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Informed Consent Form for Psychotherapy for Robert Wilkins, MS, LPC, MAC (*Master of Science in Counseling & Human Development, Licensed Professional Counselor, Master Addiction Counselor*)

Professional History & Scope of Practice

I have been a **Licensed Professional Counselor** since 1997. I have been a **Master Addiction Counselor** with NAADAC since 1998. I have over 1000 Continuing Education Units in Counseling and Addiction studies. I have a **MS (Master of Science) in Counseling and Human Development**, graduating from Troy State University in 1991 with a 4.0 GPA. I also have a BBA in Business Administration from Columbus College in 1986. I first became active in recovery in 1981, but relapsed and understand that process firsthand. **I have been clean and active in 12-step recovery since 1987.**

I belong to the American Counselor Association, NAADAC, and Georgia Addiction Counseling Association as well as a member of a 12-step group and an I-group with the Mankind Project.

I worked at Columbus Regional hospital from 1990 until 2007, (initially with an inpatient chemical dependency unit followed by working on the inpatient crisis unit with psychiatric disorders and dual diagnosis). I have worked with chemical dependency, psychiatric disorders and dual diagnosis.

I have been primarily doing **individual therapy** since 2007. I have a passion in working with those in **middle and long-term recovery**, on spiritual, existential and emotional concerns and being grounded in "Self". For those at **all levels of recovery** or **following a relapse**, or with **mood** and **anxiety** disorders; I teach how to apply cognitive restructuring, stress reduction, relaxation skills, anger control (overt & repressed), and emotional regulation skills. For those dealing with trust or abuse issues we can work with re-scripting, trauma and boundary work and how to connect with safe people. I incorporate recovery education and relapse prevention skills as needed.

Currently **I have over 27 years in an active recovery 12-step program**. I am well versed in 12-step recovery and relapse prevention (to include mood disorders).

For those in **early recovery** as well as **further along in recovery**, I specialize in cognitive restructuring, stress reduction, relaxation skills, anger management (overt & repressed), conflict resolution, gestalt therapy, deep process work, trauma and grief work and dealing with trust or abuse issues. I work with those clients with addiction or co-dependency issues and/or mood or anxiety disorders.

I specialize in long-term recovery issues and in working with those in **middle & long-term recovery** and their issues that occur to include the use of deep process work. I specialize in spiritual and existential concerns, relationship issues and being grounded in "self".

I specialize in relapse prevention, and work with those at all levels of recovery or following a relapse. Also in dealing with **co-dependency issues** and the impact addiction can have on loved ones.

I have strong interest in working with those in **the medical profession and other professionals (sensitive to privacy issues and licensure)**.

Change behavior (such as goal setting and keeping a healthy lifestyle such as an exercise program, relationship skills, spiritual and existential concerns, such as aging or career concerns.)

Adjustment problems (such as grief from death of a loved one or other loss, family issues relationship or conflict problems.)

I am interested in working with clients on teaching **alternative methods of pain or anxiety relief** or if medications are needed methods of monitoring and teaching the addiction potential.

Psychiatric problems (such as bipolar, depression, anxiety, or trauma issues, and conflict resolution skills.)

Informed Consent Statement for Psychotherapy and Counseling

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you, too. I do not guarantee that you will be accepted as a client. Even if you are accepted as a client, I may determine that online behavioral health services are not appropriate for your needs, and may elect, at my discretion, not to provide such services to you and refer you to another therapist or counseling service.

My Responsibilities to You as Your Therapist

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential.

The following are legal exceptions to your right to confidentiality. I will keep confidential anything you say, with the following exceptions and I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.

2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services or Adult Protective Services.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team or police.
4. If you direct to provide written copies of your records to a third party after you have signed a release of information form,
5. If I am ordered by a court of law to disclose information.

II. Record-keeping

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the therapist and next steps.

III. Diagnosis

Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

IV. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time, although I recommend finding a way to give me advance notice so that I can help you end treatment well and consolidate gains (please see section below on Closure of Therapy.)

Because I have a limited practice, I do not have 24 hour emergency or "on call" coverage. I am not a crisis service. If you experience a psychiatric emergency or if you are suicidal and are looking for immediate crisis help, please contact your local services by dialing 911 or call the National Suicide Prevention Lifeline at 1-800-273-8255 or go to your closest hospital emergency room.

V. Financial Agreement/Fees

Individual therapy is \$100 per 55 minute session. A sliding scale fee is available. (Thirty minute sessions are available for \$55). You will be asked to pay for each session at the time of the session. Payment can be by Pay pal, electronic check or credit card. A statement of the year's sessions will be furnished to you by Jan. 15. of the following year. You can use the statement for tax purposes or for reimbursement.

I believe that it is important for clients to attend all sessions scheduled for them, except, of course, in an emergency. Missed or canceled sessions are counterproductive and increase the time it takes to bring about the changes that you entered counseling to make. The policy of this office, therefore, is to bill you \$25.00 for all missed sessions not canceled 24 hours in advance of your appointment, I will try to reschedule these sessions for you during the same week. If you miss a session without notice, I will bill your agreed upon payment method card on file or if none on file will bill you directly.

I have read and understood your policy concerning fees and missed sessions. I understand that I will be billed as per schedule above for all avoidable missed sessions and late cancellations for which I have not given 24 hours notice. I agree to pay for these sessions.

VI. Closure of Ending Therapy

I want to make your therapy as successful as possible. For that reason, it works best to find a rhythm and structure to the beginning stages with sessions that meet regularly. To support your leaving, I request several weeks of notice prior to your actual leaving to allow you to have an experience of leaving well, with a sense closure. If I initiate terminating you from our therapy, it will be because I feel that I am not able to be helpful to you any longer. My ethics and license requires that I offer quality service and have my clients' needs as paramount in my treatment planning. If I no longer feel that I am the best or right therapist for you, I will offer referrals to other sources of care, but cannot guarantee that they will accept you for therapy or how they will approach your treatment .

Complaints

If you're unhappy with what's happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns. Please see sections on this page (VI: ending therapy).

My Training and Approach to Therapy

My areas of special training and expertise include cognitive therapies, addiction/recovery therapy, relapse prevention, DBT, archetypal theory and deep process work and teaching stress reduction skills, relaxation skills, anger management (overt & repressed), and emotional regulation skills. I work with re-scripting, trauma and boundary work and how to connect with safe people. I incorporate recovery education and relapse prevention skills as needed. I have been in practice as a therapist since 1990 and graduated with an MS in Counseling and Human Development from Troy State University.

I may suggest that you get involved in additional or adjunctive forms of support, such as additional counseling or a support group as part of your work with me.

I am a (LPC) Licensed Professional Counselor with Ga. and MAC with NAADAC.

I may request a release of information from you so that I can communicate freely with a person (family member or professional) about your care, if You agree & may be in Your best interest.

Your Responsibilities as a Therapy Client

You are responsible for signing on (Skype-like video Internet service or telephone) to your session on time and at the time we have scheduled. Sessions last for 55 or 30 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice, you will be charged \$25.00 for that session, unless I can reschedule with you within the same calendar week.

“No Suicide Clause”

In the event that you are considering suicide, in order to meet with our contract, you will be required to contact your local services by dialing 911 or go to your closest hospital emergency room or call the National Suicide Prevention Lifeline at 1-800-273-8255. If you take your own life, I, Robert D. Wilkins, will not be held legally responsible for your actions by either you, or your family survivors. If you have suicidal thoughts, it's important that you seek help immediately. Because I have a limited practice, I do not have 24 hour emergency or “on call” coverage. I am not a crisis service.

Client Consent to Therapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client, and my therapist's responsibilities to me. I know I can end therapy at any time I wish. I authorize Robert Wilkins MS, LPC, MAC to care for me in therapeutic ways in which he has been trained within the limits of his profession as a Licensed Professional Counselor and Master Addiction Counselor. I understand that this care may include tests and referrals for medications, medical and/or psychiatric or psychological care and will be fully explained to me and I have the option to accept or reject such tests or care. I am aware that the practice of psychotherapy is not an exact science and I acknowledge that no guarantees have been made to me as the result of my therapy. I also acknowledge that I understand the statements regarding confidentiality and finances, and I agree upon entering into therapy to accept the conditions stated in this consent to treat form. By your below signature(s) on this document you are acknowledging and agreeing to everything stated within this document.

Client's Signature _____ Date: _____

Signed: _____ Date: _____

(Responsible party's signature if Client is a minor)

Signed: _____ Date: _____

Robert Wilkins, MS, LPC, MAC

Starting therapy with (Bob) Robert Wilkins, MS, LPC, MAC signals agreement of these policies you signed under informed consent.

To set up a session with Robert (**Bob**),

simply email at BobW@AddictionTherapyBeyondTreatment.com

or call and leave a voicemail at (706)662-7115.

I check during evening hours; leave a good time range to get back with you: We can discuss your therapeutic goals or Agenda and if I'm the right therapist for you.

I accept only clients in my practice that I believe have the capacity to resolve their own problems with my assistance. I believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self-awareness and self-acceptance are goals that take time to achieve. Some clients need only a few counseling sessions to achieve these goals, while others may require months of counseling. As a client you are in a complete control and may end our counseling relationship at any point. I will be supportive of that decision. If counseling is successful, you should feel that you are able to face life's challenges in the future without support or intervention. This does not mean however, that once we deem our session's no longer necessary that you may not return in the future.

Although our sessions may be very intimate emotionally, mentally, and spiritually, with current feelings and issues, past history, especially as impacts you currently and with goals and aspirations, it is important that you realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. You will be best served if our relationship remains strictly professional and if our sessions concentrate exclusively on your concerns. It is important you approach sessions with your agenda; I can help formulate your agenda.

(Sent from BobW@AddictionTherapyBeyondTreatment.com) This message and the documents attached to it, if any, contains confidential information from Robert Wilkins is intended only for the use of the addressee and may contain information that is Privileged and Confidential under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please delete all electronic copies of this message and its attachments, destroy any hard copies you may have created and notify me immediately. Please feel free to email me with any questions or concerns at BobW@AddictionTherapyBeyondTreatment.com