

Amanda Hindson, MA, SMFT
1501 W 42nd Street
Kansas City, MO 64111
amandahindson@gmail.com
404.642.7771

Declaration of Practices, Procedures, and Informed Consent

Qualifications: I hold a Master of Arts in Marriage and Family Therapy from Richmond Graduate University. I am a Supervised Marriage and Family Therapist in the state of Missouri, working towards full licensure as a Marriage and Family Therapist. I am a member of the American Association for Marriage and Family Therapy (AAMFT). My supervisor is Michelle Woorley, a Licensed Marriage and Family Therapist in the state of Missouri.

Initials:

The Therapeutic Relationship: Each person, couple, or family who seeks therapy comes with unique experiences and concerns. The relationship of the therapist to the client(s) will be characterized by professional dignity, expertise, warmth, and acceptance. Therapy is a learning process involving insight and growth, leading to a better understanding of self and others. I can help clients think through all possible decisions, including the advantages and disadvantages of each. However, my Code of Ethics does not allow me to make decisions for clients. Additionally, I can help you explore your own values, worldview, and belief systems, but will endeavor to refrain from imposing my own.

Initials:

Fees and Length of Therapy: The rate is \$110 per 50-minute session. However, there are a limited number of sliding scale fee appointments for those needing financial reprieve. All fees are paid at the time of service. Payments can be made by cash, check, or credit card. There is a .03% fee associated with the use of a credit card (i.e. a session at the rate of \$110 will be billed at \$113.30). If you wish to avoid this fee, please use cash or check. If you need to cancel, please do so at least 24 hours in advance to avoid being charged the full session fee. No fee will be charged if you cancel or reschedule within the 24-hour window. That being said, life happens. Kids get sick. You get sick. Emergencies occur. If there is an unexpected illness or emergency, please let me know as soon as possible and we will discuss options for rescheduling within the week, or we can consider a “virtual” session. Additionally, please consider a virtual session if you are contagiously ill but would still like to keep your therapy appointment.

Initials:

Communication: It is my policy that technology, as a form of communication in this setting, should be limited. Safeguarding your confidentiality is important to me! Limiting the use of technology whenever possible protects your confidentiality as well as preserves the privacy of both the client and the therapist.

- a. **Telephone communication** – Cellphones may be utilized as a means of communication with limitations identified herein. Cell phones are not always confidential and could jeopardize confidentiality. Therapeutic communication will be limited to in-person sessions or encrypted virtual sessions. Leaving a voicemail is appropriate for scheduling, cancelling, or rescheduling your appointment for non-emergency situations. If you wish to text, please limit usage to brief communication related to scheduling. No therapeutic information or conversations will be conducted through text message.
- b. **Email communication** – Email, like texting, is not always confidential or encrypted, and utilizing email for communication should be limited to content around scheduling, cancelling, or rescheduling your appointment.
- c. **Social Media** – I will not communicate with any client through social media or any other media other than email or phone. This includes, but is not limited to, Facebook, Facebook messenger, SnapChat, Instagram, and Twitter. This is in order to protect the integrity and confidentiality of the therapeutic relationship.
- d. **Responding to crisis** – Crisis situations or emergencies may only be discussed verbally via telephone or in session. There are times the therapist may not be able to respond immediately. If an emergency occurs or someone is in danger and you need assistance immediately, please call 911 or go to the nearest emergency room.

Initials:

Code of Conduct: I am required by law to adhere to the Code of Conduct for Licensed Marriage and Family Therapists, adopted by the Missouri Licensing Board and the American Association for Marriage and Family Therapy. They may be contacted at: American Association for Marriage and Family Therapy, 112 South Alfred Street, Alexandria, VA 22314; Phone: (703) 838-9808; Fax: (703) 838-9805; Website: www.aamft.org. A copy of this Code is available upon request.

Initials:

Confidentiality: Therapists respect and guard the confidences of every client. I review with clients the circumstances that require disclosure of confidential information. Exceptions to confidentiality are listed in the Notice of Privacy Practice Form. Please note that certain types of litigation (such as child custody suits) may lead to court-ordered release of information without client consent. When consulting with my supervisor, colleagues, or referral sources, I will not share information that could reasonably lead to the identification of a client or the identification of persons related to a client. Information may be shared only to the extent necessary to achieve the purposes of consultation and supervision. During couple, family, or group therapy I will not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. During marital therapy, the marriage is the “client” and it is not unusual for couples to meet with me individually. In this context, I will use my own professional judgment concerning the degree to which I disclose information, or “secrets,” and will work with the secret holder to share information to further the therapeutic goals. I will confidentially store, safeguard, and dispose of client records in accordance with applicable laws and professional standards. Subsequent to moving from the area, closing the practice, or upon my death, I will arrange for the storage, transfer, or disposal of client records in a way that maintains confidentiality and safeguards client welfare. All client files are kept in a locked file cabinet or electronically in a compliant, encrypted database. Files are kept for 7 years. When files are disposed of, all personally identifiable information is destroyed. If we are to see one another outside of the therapy office, I will not initiate contact or acknowledge you (in order to maintain confidentiality); however, I will be happy to speak with you and say hello if you choose to initiate conversation.

Initials:

Specific Rights to Confidentiality:

There are laws ensuring your right to privacy protects matters discussed with your therapist. In most cases, I am prohibited from disclosing information about your care without your written consent, and even then, only to the extent that you authorize. Cases where your information may be disclosed without your consent sometimes occur and reporting said information is required by law. The following are situations where your information may be disclosed without your consent:

- When child abuse is known or suspected;
- When the abuse of an elderly or dependent person is known or suspected;
- If you commit a crime against a staff member or another person on the premises;
- If there is a situation that is potentially life threatening;
- When a court of law subpoenas your records;
- If you bring charges against, or sue, your clinician.

By initialing, you are indicating that you fully understand the limitations to confidentiality provided herein.

Initials:

Specific Rights to Security:

Your treatment of record and related financial records are kept in a locked file cabinet. Records will not be made available to others without signed authorization to release information (except for the aforementioned exceptions/limitations). Special rules relating to the release of treatment records containing information regarding drug and alcohol abuse: CFT 42, Part 2 prohibits the disclosure of such information without written consent of the client and only to the extent specifically authorized. This information cannot be disclosed to another source without written consent. A general release for medical or other information is not sufficient. Use of information in records for criminal investigations and prosecution is strictly prohibited.

Initials:

Client Rights and Responsibilities: You, the client, are an integral part of the counseling process. As such, it is expected you will prioritize therapy and make efforts towards personal growth. Success is highly dependent upon the amount of time and energy clients devote to the therapeutic experience. Should questions or concerns arise during therapy, please share them so we may make the necessary adjustments. Suspension, termination, or referral may be initiated by either the counselor or the client. These decisions shall be discussed in detail to explore the nature of the therapeutic relationship, the best ways to meet client needs, and the client’s level of commitment to the counseling process. Clients who wish to terminate therapy agree to first meet with me before making a final decision, as termination can be a constructive process deserving appropriate attention. Due to an inherent conflict of interest on the part of a therapist working with a couple or an individual coming for help in resolving relationship problems, clients agree to refrain from subpoenaing this therapist for testimony in the event that court proceedings develop at a later date.

Client Rights:

1. To be treated with dignity, consideration, and respect;
2. To expect services provided by a concerned, competent therapist;
3. To a clear statement of purposes, goals, techniques, rules, procedures and limitations, as well as potential risks of the services to be performed;
4. To obtain information about the case record or file and to have information explained clearly and directly;
5. To expect complete confidentiality within the limits of the law;
6. To see and discuss charges and payment records;
7. To refuse any recommended services and be advised of the consequences of this action.

Client Responsibilities:

1. Provide to the extent possible, information that their therapist needs to provide appropriate care;
2. Participate in the development of treatment plan goals – this is a collaborative process;
3. Communicate openly and honestly;
4. Ask questions so that you understand your care and the therapeutic process;
5. Actively participate in your own treatment (i.e. carry out “homework” assignments);
6. Take medications as prescribed and in relation to treatment;
7. Keep appointments, and call at least 24 hours in advance, if possible, to cancel visits;
8. Pay fees for services rendered either before or after each session.

Initials:

Interruptions in Therapy: Occasionally there will be interruptions in the course of therapy due to vacations, illnesses, or other personal reasons. In the event of a planned interruption, you will be notified as far in advance as possible. The contact for another therapist will be provided to you in the case of an emergency. In the event of an unplanned interruption, either myself or my supervisor will notify you to reschedule your appointment. If the interruption is extended, information for another contact with whom you may meet will be provided.

Initials:

Physical Health: Physical health is very important to an individual’s emotional well-being. I encourage clients to have a complete physical examination if they have not done so in the past year. Client(s) will be asked for his or her physician’s name and any medications currently being taken. Please note that I am not a medical doctor and cannot prescribe medication.

Initials:

Benefits and Risks of Counseling: Clients should be aware that psychotherapy may be tremendously beneficial for some individuals; however, it should be noted that therapy also poses potential risks. Over the course of counseling, clients may face new challenges, such as: the emergence of hidden traumatic memories, increased relational strain, desire modification within a relationship, or discovery of unpleasant feelings. Please note that such experiences may be a natural and normal part of the therapy process. Therapy may also result in the client making significant life decisions, such as reconciliations, separations, or life style changes. Although I cannot foresee all potential risks of our therapeutic relationship, I will attempt to inform you of expected potential risks specific to our work. It is important to note that I cannot guarantee a positive outcome from our work together. There are numerous forms of psychotherapy, which vary, not only in underlying theory and methods employed, but also in terms of time commitment and cost. I will attempt to provide treatment that is realistic in both areas.

Initials:

Please Ask Questions: Feel free to ask questions about me, my qualifications, or anything else that has not yet been addressed.

I have read the above information and agree with the stated Terms and Conditions

Signature _____ Date: _____

_____ Date: _____

signature of the custodial parent or guardian provided for clients under 18 years of age