

Informed Consent and Psychotherapist-Patient Services Agreement

This document contains important information about my professional services and business policies. Please review this document carefully. When you sign this document, it will represent a legal agreement between us. We can discuss any questions you have before you sign this document, or at any time in the future.

CREDENTIALS

Academically, I (Joshua Paszkiewicz) hold a Bachelor of Arts in Liberal Studies (Thomas Edison State University), a Master of Arts in Religion (Graceland University), a Doctor of Ministry in Pastoral Psychotherapy (The Graduate Institute of CPSP) and am a candidate for a Master of Arts in Counseling (Central Seminary). I have completed a 1200-hour clinical residency at the University of Kansas Hospital, an advanced 400-hour clinical training with Transitioning Pathways LLC, and have subsequently earned board certification as both a pastoral counselor and clinical chaplain with the College of Pastoral Supervision and Psychotherapy. I am currently working as an intern under the supervision of Whitney Logan, MA, LPC (Missouri License #2016039436).

PRACTICE ORIENTATION

Generally speaking, I practice from a psychodynamic and transpersonal perspective, employing a diverse array of therapeutic methods each rooted in the importance of exploring unconscious mental processes and their effects on life at large. Issues of transference, projection, resistance, and early developmental experiences are processed within the context of a strong therapeutic alliance, which provides an appropriate container for learning how to be with one's life circumstances with increasing clarity so as to navigate them with wisdom-yielding awareness.

While psychotherapy is not easily described in general statements, psychotherapeutic services can perhaps be divided into the arenas counseling, coaching, and consulting. Depending on your symptoms, needs, and goals I may vary emphasis between these arenas. In short, there are many different methods I may use to deal with the matters that you hope to address. Unlike some types of healthcare visits, psychotherapy calls for a very active effort on your part. In order for the psychotherapy to be most successful, you will have to work on many of the things we will engage and consider both during our sessions and at home.

Psychotherapy can entail both benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy

involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

“Homework” projects may be assigned. Such assignments dramatically increase information-gathering efficiency and the therapy process. Although any and all of your time spent with me is optional, I strongly encourage you to complete all such assignments to maximize your potential progress.

APPOINTMENTS

I normally conduct an evaluation that will last from two (2) to four (4) sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. If psychotherapy is begun, I will usually schedule one appointment session (of 45-50 minutes duration) per week at a time we agree on. Regardless, of the time you arrive, your session ends 45-50 minutes after the scheduled start time. When appropriate, the therapy session may be extended, or frequency may be increased.

24-HOUR CANCELLATION POLICY

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. If it is possible, I will try to find another time to reschedule the appointment within that week. In the event of severe weather or road conditions, your therapist will cancel the session for safety reasons and notify you immediately.

PROFESSIONAL FEES

Our office’s fees are based on reasonable and customary rates in our area. You will be electronically invoiced following the end of each session, and your invoice is due upon receipt. If your income or financial situation changes and the established fee becomes a limiting factor to your treatment, please discuss your fee with your therapist. The sliding scale for my services range from \$70-\$30 per clinical hour (45-50 minutes); unless otherwise established, the set fee for each appointment will be \$70.

REFERRAL TO OTHER PROFESSIONALS

If, during the course of our work together, we discover problems outside of the range of my expertise, I will help and encourage you to obtain the required services from an appropriate professional.

TERMINATION

Termination of therapy may take place at any point in time and may be instituted by either yourself or the therapist. If you are leaving for reasons other than our work being completed, we request enough notice from you so that a final termination session may be scheduled to explore the issues and reasons for ending. Often, the termination process can be valuable in and of itself, especially if the rationale is explored, discussed, and fully understood. Referrals to other professionals may be made as the situation necessitates.

SUBSTANCE ABUSE

Arriving at your session under the influence of any non-prescription substance, including alcohol, is grounds for termination and/or referral.

COMMUNICATION:

It is my policy that technology, as a form of communication in a therapeutic relationship, should be limited beyond ordinary “telehealth” modes. Safeguarding your confidentiality is important to me, while at the same time it is widely accepted that outcomes in therapy may be negatively affected by contact outside of the normal therapeutic frame, or beyond scheduled sessions in the therapy office.

- **Telephone communication:** Cell phone conversations are not always confidential and could jeopardize confidentiality. Therapeutic communication will be therefore be limited to in-person 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. On a case-by-case basis, some clients may call as needed for emergency support between the hours of 8am-4pm, though it may not be possible for the therapist to respond in a timely manner due to other commitments. Clients should first call friends or family members in their support network, and if there is an emergency or crisis, clients should call the following applicable numbers or report to the nearest emergency room.

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

Emergency Medical Services: 911

- **Email Communication:** Email, like texting, is not always confidential or encrypted, and utilizing email for communication should be limited to content around scheduling or cancelling your appointment.
- **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. Both client and therapist should abstain from viewing one another’s social media profiles. This is in order to protect the integrity of the therapeutic relationship and to maximize the benefits of therapy.
- **Video Conferencing:** Confidentiality cannot be guaranteed when participating in therapy using video-conferencing tools over the internet such as Skype, Zoom, or Facetime.

CONFIDENTIALITY

Most of the information discussed with your therapist is confidential and protected by laws. Some information which must or may be disclosed even without your consent includes: if you threaten to harm yourself or someone else; if a court orders disclosure of information; if your therapist, due to sudden illness or vacation, becomes unavailable and backup therapist is

required; when abuse of child, defenseless person, or animal is known or suspected (reporting required by state law).

- **Security of records:** Your treatment records and related financial records are stored in a secure locked file cabinet or a secure online file not accessible to the public.
- **Limits on Confidentiality:** In most situations, I can only release information about your treatment to others if you sign a written authorization form. There are other situations that require only that you provide written, advance consent. Your signature on this agreement provides consent for those activities, as follows: as an intern I routinely share case information with my clinical supervisor (Whitney Logan, MA, LPC – Missouri License #2016039436); I may occasionally find it helpful to consult other health and mental health professionals about a case, during a consultation, I make every effort to avoid revealing the identity of my patient. The other professionals are also legally bound to keep the information confidential.

By signing below, you are stating that you agree to comply with the conditions listed above and consent to treatment with Joshua Paszkiewicz, MA, DMin, BCPC.

Printed Name

Signature

Date