

Susan Brumbaugh, MA, LMHC

Counseling @ St. John's | stjohns-abq.org/counseling-at-st-johns/
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IMPORTANT INFORMATION AND CLIENT CONSENT: Please read, and sign at the end indicating that you have fully read and understand the information below.

Welcome to Counseling @ St. John's. This document contains important information about my professional services and policies. Although such documents are long and sometimes complex, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign it or at any time in the future.

Counseling Mission and Vision:

MISSION: Transforming lives by connecting people to their own strengths and futures through an environment of caring and trust.

VISION: People are unstuck and taking actions in line with their values so that they can live rich, meaningful lives.

Qualifications and Credentials

I have a Master of Arts (M.A.) degree in counseling and guidance, and am a Licensed Mental Health Counselor in the State of New Mexico (#0187371). In my role as a counselor, I am an employee of St. John's United Methodist Church. I also have a Ph.D. in sociology and do research in the area of criminal justice for a non-profit research company.

I am being supervised by Kelly Brooks, who is a Licensed Practicing Clinical Counselor and Supervisor (LPCC-S) in the State of New Mexico. She can be reached at 505-550-9536 or Kellyannettebrooks@gmail.com.

Counseling Services

I offer individual and group counseling services to adults, ages 18 and older. I use a strength-based approach and draw from several models of counseling, including Acceptance and Commitment Therapy, Solution-Focused Therapy, Cognitive-Behavioral Therapy, and others. I work with clients who are feeling stuck due to depression, anxiety, career transitions (including retirement), chronic health conditions, caregiving stresses, and spiritual searching. I have training in substance abuse and family counseling, but I do not consider myself a specialist in these areas. I am not trained to work with the seriously mentally ill, those with eating disorders, or individuals with personality disorders, and I am not licensed to prescribe medication. I can, however, work in conjunction with specialists who provide these services.

Although my office is located within a church and I am employed by St. John's, you do not have to be a member of this church or affirm any religious belief to receive counseling services from me. I welcome discussions about religion or the exploration of spiritual practices in our work together, but such discussions and practices are not required.

Counseling is a collaborative process that allows us to explore the concerns you bring to counseling in a confidential, safe environment. For counseling to be most effective, it is important for you to be actively involved in the sessions and to work on things between sessions. The counseling process may raise awareness, identify insights, or explore difficult past events that could cause uncomfortable feelings such

as sadness, guilt, anxiety, anger, frustration, loneliness, or helplessness. The benefits of counseling can far outweigh any discomfort encountered during the process, however. Counseling can lead to a better sense of balance, an increased ability to handle feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, and resolutions to specific problems. But, there are no guarantees about what will happen.

Initial Sessions

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me.

Appointments

Appointments are typically scheduled on a weekly basis and are approximately 45 to 50 minutes long. We can meet more or less often, as needed. If you must cancel or reschedule your appointment, I ask that you contact me at least 24 hours in advance. This will free your appointment time for another client. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect our agreed-upon fee (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

Records

I am required to keep appropriate records of the counseling services that I provide. I keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, observations, topics we discussed, your medical, social, and treatment history, records I receive from other providers, and copies of records I send to others. Your records are maintained in a locked filing cabinet in the office. While I work toward full licensure, my supervisor will review and sign records pertaining to your case.

As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when I feel that sharing such information with you might be harmful in any way. Upon your written request, I will release information to any agency/person you specify unless I believe that releasing such information might be harmful in any way.

Video and Audio Recordings

Because I am working under supervision, it is sometimes helpful to share excerpts from sessions with my supervisor. With your permission, I will video record our sessions, with the camera oriented toward me, and your voice will be recorded. If you are uncomfortable with video recording, audio recordings are also possible. Please indicate at the end of the form whether you agree to video or audio recording.

Confidentiality

As a rule, I will disclose no information about you, the fact that you are my client, or the content of our counseling sessions without your written consent. I am legally and ethically required to maintain the confidentiality of information you share with me in our counseling session, with the following exceptions.

- As stated above, my supervisor will review all records associated with my counseling sessions, and she may view or listen to session recordings. My supervisor is also legally and ethically required to maintain confidentiality.
- State law mandates the reporting of any suspected abuse or neglect of children or vulnerable adults.
- Mandatory reporting is also required for situations in which you are a danger to yourself or others. Precautions may include 1) warning the potential victim(s), or the parent or guardian of the potential victim(s), if under 18, 2) notifying a law enforcement officer, or 3) seeking your hospitalization.
- If you are involved in a life-threatening emergency and I cannot ask your permission, I will share information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.
- Mental health records may be subpoenaed, in which case a judge could require me to release your information. If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena.
- If we are involved in a fee dispute or if you initiate a negligence suit or a licensing board complaint against me, your records could potentially come under review.
- You may also request records be shared with other healthcare providers for coordination of care; this would require your signing a release of information form.

I also offer distance counseling using video technology for clients unable to meet in person. There are additional confidentiality concerns with this format, and these are outlined in the Distance Counseling Informed Consent Addendum, provided to clients when applicable.

Relationship

Our counseling relationship functions most effectively when it remains strictly professional and involves only the therapeutic aspect. Personal, social, and/or business relationships undermine the effectiveness of the therapeutic relationship. Counseling should never involve any dual relationship that would impair my objectivity and clinical judgment. However, sometimes dual or multiple relationships can be unavoidable. If this occurs, I will never publicly acknowledge working with you without your written permission. Specifically, if you are a member of St. John's UMC, or participate in activities, it is possible we will interact outside the counseling setting. If that happens, to protect your confidentiality, I will not reveal that we know each other unless you initiate such information. If you have concerns about dual or multiple relationships, or interactions outside the counseling setting, please discuss them with me now or when/if they arise.

For similar reasons, I do not accept requests to connect on social media platforms from current or former clients or communicate over social media platforms, such as Facebook, Twitter, Snapchat, Instagram, or LinkedIn. It is not appropriate for me to accept gifts from clients, nor trade services.

Termination/Concerns

It is important that clients be prepared for a termination phase from the outset of treatment. You may choose to terminate the counseling at any time. Otherwise, our counseling relationship will end when you have achieved the goals we have established or if you or I determine that my services are no longer appropriate.

If you have questions about my procedures, we should discuss them whenever they arise. If you continue to have doubts, I will be happy to help you set up a meeting with my supervisor for a second opinion or refer you to another mental health professional. If you are unhappy with what is happening in therapy, I hope you will talk with me so that I can respond to your concerns. Such comments will be taken seriously

and handled with care and respect. You may also request that I refer you to another therapist and are free to end therapy at any time.

Fees

Unless otherwise arranged, my fee for a 50-minute session is \$80.00. Brief phone conversations or electronic communications to confirm or cancel appointments are included in the fees paid for treatment. There may be additional fees for late evening or weekend appointments. Services for time periods other than a regular 50-minute appointment are charged proportionally at your regular session fee rate. Examples of this include extended or brief sessions, extended phone conversations, or consulting with others at your request.

A fee will be charged for copies of any records you request. If you anticipate needing my involvement in a court case, I recommend that we discuss this fully before you waive your right to confidentiality. If your case requires my participation, you will be expected to pay for the professional time required even if another party compels me to testify.

Payment is expected at the time of each appointment by cash, check, or credit card. There is a kiosk immediately outside my office or in the main office for making credit card payments. You may also make credit card payments online at the St. John's web site (<http://stjohns-abq.org/>) and clicking on the "Giving" link. When paying by credit card, please indicate "Counseling" in the Notes field. Checks can be made out to SJUMC, with "Counseling" on the memo line.

We do not file insurance claims on your behalf, but I can provide you with a receipt/statement for services rendered that you can submit to your insurance company for reimbursement. Please note that because I am still working under supervision, some insurance companies may deny your claim.

Communication

If you need to contact me between sessions, you may call 505-506-6716 and leave a confidential voice message. Because clients may be scheduled back-to-back, it is not always possible for me to return a call immediately. For text messaging, I ask that clients use a secure (and free) messaging app called Signal (available for iOS, Android, and Desktop operating systems at <https://signal.org/>). I offer secure e-mail and document transfer through MedTunnel (<http://www.medtunnel.com/>). I can also be reached via e-mail at counselor@stjohns-abq.org, but the contents of messages can be intercepted and are not secure, so please do not include personal details. I can send you reminders of appointments by text or phone with your permission (by checking the appropriate box at the end of this form).

Emergencies

You may encounter a personal emergency that requires prompt attention. In this event, please contact me, and I will attempt to schedule you as soon as possible or offer other options. I will inform you in advance of planned absences, and provide you with the name and phone number of the mental health professional covering my practice.

If you are experiencing a life-threatening emergency, call 911 or have someone take you to the nearest emergency room for help. Other options for crisis situations include:

- AGORA Crisis Center: 505-277-3013
- New Mexico Crisis and Access Line: 855-662-7474 (toll free)
- UNM Psychiatric Emergency Services: 505-272-2920
- Presbyterian Kaseman Hospital: 505-291-2000

Your Rights

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, gender, sexual orientation, marital status, age, religion, national origin, veteran status, or source of payment. You have the right to ask questions about any aspects of counseling and about my specific training and experience. You have the right to terminate counseling at any time.

Consent to Treatment

By signing this Client Information and Consent Form, you acknowledge the following:

- I have read, understand, and agree to the terms and conditions contained in this form.
- I have been given appropriate opportunity to address any questions or request clarification for anything that is unclear to me.
- I am voluntarily agreeing to receiving mental health assessment, treatment, and services.
- I understand that I may stop such treatment or services at any time.
- The hourly fee for services is: \$80
- I will be receiving services:
 - In person
 - By video (please complete the **Distance Counseling Informed Consent Addendum**)
- I agree to have my sessions recorded for the purpose of my counselor's supervision:
 - Yes, I agree to video recordings
 - Yes, I agree to audio recordings
 - No, I do not want to have my sessions recorded
- I agree to receive reminders of appointments by (please provide preferred number):
 - Text: _____ (Please download **Signal** for secure messaging at signal.org)
 - Phone: _____
 - No, I do not want to receive appointment reminders

CLIENT NAME (PLEASE PRINT)

SIGNATURE – CLIENT

DATE

SIGNATURE – COUNSELOR

DATE

SIGNATURE – SUPERVISOR

DATE