

Your counselor is a healer. He or she is not an agent of law enforcement or the criminal justice system. He or she is also an advocate for you. Part of your therapist's legal and ethical duty is to share with you information about your legal rights and how you can work together to protect your rights to privacy and confidentiality. In addition, your therapist believes that if you are fully informed and aware of both the benefits and consequences of a decision you will make a choice that is compatible with the type of person you want to be and with the kind of world you want to create.

This is what informed consent means. It is an ongoing process that will help you make decisions about your life that are based upon reliable information. Throughout your treatment, your counselor will share information, will remind you of your legal rights, and will help you be aware of when you may be disclosing information that may not be in your best interest to disclose. If you have concerns, be sure you bring them to your counselor's attention.

Part of informed consent is helping you to understand the meaning of certain words and concepts. This increases the chance you and your therapist are talking about the same thing and understanding it in the same manner.

### **Laws and Professional Ethics that Govern Counselors Differ<sup>1</sup>**

The Programs and services provided by counselors at Ark Counseling are governed by various federal and state laws and regulations; licensing boards; and codes of professional ethics. Ark Counseling is best described as a multispecialty team of clinical specialists. The laws, professional standards, and ethics each counselor practices under, vary. There are good reasons for these differences and it is important for you to know and understand that among various professions the laws, licensing regulations, and professional codes of ethics are frequently in direct conflict. These conflicts sometimes pose moral, professional, and legal dilemmas for counselors— and sometimes for clients.

Several areas of potential conflict are noted below:

#### Privacy, Confidentiality, and Privileged Communication

*Privacy* is your right to choose whom, when, and under what circumstances your personal information may be revealed.

*Confidentiality* refers to a counselor's legal obligation to protect your private information from disclosure to any source without your prior written consent. However, there are legal limits to privacy and confidentiality. *(These are fully discussed below.)*

*Privileged Communication* is a legal protection that forbids certain professionals from disclosing any private knowledge or information without a client's express written approval. For example, an attorney's communication with his or her client is privileged. An affidavit, subpoena, warrant, or court order cannot force privileged communication to be disclosed. In general, Minnesota law does not grant privilege to the communication that occurs between a person and his or her mental health therapist. However, the U.S. Supreme Court has ruled that communication between a client and his or her addiction treatment counselor is privileged.<sup>2</sup>

Federal and state laws, and professional codes of ethics, safeguard every client's right to privacy and confidentiality. However, the level of privacy and confidentiality the law grants to a client depends on the nature of a person's problem, the credential of a therapist, and the context in which he or she practices.

<sup>1</sup> Worthington, D.B. and Demask, M. (2008). *Legal and Ethical Issues for Addiction Professionals*. Center City, MN: Hazelden.

<sup>2</sup> Jaffee v. Redmond (95-266), 518 U.S. 1 (1996).

In some cases, a client's communication with his or her therapist is identical to the attorney-client privilege. In other cases, a client's right to privacy and confidentiality has significantly less legal protection.

It is essential for you to obtain, from your therapist, a clear explanation of the laws, regulations, and ethics that pertain to you. Specifically, you must clearly understand when a law or an ethical code requires your counselor to violate your privacy and/or confidentiality.

In general, there are several exceptions to protecting your privacy and confidentiality. These exceptions are divided into two categories: 1) duty to protect or warn, and; 2) delivery of care. Within these two categories, a therapist does not need your permission to release your private and confidential information.

#### Duty to Warn and to Protect

Law mandates a counselor to...

—Report the maltreatment, abuse, or neglect of a child.

State law mandates that certain professionals report his or her suspicion that a child is being maltreated, abused, or neglected.

—Report certain infectious diseases (such as tuberculosis, HIV, Hepatitis).

The legal duty to warn and protect extends, in certain circumstances, to serious communicable diseases and infections. People who seek treatment for alcohol and other drug problems often have these diseases.

—Request help from emergency medical personnel in a bona fide medical emergency.

—Request law enforcement help for crimes committed on program premises or against program personnel or another person.

If a counselor suspects a client may do harm to him/herself or to someone else, a therapist is required by state law to attempt to prevent a potential tragedy, by breaking confidentiality and warning the appropriate parties, and people who may be near them.<sup>3</sup>

Under federal law, an alcohol and other drug counselor is required to disclose your private and confidential information to a coroner who is investigating the cause of death of a vulnerable adult who dies in a qualified service setting.

In Minnesota, an alcohol and drug counselor is required to obtain an adult client's written permission to report the client's maltreatment. Once a therapist obtains consent, he or she is legally required to report immediately the maltreatment to the appropriate state agency.

Finally, there are special circumstances when state law may provide an exemption to the duty to warn and protect. For example, a counselor may not have a legal or ethical duty to warn or protect if a client has a terminal illness and is planning suicide.

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<sup>3</sup> Tarasoff v. Regents of the University of California (1976) and Hedlund v. Superior Court of Orange County (1983).

*Delivery of Care—Coordinating Care*

Law permits a counselor, to communicate with...

- Other staff, within this treatment program, regarding a client.
- Other professionals within the context of professional supervision, audit, or evaluation.
- A qualified service organization (i.e., the MN Mental Health Ombudsman).
- A court with appropriate jurisdiction and authority to comply with a valid court order.

**Roles and Relationships**

A counselor has a legal and ethical obligation to respect, preserve, and promote the integrity and welfare of his or her clients. As a result, nearly every professional code of ethics discourages or prohibits counselors from entering into any nonprofessional relationship with a client, former client, a client's romantic partner(s), or a client's family members.

Many codes describe nonprofessional relationships as “dual relationships”. At a minimum, five years after all professional contact has ended, restrictions on nonprofessional relationships are lifted. However, with respect to licensed alcohol and drug counselors, the prohibition regarding nonprofessional relationships continues in perpetuity— i.e., without end. The ethical standard is, “Once a client, always a client”. The context in which a therapist practices may increase the ethical restrictions on nonprofessional relationships. For example, a therapist working in a facility that is licensed to treat chemical health problems is ethically and legally prohibited, in perpetuity, from entering into a nonprofessional relationship with a client.

Exceptions to entering nonprofessional relationships may exist when all of the following four conditions are present:

- i. a client initiates the nonprofessional relationship,
- ii. a therapist believes a nonprofessional relationship is therapeutically beneficial for a client,
- iii. the therapist clearly informs the client, in advance, of potential harmful consequences that may arise from the nonprofessional relationship,
- iv. the therapist documents in the client's record (in advance) the clinical rationale for entering into a nonprofessional relationship.

Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., funeral/ wedding/ commitment ceremony/ graduation); hospital visits to an ill family member; mutual membership in a professional, civic, religious, or community organization. A counselor working in a facility that is licensed to treat chemical health problems is ethically prohibited from sharing personal information when one of his or her clients is present at a Twelve Step-type meeting, and therapists are strongly cautioned against “sponsoring” a client. At Ark Counseling, sponsoring clients is prohibited.

**Client Disclosures in Group, Couple, or Family Counseling Settings**

Within the context of group therapy, couple's therapy, and/or family counseling, a therapist is not permitted to acknowledge he or she has privately conferred with an individual client. A client's confidences, which are shared privately with his or her therapist, may not be shared with peers in the client's therapeutic community without the client's prior written approval.

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However, once a client has publicly disclosed information to his or her therapeutic community, a therapist may repeat the disclosure to group members (individually or collectively)—whether or not an individual group member was present when the disclosure was first publicly made.

**Therapeutic Approach, Expected Benefits of Treatment**

Therapy is not like going to a dentist where you lay back and someone else does all the work. Therapy requires you to be actively involved. Your therapist can guide you and help you discover your way “out of the woods”, but you are the one who must move your feet along the path you choose to travel.

Today, you will receive an Initial Service Plan. This plan will take you through the first seven calendar days of your treatment. After your first week of treatment, your counselor will provide you with a draft treatment plan—it is a continuation of your Initial Service Plan. After today, you will take a direct and active role in selecting your treatment goals and in creating treatment assignments. You will be required to sign all future plans after you and your counselor come to a mutual agreement as to its contents. Treatment Plans are continually updated throughout your treatment. Updates are based on new information and on whether the planned interventions are helping you move toward your goals.

In your Treatment Plan, your counselor will explain to you the specific therapeutic approaches he or she will use in your care, the specific goals that are sought, the expected benefits, and the likely duration of your treatment. Throughout this process, your candid input and feedback is essential. It is vitally important you are open and entirely honest about your expectations and about what you are willing or not willing to do.

It is the hope of every person who seeks professional care that he or she will get better. There are very good reasons for this hope. Research consistently shows that people who receive professional care get better more than twice as often, and more rapidly, than people who do not receive treatment. However, it is important to understand several things that research also reveals: some people actually feel much worse before they begin to feel much better; the speed at which people feel better cannot reliably be predicted; not everyone gets completely better.

**Treatment Frequency and Duration**

Our immediate goal is the resolution of the problem that prompted you to seek treatment. Our secondary goal is helping you to identify, acquire, and develop new attitudes, beliefs, and conduct that will provide you with improved means of coping. Unless more effective methods of coping are acquired and developed, experience shows that long-term recovery is unlikely. So, at a minimum, every client should experience observable and measurable affective, cognitive, and behavioral changes.

In general, each of our formal Programs and services is outcome oriented—i.e., focused on your individual progress and specifically on your attaining your treatment goals. This approach permits a flexible degree of intensity of service delivery that corresponds to the changing intensity of your difficulty or problem. Treatment intensity will change as your needs change. However, in certain situations (such as mandated treatment) clients are required to be exposed to a minimum core of didactic information and to receive skill enhancement in several areas before the frequency and/or duration of their treatment is reduced—or they are discharged after completing treatment.

The intensity and duration of each Program for chemical use problems, as outlined below, serves as a guideline for “typical” clients. Your therapist will discuss your progress with you throughout your treatment and will be able to provide you with specifics with respect to the frequency and duration of your treatment.

**Intensive Outpatient Treatment— IOP Treatment**

Intensive Outpatient Treatment (IOP) is a legally defined concept. IOP treatment is therapy, not education.

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With respect to group therapy, IOP treatment must occur a minimum of 3 days per week and may occur as much as 7 days per week. The length of each group session is a minimum of 3 hours per day and maximum of 8 hours.

IOP treatment is for people who have specific symptoms and who meet or exceed established criteria. People may be admitted into IOP treatment either directly or after successfully completing a more intense level of care, such as inpatient treatment.

Ark Counseling is an abstinence-based program. The successful completion of IOP treatment occurs when specific clinical outcomes are achieved. As a result, at intake, the total number of IOP sessions is not fixed. In IOP treatment, clients do not step down to aftercare until *early remission* is achieved (documented in part by urine drug screens). In IOP, a 12 week period of no-problem urine drug screens is non-negotiable, if a discharge of early remission is required.

Notwithstanding, the actual duration and frequency of a client's treatment becomes clearer as his/her primary therapist gains a better understanding of his/her:

- A. history,
- B. the progression and severity of his/her chemical use and mental health issues,
- C. physical health, mental health, social support, and legal history,
- D. how well s/he is doing in treatment— i.e., attendance, chemical abstinence, completion of specific and measurable goals, objectives, and tasks that are part of the client's written treatment plans, movement through Prochaska's Stages of Change.

Based upon a client's progress, or lack thereof, the number of Initial or Aftercare sessions may be increased or decreased. Slips, relapses, or failed UAs may extend a client's duration and/or frequency of treatment. A client's inability to not use alcohol or drugs may result in a recommendation that s/he be transferred to a different or a higher level of care, or be discharged from Ark Counseling.

### **Outpatient Treatment— OP Treatment**

Outpatient Treatment (OP) is a legally defined concept. OP treatment is therapy, not education.

With respect to group therapy, OP treatment is 1 or 2 days per week. The length of each group session is 1 to 3 hours.

OP treatment is for people who have specific symptoms and who meet or exceed established criteria. People may be admitted into OP treatment either directly or after successfully completing a more intense level of care, such as IOP.

Ark Counseling is an abstinence-based program. The successful completion of OP treatment occurs when specific clinical outcomes are achieved. As a result, at intake, the total number of OP sessions is not fixed. In OP treatment, clients do not step down to aftercare until *early remission* is maintained (documented in part by urine drug screens) for up to 12 weeks. This is documented in part by no-problem urine drug screens, if a discharge of early remission is required.

Notwithstanding, the actual duration and frequency of a client's treatment becomes clearer as his/her primary therapist gains a better understanding of his/her:

- A. history,

- B. the progression and severity of his/her chemical use and mental health issues,
- C. physical health, mental health, social support, and legal history,
- D. how well s/he is doing in treatment— i.e., attendance, chemical abstinence, completion of specific and measurable goals, objectives, and tasks that are part of the client's written treatment plans, movement through Prochaska's Stages of Change.

**48 Hour DWI/Relapse Prevention Program**

A 48-hour Relapse Program is defined by MN law. It is designed for people who are legally required to have 48 hours of treatment **following their last use**. A person must be in early remission to be eligible for admission into a 48-hour Relapse Program. If a person has completed 47 hours of treatment and then presents a problem urine drug screen the 48 hour treatment clock restarts at zero— this is MN law.

A 48-hour Relapse Program is therapy, not education. Admission to this level of care is entirely contingent upon the client: having an historic diagnosis of alcohol/drug abuse or dependence; and being in *early remission* (12 weeks of no problems, including no use).

As written in law, a Discharge Summary must include **all** of the following information:

- 1. a declaration that the person has satisfactorily completed an alcohol and drug treatment program that includes individual and group sessions totaling a minimum of 48 contact hours **after** the person's last use (may include: individual, group, or family counseling)
- 2. a written narrative of the treatment program and the results of treatment,
- 3. the last date the person has used alcohol or drugs,
- 4. the starting and ending dates of treatment, and
- 5. a recommendation regarding aftercare, verification that aftercare has been completed, and a clinical prognosis.

**Note:** Aftercare may be in addition to this treatment, but not exceed 180 calendar days and may include the abstinence-based support of a generally recognized support group based on ongoing abstinence, at least once a week for 12 consecutive weeks.

Based upon a client's progress, or lack thereof, the number of sessions may be increased. Slips, relapses, or failed UAs may extend a client's duration and/or frequency of treatment. A client's inability to maintain not to use alcohol or drugs will result in a recommendation that s/he be transferred to a different or a higher level of care, or be discharged from Ark Counseling.

**Termination of Services**

You may terminate your professional relationship with your counselor (or this facility) at any time— with or without cause. However, it will be helpful to your long-term mental health if you provide at least one session, prior to ending your relationship, to discuss a possible referral, to make arrangements to access to your private and confidential health information, and to address issues your therapist believes may be helpful for you in the future.

Your therapist also has the right to end his or her professional relationship with you. Most often, a therapist chooses to terminate a professional relationship with a client because he or she believes they can be of no further professional assistance to a client. Both the American Counseling Association and the National Board of Certified Counselor's codes of ethics permit a therapist to end a relationship when a client is:

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- 1) not making a good faith effort to honor the commitments s/he has chosen to make, or
- 2) not honoring or respecting professional boundaries, or is
- 3) delinquent on paying fees to which the client has previously agreed to pay.

There are other reasons why a therapist may elect to stop working with a client. In some circumstances, it may not be in a client's interest or in a counselor's interest to disclose the reason for terminating a professional relationship.

Notwithstanding the above, your counselor has an ethical and legal obligation not to abandon you. This means, he or she must provide you with the name of a counselor who is professionally competent to work with you, and must also provide you with information on how your private and confidential health information may be accessed. You have the right to decline any referral or recommendation your counselor makes— but your counselor is not further obligated to continue a therapeutic relationship.

### Program Completion Criteria

Decisions about you continuing your treatment at Ark Counseling, your transfer, your completion of treatment, and your discharge are made by your therapist and based entirely upon clinical factors. Your therapist often consults with other licensed clinicians who are on staff about your progress.

During your assessment, specific problems were identified that justified your admission into a specific Program. The resolution of these problems determine when you may be transferred to a different level of care, discharged from a specific Program, or discharged from treatment altogether. In addition, the emergence of new problems may require a level or intensity of programming or service that can be provided effectively at the same level of care, or may require your transfer to a facility that provides greater or less care.

Thus, transfers and discharges are directly linked to the assessment process— and the determination to transfer or discharge is solely based upon the original and continual reassessment of the client to determine whether he/she meets or does not meet the initiation criteria for a specific level of care.

*The Diagnostic and Statistical Manual (DSM-5)* establishes criteria that define the concepts of chemical abuse and chemical dependence. It also establishes standards that are used, around the world, for when a diagnosed problem is in remission. The DSM-5 clearly states that for a person to be in “*early remission*” they must be without any symptoms (except cravings) for a minimum of three consecutive months (i.e., 12 consecutive weeks). At the barest minimum, a person is not discharged with staff approval from Ark Counseling until they are in “*early remission*”. In part, this is determined by means of urine drug screens.

In addition to the above, each of Ark Counseling's Programs requires a client to routinely attend and fully participate in individual and group therapy, and to complete the Treatment Plans to which he/she has participated in creating. Treatment Plan assignments generally include tasks that must be completed outside of the treatment facility. Discussions of assignments are a routine part of most group sessions.

Because the foundation of recovery is honesty, it is essential that each client learn to identify his/her thoughts and feelings and to verbally, honestly, and respectfully share them with his/her counselor and peers. Program completion is not dependent upon a client agreeing with his/her counselor's personal beliefs or suggestions. However, each client is required to make measurable changes in his/her attitudes, beliefs, and conduct (A, B, Cs). Over the duration of their treatment, his/her counselor continuously monitors each client's movement and consistency in the following areas:

Cognitive/Behavioral Focus	Activity
Consciousness-raising Experiences	<ol style="list-style-type: none"> <li>1) Attentive listening and reflection upon the life stories of peers and guests.</li> <li>2) Keeping an open-mind to the perspectives, <u>attitudes</u>, <u>beliefs</u>, and <u>conduct</u> that are shared in group sessions and educational materials.</li> </ol>

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	3) Thoroughly and honestly completing all homework assignments. 4) Thoughtfully and frequently participating in conversations and activities during group. 5) Experimenting with new <u>attitudes</u> , <u>beliefs</u> , and <u>conduct</u> while in group and between group sessions.
Skills Acquisition	6) Learning and practicing better cause and effect thinking. 7) Anticipating and avoiding situations and environments that may trigger a desire or craving for alcohol and/or drugs. 8) Identifying, creating, and maintaining healthy personal boundaries that are compatible with a sober/clean lifestyle. 9) Identifying, developing, and practicing coping skills that will create and preserve a healthy and sober/clean lifestyle.
Social Support	10) Developing and maintaining emotionally healthy relationships with your therapist and treatment peers. 11) Identifying and participating in AA/NA-type meetings. 12) Identifying and obtaining a temporary sponsor. 13) Building a healthy social support network with sober-friendly family and friends who are genuinely interested in your sobriety.
Relapse Prevention	14) Identifying and developing a daily relationship with a power that is greater than yourself and from whom (or from which) you can draw strength. 15) Discovering and developing healthy and sober-friendly leisure and recreational activities.

### Discharge Codes, Types, and Descriptions

Code	Type	Description
WSA	Completed Program: With Staff Approval	1) Demonstrates significant and measurable progress in achieving Tx goals. 2) Exhibits significant and noticeable positive improvement in <u>attitudes</u> , <u>beliefs</u> , and <u>conduct</u> . 3) <u>Substantially</u> completes Treatment Plan. 4) Chemically and emotionally stable. 5) No longer meets Admission criteria for a Level II.1 facility 6) Subclinical U/A values 12 weeks prior to completion and on last day of Tx. 7) Committed to acting upon all aftercare recommendations.
PWSA	Completed Program: Premature with Staff Approval	1) Demonstrates significant and measurable progress in achieving Tx goals. 2) Exhibits significant and noticeable positive improvement in <u>attitudes</u> , <u>beliefs</u> , and <u>conduct</u> . 3) <u>Largely</u> completes Treatment Plan. 4) Chemically and emotionally stable. 5) No longer meets Admission criteria for a Level II.1 facility 6) Subclinical U/A values 12 weeks prior to completion and on last day of Tx. 7) Committed to acting upon <u>most</u> aftercare recommendations.  Note: This type of discharge is generally reserved for clients who have legitimate and significant circumstance beyond their control.
ASA	Against Staff Advice	Staff advises the client to not discontinue Program and/or services.
ASR	At Staff Request	1) Poor therapeutic alliance after repeated efforts to repair and/or; 2) Poor peer integration and identification after repeated efforts to repair and/or; 3) Unable to improve length of sobriety and refusal to transfer to a higher level of care, and/or 4) Unable/unwilling to consistently conform to pharmacological treatment, and/or 5) Possesses an unacceptable risk to the safety and/or stability of the therapeutic environment, and/or 6) Unable/unwilling to honor Attendance Contract, and/or 7) Unwilling to fulfill financial obligations/commitments.
AWOL	Absent without Leave	Stops coming to treatment and does not establish contact with his/her therapist after

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		<i>repeated attempts have been made.</i>
<i>NS</i>	<i>No Show</i>	<i>After the completion of intake does not begin treatment.</i>
<i>Ø</i>	<i>Other</i>	<i>Inappropriate placement, incarceration, major illness, death, etc.</i>

### Treatment Plan Assignments

Of necessity, your Treatment Plan will have tasks for you to complete when you are away from this treatment facility. Your counselor believes each assignment is integral to your therapy and expects you to honor **all** commitments you have chosen to make. In addition, an essential part of your therapy is to discuss candidly, during individual and group sessions, what you agreed to in your Treatment Plan. Discussions of assignments are a routine and non-negotiable part of most group sessions.

Your repeated failure to honor the personal commitments you have chosen to make may result in your counselor reevaluating whether it is appropriate for you to continue your treatment at Ark Counseling.

### How Billable Time is Calculated

Ark Counseling is very sensitive to the importance of accurately reporting charges for the services it renders. Insurance fraud is a felony. Attendance in group and individual therapy is recorded each day.

Within the mental health profession, services are generally billed by the “hour” or “unit” or “session”. These words are defined in *Current Procedural Terminology codes (CPT)*, legal contracts with insurance providers, and in Minnesota Statutes and Rules (*i.e., Consolidated Chemical Dependency Treatment Funds—CCDTF*).

CPT code            all minutes are rounded upward to the next 15 minute increment.

CCDTF                31 continuous minutes equal 1 hour.  
91 continuous minutes equal 2 hours.

*Note: A break may not be included in a continuous unit of time. A break stops one segment of time. If the session resumes a new unit of time begins.*

In group counseling sessions, counselors routinely schedule brief breaks. Breaks generally occur after 50 minutes of therapy. However, at times it is not clinically appropriate to take a break precisely at the 50-minute mark. As a rule of thumb, in a 3 hour group session there is 20-30 minutes of break time.

### Individual Counseling

For individual counseling, the term “client” has multiple meanings and includes “a person in treatment” and/or a family member of a person who is in treatment. This does not apply for clients who have CCDTF.

### Case Management

As defined by law, case management is an ongoing process that begins prior to a client’s admission to treatment. It includes such things as: review of documents; clinical assessments; the intake process; the preparation and review of treatment plans, progress notes, group notes, reviewing homework; telephone calls to clients; updating relevant documents and material; coordinating benefits; case consultations with parole officers, case managers, child protective services, social workers, family members, attorneys; aftercare planning; and discharge summaries and reports.

Case management is time intensive. Approximately 50% of a Licensed Chemical Dependency Counselor’s time is involved in case management. If permitted by a client’s insurance provider Ark Counseling routinely charges for case management at: 2 hrs. at intake and 1 hr. at discharge. This does not apply for clients who have CCDTF.

### Missed or Cancelled Appointments

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When you enter treatment you are reserving, for your use, a highly trained professional's time. This time is then no longer available to another person who may desperately need it. If you are unable to keep a scheduled appointment you are personally responsible to promptly notify your counselor— prior to the scheduled appointment— of the cancellation.

Excessive tardiness's and/or more than 3 absences to a scheduled appointment may result in your termination from treatment. Ark Counseling reserves the right to bill you for all or any portion of an appointment you have made for individual therapy and do not keep. The amount charged is determined by the amount of time scheduled for your appointment and calculated on the lower of: the fee negotiated with your insurance company; or the fee schedule that is posted in the Ark Counseling's reception area. Clients who have CCDTF may not be billed for missed or cancelled appointments.

### Phone Consultation

At Ark Counseling, our telephone conversations with clients are generally limited to brief discussions about: punctuality and attendance, scheduling issues, and questions of clarifications regarding Treatment Plan assignments. In the event a special need arises, to achieve the best outcome your therapist will require you to schedule an appointment for a face-to-face meeting.

In the event your counselor believes you are abusing your telephone privilege, Ark Counseling reserves the right to bill you for telephone calls. The cost will be calculated on the lower of: the fee negotiated with your insurance company; or the fee schedule that is posted in the Ark Counseling's reception area. Clients who have CCDTF may not be billed.

### Crisis and Emergency Help

In the event you experience a medical or behavioral crisis or emergency, immediately call 911, the Crisis Intervention Hotline (612.873.2222), or go to the nearest hospital emergency department. Professionals at these locations are trained in mental health and psychiatric emergencies and have specialized training, resources, and medications. Counselors at Ark Counseling are not equipped to deal with mental health and psychiatric emergencies. During a crisis or emergency, if you call your counselor, he or she will immediately place a 911 call on your behalf.

### Urine Drug Testing

Ark Counseling is an outcomes-based program which means the successful completion of your treatment requires you to be entirely free from all alcohol and non-prescribed chemicals for a specified period of continuous weeks. Our standard of care is x2 urine tests per week, but Ark Counseling reserves the right to request a **urine sample at any time, and day, and without advance notice**. At times it is necessary for a counselor to observe you actually giving a urine sample. A refusal or your inability to comply cheerfully and promptly with a UA request is the same as a positive UA—this is the legal standard in Minnesota.

The costs of urine drug tests are paid by insurance according to amount negotiated in its contract with Ark Counseling. In the event a client does not have insurance or urine drug screens are not covered in their policy, Ark Counseling reserves the right to pay for urine tests with money that has been set aside for this purpose. Clients who have CCDTF may not be billed.

### Other Financial Issues

Educational items required in Treatment Plans are provided to clients at no charge, however if any Treatment Plan requires a client to make a purchase (example: art supplies) the client must make this purchase at a location other than Ark Counseling. Ark Counseling prohibits team members from selling merchandise or personal services to any client, and also prohibits a client from purchasing any item from a team member.

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Client's Initials \_\_\_\_\_

In addition, it is Ark Counseling's policy not to require a client to pay for an item or service that is otherwise paid for or covered by reimbursement or eligible for reimbursement, or for which Ark Counseling is already receiving public or private payment.

### Legal Services

Counselors at Ark Counseling *diligently* avoid becoming involved as a witness in proceedings with the courts and/or child protective services. When a counselor is subpoenaed to a legal proceeding it prohibits him/her from keeping the commitments and obligations s/he has made to other clients—it disrupts the care other clients need.

In the event a client's attorney, legal agent, or represent subpoenas one of Ark Counseling's counselors the client will be charged a flat fee of \$2,000 for each day required. A day is defined as any amount of time over 1 minute during any continuous 24 hour period. This charge is payable in advance of appearing at a legal proceeding or event.

### Therapist's Training, Credentials, Licensing, Experience, and Theoretical Orientation

A therapist's competence is determined by relevant education, training, supervised counseling experience, state and national credentialing, and appropriate professional experience. Therapists at Ark Counseling practice only within the boundaries of his or her training and competence. In general, counselors who affiliate with Ark Counseling have at least one graduate degree from a fully accredited university. Each has passed a rigorous and standardized national certification exam in the area(s) in which he or she practices.

At Ark Counseling, therapists are permitted only to use therapeutic techniques that are well-grounded in theory, empirically supported, in harmony with "best professional practices", and have the most favorable outcomes.

It is your right to know about your therapist's training, credentials, licensing, experience, and theoretical orientation. At your request, your counselor will provide to you a paper copy of his or her resume. A brief summary of your counselor's credentials are posted in the treatment facility. At any time, you may ask your counselor about the theoretical approach he or she is using with you, and the expected benefit of treatment.

### Release of Records

Until your financial obligations are paid in full, it is Ark's policy and procedure to withhold the release of **all** information related to your treatment and experience at Ark, including information to the courts, the department of motor vehicles, or any other non-clinical entity. We do **not** make exceptions to this policy.

I attest that while in the presence of an Ark Counseling team member, I have reviewed and have had explained, to my satisfaction, all of the material contained in this Informed Consent Disclosure and that I have received a written copy for my future review and reference.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chart Number

\_\_\_\_\_  
Ark Counseling, LLC Team Member's Signature

\_\_\_\_\_  
Date

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