

## Client Agreement

An important aspect of successful counseling is a clearly defined relationship between counselor and client. In an effort to structure our working relationship in a way that both encourages you to become involved in your own healing and provides for protection under the law for both parties, please read and sign this document at your first session. Please feel free to ask any questions or provide any feedback on your understanding of this document. This document will be kept on record in your file and your signature and that of your counselor represent a legal agreement. By signing below, you agree to the procedures described below. This consent form will cover the entire course of treatment for your present condition and for any future condition(s) for which you may seek treatment. In requesting these services, you are aware of the following rights and agree to the following responsibilities:

**Authorization for care and treatment:** I, the client, understand that I may refuse therapeutic or diagnostic procedures or methods at any time. I voluntarily request the outpatient counseling services provided (or the minor for whom I am legally responsible) by SouthView Counseling LLC. I understand there are many different methods my counselor may use to deal with the issues I hope to address. Counseling requires an active effort on the client's part. In order for the therapy to be most successful, the client will have to work on things talked about both during sessions and at home. In addition, the client will need to be open and honest about feelings related to the process of therapy and how it is working for them. I understand that results are not guaranteed. There has been no promise, implied or otherwise, of a cure for any symptom, disease or condition as a result of treatment at this office.

**Confidentiality:** I, the client, understand that the law may require my counselor to notify relevant others in certain situations including, but not limited to: (1) A person presents a risk of harm to self or others, or (2) In the case of suspected child abuse or neglect, and (3) As required by law. I understand that in legal cases, my counselor or my records may be subpoenaed against my will by the court and if I disagree I should seek the advice of my personal attorney.

**Possible Risks:** I, the client, understand that mental health treatment can be beneficial for many individuals, but there are some risks. These risk may include the experience of intense and unwanted feelings, recalling unpleasant life events, facing unpleasant thoughts and beliefs, or increased awareness of feelings or experiences. In therapy, major life decisions are sometimes made, such as: discontinuing some close relationships, development of new or different relationships, changing employment situations, and changing lifestyles.

**Our Relationship:** I, the client, understand that the relationship with my counselor is and must remain at all times strictly professional and confidential. Therefore, my counselor will not accept invitations to weddings, birthdays, graduations, etc. and will also decline any invitations on social media. I understand that it is possible that I may run into my counselor in the community. Nikki Gorman's general practice is to acknowledge clients in public only after being acknowledged by them. I can discuss my comfort level with this at my first session. I also understand that

# SouthView Counseling LLC

Nikki Gorman, MA, LPCC

Virtual Mental Health Care

WA, MN, SD, IA

612-364-0441

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any advice I receive or other discussions we have are proprietary and may not be recorded without consent of SouthView Counseling LLC.

**Contacting Your Counselor Outside of Your Scheduled Appointment Time:** I, the client, understand that my counselor is often not immediately available by telephone and does not answer phone calls while with clients or otherwise unavailable. If I need to speak with my counselor outside of my scheduled appointment time, I can leave a voicemail and my call will be returned as soon as possible, but it may take a day or two for non-urgent matters, with the exception of weekends and holidays. My counselor will make every attempt to inform clients in advance of planned absences. SouthView Counseling LLC is not an emergency provider. Thus, in an emergency situation, clients are instructed to call 911 or the National Suicide Prevention 988.

**Communication:** I, the client, authorize my counselor to call and leave me a voicemail at the following phone number(s): 612-364-0441. SouthView Counseling LLC does not allow texting for communication. Text messages are never an appropriate way to contact my counselor or this office in a mental health emergency. Clients who use these means to express crisis-oriented issues may be referred to treatment elsewhere. If in serious distress, clients are expected to go to the nearest emergency room or call 911 for immediate help. If communicating with my counselor by text, I am aware that texting is not completely confidential and cannot necessarily be protected in the same way it would be in a face-to face session in the office. My counselor cannot be held responsible for any lack of confidentiality or privacy inherent in these means of communication.

**Appointment Time:** I, the client, understand that I am responsible for arriving on time for my appointment. I understand that if I arrive late for my appointment, it will still end on time and not run over into the next hour. Occasionally it may be necessary to schedule longer sessions which will be billed at prorated rates. If this occurs, insurance may not cover the additional time. I understand that if I am more than 15 minutes late without contacting my counselor by approved means, it will be assumed that I am not coming to my appointment and my counselor may leave the office.

**Cancellations:** I, the client understand that I am responsible for cancelling and/or rescheduling my appointment with no less than a 24 hour notice. If I, the client, fail to cancel or reschedule my session before the 24hour deadline, I may be subject to a **\$60.00 fee billed directly to the client**. Clients, may be granted an exception to this expectation 2x in each calendar year, at the discretion of the provider.

**Weather Policy:** In the event of extreme weather conditions, SouthView Counseling may close the office and cancel all sessions, with late notice. SouthView Counseling will make efforts to contact clients and inform of them of the closure. Provider will also make efforts to reschedule canceled sessions, due to weather. In addition, you, the client, are encouraged to use your judgment when traveling on road conditions that could be deemed unsafe.

**Consultation:** I, the client, understand that my counselor may occasionally find it helpful to consult other professionals about a case. During a consultation, every effort possible is made to avoid revealing the identity of a client. All identifying information (name, address, birth date, etc.) is withheld. The consultant is also legally bound

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to keep the information confidential. I understand that unless I object, I will not be informed about these consultations unless my counselor feels that it is important to our work together.

**Alcohol and Drug Use:** I, the client, understand that my counselor will not provide counseling services if I arrive at my appointment under the influence. If my counselor becomes aware that I am under the influence, the session will need to end immediately. If there are concerns about my safety in this situation, my counselor may need to determine, at that time, what approach to take (such as calling a friend or family member to pick me up).

**Safety Policy:** I, the client, understand that I am expected to report all safety concerns accurately. (In the case of adolescents it is expected that parents will inform the therapist about safety concerns prior to the start of their child's session.) In the event of reported safety concerns my therapist will ask whether or not a committed to safety from self-harm and/or suicide can be made until the next time I, the client, meet with my therapist. If willing to maintain safety, a safety plan will be created. In the event I, the client, am unwilling to maintain safety, until the next time I see my therapist, the session will end and the therapist will call 911 and initiate a transportation hold. Transportation to an emergency room is a process by which a mental health professional assesses the situation, completes a transport hold form, and police or paramedics are called to take the client safely and securely to the hospital. At the hospital, the client will be further assessed for level of care. A copy of most recent hospital recommendations may be required to continue individual services with the therapist at SouthView Counseling LLC. Transportation by parties other than the paramedics is strictly prohibited.

**Independent Practice:** I, the client, understand that while my counselor may share office space with other mental health professionals, SouthView Counseling LLC is independent. SouthView Counseling LLC is not partners with, nor has any legal association with any other mental health professional.

**Non-Subpoena Agreement for Clients participating in therapy with Nikki Gorman:** I, the client, agree that while participating in counseling services with SouthView Counseling LLC that no party shall attempt to subpoena a testimony or records for a deposition or court hearing of any kind for any reason. All parties acknowledge that the process of psychotherapy/counseling depends on trust and openness during the therapy sessions. Therefore it is understood by all parties that clients are expected not to use information during the therapy process for their own legal purposes or against any of the other parties in a court or judicial setting of any kind.

**Insurance benefits, fees, and billing:** I, the client, authorize payment directly to SouthView Counseling LLC for services provided. I understand that I am financially responsible to SouthView Counseling LLC Nikki Gorman, and her business associates and those acting on her behalf. I understand courtesy billing is available, with prior discussion, that may result in reimbursement from an established insurance plan. I, the client, understand the reimbursement is not guaranteed and claims are submitted as a courtesy only. SouthView Counseling LLC, reserves the right to using legal means to secure payment and/or forwarding an overdue account to a collection agency in the event that SouthView Counseling LLC is unable to collect payment from the client for services rendered within a reasonable period of time. This will incur a collection service fee, which rates can vary depending on the original

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overdue balance prior to late payment and/or charges by the collection agency. If such legal or collection action is necessary, its costs will be included in the claim.

**Termination of Counseling:** I, the client, understand that my counselor or I have the right to discontinue my treatment at any time, and that I will be provided with a referral if clinically appropriate or requested. Primarily, termination of therapy is usually a collaborative agreement. If choosing to terminate therapy, it is often helpful to have a “wrap up” session where the client may review the progress of their treatment. If my counselor feels my needs would be better suited by another clinician, it will be discussed, and I will be referred appropriately. I understand that if I am absent from counseling for over 30 days, this will be considered to be termination by my counselor. If I do not show up for a session and do not contact the office, or if my counselor is unable to contact me, this will be considered to be termination. The client can conceivably return at any time, but until then, the client would not be considered to be under the care of this practice. Upon termination of the therapeutic relationship, clients still retain the privilege of confidentiality. If a client terminates counseling services they may return to counseling at a later time.

**I understand that in the event of a mental health or other emergency I am to call 911 or National Suicide Hotline at 988.**

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Signature of client

Date

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Signature of parent/guardian/ legal representative

Relationship

Date