities that may be incorporated into counseling.

☐ I understand that counseling is a collaborative process and that I may participate in decisions regarding my care.

☐ I understand that I may decline or discontinue an intervention at any time.

☐ I understand the distinction between counseling and somatic wellness coaching.

☐ I understand that somatic wellness coaching, when used, is voluntary and requires ongoing consent.

☐ I have received or been provided access to the applicable Notice of Privacy Practices.

☐ I understand the general limits of confidentiality.

☐ I understand the communication, fee, and attendance policies described above.

☐ I understand that texting and email are not emergency communication methods.

☐ I understand how to access crisis resources if I need immediate assistance.

☐ I have had the opportunity to ask questions about this agreement.

☐ I voluntarily consent to participate in individual counseling services.

Client Name: _____

Client Signature: _____

Date: _____

Counselor Name: _____

Counselor Signature: _____

Date: _____

Clinical Supervisor: ____Onnie Michalsky_____

Supervisor License Number: ____LIC#38831_____

Date: _____