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INFORMED CONSENT OF PSYCHOTHERAPY AND SERVICES

Welcome to my therapy practice. Beginning therapy is an important decision, and I am glad I can be a part of that experience for you. If, after the first meeting, we decide to enter into a therapeutic relationship, it is important that you be aware of the protections and limitations of that relationship. Subsequently, **please make sure you read this informed consent in its entirety to ensure that you have a thorough understanding of therapy.** We will have the chance to review the following information together and any questions regarding the information will be addressed. If you are not comfortable with both your rights as a client and my limitations as your therapeutic partner, we can discuss other options for treatment.

What is Psychotherapy?

Psychotherapy is a way to understand human behavior and to help people with a variety of problems. Psychotherapy typically starts with an assessment of problematic symptoms and maladaptive behaviors that are affecting a person's life. Coping skills may be employed to alleviate symptoms of depression, anxiety, or relationship problems; however, I believe that such coping skills are ultimately short-lived without insight and exploration of the cause of such issues. *Self-knowledge and insight is seen as an important key to changing attitudes and behaviors.*

Whether or not therapy works depends largely on the client's willingness and ability to fully engage in the therapeutic relationship. Each client has a unique opportunity to view themselves more accurately and to make connections between the past and the present. Therapy may be emotionally painful at times. Clients are encouraged to talk about thoughts and feelings that arise in therapy, especially feelings towards the therapist. These feelings are important because elements of one's history (past relationships, conflicts, etc) can be shifted onto the therapist and the process of therapy. Psychotherapy aims to help people experience life more deeply, enjoy more satisfying relationships, resolve painful conflicts, holistically balance self, and better integrate all the parts of their personalities.

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I emphasize an insight-driven form of psychotherapy that involves looking holistically at the individual. The goal with this form of therapy is to help the individual view themselves as a holistic, empowered being and to begin making adjustments to affect change. Therapy is designed to help clients understand how one unbalanced aspect of life can ultimately result in problems throughout multiple systems (relationships, health, emotions, behaviors, thoughts, etc). Each client will be encouraged to dig deep for answers and insights as to why a problem is occurring and how to ultimately resolve, eliminate, and/or manage the issue.

Much of my therapy approach would be considered a transpersonal, eclectic style of psychotherapy. “Transpersonal” because an emphasis is placed on transcending the day-to-day issues that one faces and using these issues as stepping stones towards enlightenment, empowerment, growth, change, and healing. “Eclectic” because I piece together various approaches, such as traditional talk therapy, hypnotherapy, life-coaching, experiential therapy, existential therapy, trauma-resolution therapy, cognitive/behavioral therapy, energy healing approaches, nature/hike therapy, and tarot-based therapy. Part of my job is to stay aware of what you believe you need to focus on and to educate you on various methods/techniques we could use in order to achieve your goals. At certain times during our work together, we may feel that another approach or technique may be needed in addition to traditional psychotherapy/talk-therapy. I will always discuss the options with you as my client, and I allow you to pick and choose what you believe would work best for your healing.

Benefits and Risks of Treatment

There are many benefits to psychotherapy. These benefits have been established by scientific research but are sometimes difficult to monitor or pinpoint. I am responsible for ensuring that, for the most part, the benefits of your therapy outweigh the risks. I will always do my best to keep you informed of any possible risks as we make treatment decisions together. I will also assist you in getting to another treatment resource if at any time you decide that you would like to make a treatment change. My belief is that any person who has a desire to heal and/or change can do so with proper help and support. Ultimately, the decision to make changes is yours. I am here only to guide and assist you on your journey.

Unfortunately, there are no guarantees that any or all of your problems will be remedied by pursuing treatment with me. It is quite possible that you may experience stress, strained relationships, increased symptoms, and other difficulties as a result of working in therapy, especially as you share painful feelings and thoughts that can cause unpleasant internal experiences. Growth is difficult, and often things feel worse before they feel better. You may experience stress or difficulty as you are challenged to make major life decisions and/or changes. It is helpful to talk about these issues as they surface.

Please know that change is slow, and often patience is required by both the client and therapist as this process continues.

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Boundaries of the Therapeutic Relationship

The therapeutic relationship is a unique relationship unlike other relationships. For your protection and to preserve the integrity of our work, there are certain boundaries which are held in therapy. You are expected to show up to therapy, live up to your financial obligations, and be honest in our work together. I am expected to provide services to the best of my ability, to maintain ethical and legal expectations, and to honor and uphold your healing process.

Although therapy work can be extremely personal and meaningful, the relationship will always remain professional. We will only meet via Telehealth or in-person at designated locations at scheduled times.

Should you have any questions about boundaries at any part of our therapeutic relationship, do not hesitate to ask and bring this up for exploration and discussion. We can discuss any particular feelings you may have in response to these therapeutic boundaries. In fact, this is an important part of the therapy process if and when it becomes an issue.

Credentials and Background

I graduated from Southeastern Louisiana University in 2008 with a Bachelor of Science and from Walden University in 2016 with a Master of Science in Clinical Mental Health Counseling. I completed my counseling internship at Skyland Trail, a residential treatment facility in Atlanta, GA, where I worked with clients with thought disorders and psychosis, as well as a variety of other mental health issues. In the past several years, I have dedicated much of my time and training opportunities towards the treatment of trauma, anxiety, identity development work, and experiential therapy practices. My ongoing trainings have included such topics as suicide prevention, anxiety management, hypnotherapy, acceptance and integration training (AAIT), somatic experiencing, reiki/energy healing, ethics, life coaching, shamanic/nature-based healing, and various trauma healing practices. I am a Licensed Professional Counselor with Mental Health Service Provider designation (LPC/MHSP) (License #4417), a National Certified Counselor (NCC), and a Certified Clinical Hypnotherapist (CCH). Additionally, I have experience with nature-based therapy/therapeutic hikes, and I am certified and trained in levels I and II of HMR (holographic memory resolution), a trauma resolution technique. I am a certified Reiki healer (Levels I and II) and have over fifteen years of experience in the therapeutic use of tarot cards for the purposes of subconscious associations, insight, and self-exploration.

OFFICE POLICIES

Scheduling and Cancellations

All scheduling is done by me; therefore, any cancellations or appointment changes must go through me. The best way to reach me regarding scheduling is through text to (865) 518-9922 or

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email to jesse@holisticinnature.com. You may also leave a voice message if you would prefer that method.

Also, because wireless communication is not 100% reliable, **my policy is that no appointment should be considered cancelled unless it is confirmed by a response from me.** I would also appreciate a confirmation that you have heard from me about appointment changes.

I ask that cancellations be made at least 24 hours in advance. Simply not showing for an appointment with no notice (“No-showing”) requires full payment of the missed appointment at the rate that we have agreed upon. These charges must be paid in full prior to rescheduling. If you consistently late cancel appointments, you may be terminated from the therapy relationship due to noncompliance. No-showing for an appointment is generally not tolerated and may result in termination from the therapy relationship. Additionally, consistent cancellations may also result in termination of the therapy relationship.

Frequent cancellations, late cancellations, and no-showing for an appointment can result in possible termination from therapy due to non-compliance. Additionally, no-showing results in a charge for the appointment time.

Please recognize that when you make an appointment, I am promising that space and time for you and your healing process. It is reserved specifically for you. If you are late, I will not be able to extend your appointment time as I have a structured schedule that is planned by the hour. I schedule blocks of time. If someone doesn't show up, I cannot see another client, and clients that are trying to get an appointment cannot come in. That time is lost.

I know this can be an emotional and controversial subject, and yet, it is a necessary point of discussion. Frequent cancellations, late cancellations, and no-showing for appointments are oftentimes a sign of a noncommittal attitude towards the therapy process and/or core issues surfacing for you, so I encourage you to address these with me and use the opportunity to explore hesitations, doubts, or challenges.

Payment Policies

It is required that you keep a credit card on file with me for the payment of sessions. The card will be kept on file for you through Square, and I will charge the card at the end of each session. It is your responsibility to keep the card up to date and notify me of any changes to your card payment on file. Should you no-show for an appointment, you will also be charged the full amount of the agreed upon session rate. **I will only charge the card on file in the case of a no-show appointment or for services rendered.**

You will be financially responsible for all services rendered. **Payment is required at the end of the session.** Please note that I am not on insurance panels and do not accept insurance or work with insurance companies in any capacity (this includes out-of-network or superbills).

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Payment is made with most major credit cards (Visa, Mastercard, American Express, Discover) using payment the card on file through Square (Square.com), or—when possible—a Square card reader (if an in-person session has been arranged) or cash (in an in-person session has been arranged). Checks are not an accepted form of payment.

Please note that ALL card payments require a courtesy fee. For in-person card-swipes, there is a 3% courtesy fee. For all other card transactions (such as invoices, the use of card numbers, or automatic charging of a card on file), there is a 4% courtesy fee.

Any billing or payment issues should be discussed with me immediately so that we can resolve any problems and address any concerns. If you are delinquent with payment, payment will be required prior to rescheduling.

Rates

My standard rates are listed below:

Psychotherapy/Reiki/Hypnotherapy/Other *\$150 for 50-minute session*

On my caseload, I do allow for “sliding scale slots.” This means that there are slots available at lower rates, reserved for people who cannot afford to pay the standard rate. These are given on a first-come-first-serve basis. If you do not genuinely need a sliding scale rate, I ask that you reserve it for people who do. If you believe that you do indeed need it, please feel free to ask and address this with me.

The Appointment Hour

A therapy “hour” consists of 50-minutes of therapy time. If more time is needed, arrangements can be made for longer therapy sessions; the fee will be adjusted accordingly. If I am late for an appointment, I will either complete with you the full time of your appointment (assuming your schedule permits), owe you the extra time, or adjust your rate for that session. If you are late, the appointment will end at its scheduled time and you are responsible for full payment.

Communication

Secure and private communication cannot be fully assured utilizing cell/smart phone, texting, or regular email technologies. It is the client’s right to determine whether communication using non-secure technologies may be permitted and under what circumstances. Use of any non-secure technologies to contact Jesse Williams, LPC/MHSP, will be considered to imply consent to return messages to client via the same non-secure technology, pending further clarification from client. In the event that client chooses not to allow non-secure modes of communication, contact will only be made via wire to wire phone or mail.

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Please note that receipts of service are typically sent by text or email through the Square App.

Unless my voicemail states otherwise, I check messages regularly both weekdays and weekends. On weekends and holidays, however, I reserve the right to only return calls, texts, or emails of an urgent nature. If I you call my phone and I do not answer, please leave a voicemail in order for me to know that you have called. Because cell service in our area can be unreliable, voicemails often let me know if someone has tried calling.

Please check below which modes of communication are permitted. This consent may be altered at any time if needed.

Voice communication to client's cell/smart phone from Jesse Williams' cell/smart phone:

Scheduling appointments: Permitted Not Permitted

Appointment reminders: Permitted Not Permitted

Between session contact: Permitted Not Permitted

Text communication to client's cell/smart phone from Jesse Williams' cell/smart phone for:

Scheduling appointments: Permitted Not Permitted

Appointment reminders: Permitted Not Permitted

Between session contact: Permitted Not Permitted

Contact via the client's email from Jesse Williams' email:

Scheduling appointments: Permitted Not Permitted

Appointment reminders: Permitted Not Permitted

Between session contact: Permitted Not Permitted

If permitted, list permitted email address: _____

If permitted, list permitted cell number: _____

Emergency Needs

I try to make myself available for emergencies. If for some reason, you call and do not get a response, and are experiencing a genuine emergency, you are advised to call 911 or go to your

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nearest mental health facility or emergency room. If you require hospitalization, I will stay in touch with your treating mental health professionals with your permission. We can resume outpatient treatment after an assessment of your status and needs. There is no charge for a brief (10-minute) phone check-in if there is an emergent need. However, you will be charged accordingly for a longer session or phone consultation.

Confidentiality

As a client, your privacy and rights to confidentiality are protected. Confidential information may be disclosed when you, the client, give written valid consent or when a legally authorized person gives consent on your behalf. Information you share with me may be entered into records in written form. All written documentation regarding your treatment will be secured in a private physical location or a HIPAA compliant cloud destination. Information about you and your treatment will not be shared casually or in public places.

There are some limits to your rights to confidentiality. Information about your treatment may be shared during supervision/consultation with other professionals and/or members of your treatment team. When this occurs, this information will be limited to only that which is necessary and relevant. When possible, your identity will be protected.

State law and professional ethics require therapists to maintain confidentiality except for the following situations:

1. If there is suspected child abuse, elder abuse, or dependent adult abuse.
2. A situation in which serious threat to a reasonable well-identified victim is communicated to the therapist.
3. When threat to injure or kill oneself is communicated to the therapist.
4. If you are required to sign a release of confidential information by your medical insurance provider.
5. If you are required to sign a release for psychotherapy records if you are involved in litigation or other matters with private or public agencies. Think carefully and consult with an attorney before you sign away your rights.

Confidentiality for Couples/Families/Minors

Clients being seen in couple, family, or group work are obligated legally to respect the confidentiality of others. I will exercise discretion (but cannot promise absolute confidentiality) when disclosing private information to other participants in your treatment process. When I am working with couples, or a family with two legal guardians, I am obligated to preserve

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confidentiality on behalf of the couple. This means that I will not release any information about either member of the couple without the consent of both, including for divorce proceedings. This also means that I will not hold individual confidences of either party that will jeopardize my allegiance to both parties in the couple. Secrets cannot be kept by me from others involved in the therapy process—any secret that you tell me but refuse to share with your partner will result in termination of our therapeutic relationship.

When working with minors, I do not reveal to parents/guardians what was discussed in session, because this would interfere with the need to establish trust and rapport with your child. If a minor, however, tells me anything that makes me seriously concerned about his/her safety and well-being or the safety and well-being of someone else, the minor's only choice regarding confidentiality is to participate or not to participate in telling his/her parents/guardians.

Sessions Outside of the Office

During nature-based therapy or in certain circumstances where you and I decide that it would be beneficial for your treatment, the counseling session can/may occur outside or in a public setting. In these situations, time, location, and intent will always be set up and agreed upon by both parties.

When outside in such a locations as hiking trails or parks, you assume all responsibility for maintaining your own safety, and you must sign the required release form. Because nature-based therapy sessions are in nature, injuries and mishaps can occur that are outside of my responsibility, control, and foresight. Although I will do my best to prevent such situations or circumstances, I can not be held accountable or responsible for the following (but not limited to): insect bites/stings, snake bites, sprains, poison ivy, or any other injury which occurs as a result of being on a hiking trail or in a park. You, the client, assumes all risks associated with a this style of session.

Please note that confidentiality is not guaranteed when in public with your therapist. If this is a concern, please notify me so that we can make a plan prior to the session on how this will be dealt in an effort to keep your confidentiality intact. This is to protect you should either of us run into someone that we know.

Again, I will make every effort to protect your confidentiality; however, when in a public location, circumstances that are outside of my control can occur. When agreeing to a session in a public location, you assume all risks to your confidentiality that could occur as a result of being seen with your therapist. Before agreeing to this decision, be sure to think through these issues and ask me any questions that you might have so that we can address it prior to being in a public location.

In the case that we are meeting for nature-based therapy, be aware that cell service is at times limited within certain areas, so you will need to plan accordingly. I encourage you tell a friend/

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loved one where you are going, what time the session is, how long you expect to be gone, and who the session is with. Feel free to share my contact information with your emergency contact if you feel comfortable doing so.

Privacy

In daily practice, I may use email, written correspondence, and cellular phone service. In all these instances, confidentiality will be protected to the best of my ability, but is limited due to the risk of information being overheard or ending up in the wrong hands. Every precaution will be taken to protect your privacy.

Termination and Follow-up

Termination is an important process in psychotherapy. If you are ready to begin the process of terminating, we will discuss this at length and spend as many sessions as needed for putting closure on our work together. Terminating treatment is usually up to the client. There are occasions, however, when I may initiate termination. The reasons for this decision will be discussed with you and will include an explanation. Possible reasons for a therapist terminating treatment include: failure on your part to comply with mutually developed treatment goals and procedures; the realization that you are not benefitting from therapy; consistent cancellations/late cancellations/no-shows; failure on your part to pay; any violent, abusive, threatening or litigious behavior on your part; and/or if the therapeutic relationship is compromised in any way due to unforeseen circumstances. Any non-voluntary termination will be accompanied by an appropriate referral and will not always require a termination session.

I leave it up to you to call and request an appointment time. If you have a standing appointment and do not show, I will notify you. If I do not receive a response, I will take you off the schedule for any future appointments and will consider the therapy relationship to be terminated.

Client Rights

You have the right to information regarding my training and professional credentials.

You have the right to be treated by me in a consistently competent, ethical and respectful manner.

You have a right to a personal, individual assessment of your treatment needs in which your expertise about yourself is as important as my professional opinion about you.

You have a right to referrals to other competent professionals and services when your treatment needs indicate it.

You have a right to ask questions about the approach and methods I use and to decline the use of certain therapeutic techniques.

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You have the right to confidential treatment except in circumstances already described in this document.

You have the right to information regarding anticipated length of treatment and prognosis if you stop treatment.

You have the right to stop receiving therapy from me without any obligation other than to pay for the services you have already received unless you are a danger to yourself or someone else.

You have a right to resume services following termination after assessment.

You have a right to discuss your treatment, concerns, questions, and complaints with me.

Interaction with the Legal System

You understand that you will not involve or engage me, as your therapist, in any legal issues or litigation in which you are a party to at any time either during your counseling or after counseling terminates. This would include any interaction with the court system, attorneys, Guardian ad Litem, psychological evaluators, alcohol and drug evaluators, disability evaluations/paperwork, emotional support animal paperwork, or any other contact with the legal system. In the event that you wish to have a copy of your file, and you execute a proper release, I will provide you with an electronic (or printed) copy of your record. If you believe it necessary to subpoena me, as your therapist, you would be responsible for my expert witness fees in the amount of \$1,500.00 for one-half (1/2) day to be paid five (5) days in advance of any court appearance or deposition. Any additional time I spend over one-half (1/2) day would be billed at the rate of \$375.00 per hour including my travel time and expenses. You understand that if you subpoena your therapist, I may elect not to speak with your attorney, and a subpoena may result in me withdrawing as your therapist.

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PLEASE SIGN BELOW AND INITIAL THE RIGHT CORNER OF EACH PAGE TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION DESCRIBED HEREIN AND THAT YOU HAVE DISCUSSED WITH ME ANY PART OF THE INFORMATION YOU DO NOT UNDERSTAND.

ALL FAMILY MEMBERS PARTICIPATING SHOULD SIGN BELOW. IF MINOR CHILDREN ARE INVOLVED, PLEASE PRINT THEIR NAMES AND IDENTIFY WHO IS THE PARENT/GUARDIAN SIGNING FOR THEM.

THE ORIGINAL COPY OF THIS DOCUMENT WILL REMAIN IN MY FILE AND I WILL GIVE YOU A COPY FOR YOUR PERSONAL FILES IF NEEDED.

“I UNDERSTAND THE FINANCIAL POLICY, INCLUDING THE REQUIREMENT TO HAVE A CREDIT CARD ON FILE AND THE POSSIBLE CHARGES FOR NO-SHOWING FOR APPOINTMENTS. I ALSO UNDERSTAND THAT THIS PROVIDER IS NOT ON INSURANCE PANELS AND DOES NOT FILE INSURANCE CLAIMS AND THAT I AM RESPONSIBLE FOR THE PAYMENT OF ALL SERVICES RENDERED. I HAVE READ AND UNDERSTAND THE ENTIRETY OF THIS INFORMED CONSENT.”

AGREED UPON RATE: _____

Signature and printed name of client(s):

Date: _____

Signature and printed name of parent/legal guardian(s) (if necessary):

Signature of Therapist: _____

Initial Here: _____