

## **Love Life Therapy Center, LLC**

1430 E Ft Lowell Rd, Suite 210

Tucson, AZ 85719

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### **Informed Consent for Psychotherapy**

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Welcome to Love Life Therapy Center, LLC! This document contains important information about our professional services and business policies. The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with us. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

#### **OWNER/DIRECTOR'S BACKGROUND**

Erin Lowry, LCSW, CST (she/her) is a psychotherapist with a Licensed Clinical Social Work credential under the Arizona Board of Behavioral Health Examiners (ASBBHE). She is registered with the AZBBHE as a Clinical Supervisor. In Colorado, under the Colorado Department of Regulatory Agency (DORA), she is a Licensed Clinical Social Worker. Since graduating from the University of Michigan School of Social Work in 2006, her experience includes working with diverse populations in outpatient and residential behavioral health settings in addition to integrated health care. Her clinical experience consists of working with individuals of a range of ages with varying degrees of mental illness, trauma, sexual health concerns, situational stressors and/or substance use issues. She has also provided education and training on wellness topics for colleagues of disciplines within and outside of the mental/behavioral health field. Erin received specialized training in Sex Therapy and Sex Education from the University of Michigan School of Social Work Sexual Health Certificate Program. She also holds a certificate in Post-traumatic Growth Somatic Therapy. Erin supervises and/or oversees all clinical and administrative services within Love Life Therapy Center, LLC.

#### **CONFIDENTIALITY**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone outside of Love Life Therapy Center, LLC without your written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure are described in the HIPAA Notice of Privacy Practices (separate document).

*When Disclosure is Required by Law:* Some of the circumstances where disclosure is required by law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; and where a client presents a danger to self, others, to property, or is gravely disabled (for more details see also the HIPAA Notice of Privacy Practices form).

*When Disclosure may be Required:* Disclosure may be required pursuant to a legal proceeding, i.e. if a valid subpoena is issued by the court. If you place your mental state at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by clinical staff at Love Life Therapy Center, LLC. In couple or family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. We will not release records to any outside party unless they are authorized to receive said records by all adult family members who were part of the treatment. If we determine that release of information may cause harm to one or more parties enrolled in treatment, we may make a formal request to not disclose or release such information.

*For individuals under 18 years of age,* please be aware that the law does provide parents/guardians with the right to examine your treatment records. It is generally our policy to request an informal agreement from parents to forfeit access to minor client records directly, and agree to be provided with general information on how treatment is proceeding, unless we feel that the minor is in danger.

*Litigation Limitation:* Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc), neither you nor your attorney, nor anyone else acting on your behalf will call on us to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested. Please note that we do not offer custody evaluations under any circumstance.

*Consultation Outside of Love Life Therapy Center, LLC:* We consult regularly with other professionals outside of Love Life Therapy Center, LLC, regarding our clients; however, the client's name or other identifying information is never mentioned, unless you have provided consent to share this information. Where written consent is not provided, each client's identity remains completely anonymous, and confidentiality is fully maintained.

*Consultation/Supervision within Love Life Therapy Center, LLC:* We consult regularly within Love Life Therapy Center, LLC and supervision is provided by qualified staff. Client records, Protected Health Information, clinical information is shared between qualified staff members on an as-needed basis (for example for clinical need/feedback, to submit billing, schedule, etc.). Client charts/information are otherwise confidential and only accessed by the treating clinician/provider and direct supervisor. If we consult with someone outside of Love Life Therapy Center, LLC about aspects of your care or presenting concerns, we will withhold identifying information.

*Consent to Release Information:* Considering all the above exclusions, if it is still appropriate, upon your request, we will release information to any agency/person you specify unless we

conclude that releasing such information might be harmful in any way. We follow the Minimum Necessary rule in regard to disclosures and will typically opt to provide a summary of treatment versus providing full treatment records. Under Arizona Administrative Code R4-6-1105(E), if you are accessing couple, relationship and/or family therapy services, all adult (over 18 years of age) clients participating in therapy must provide written authorization of release. In these cases, if all clients do not consent, then records cannot be released.

### **TELEPHONE & EMERGENCY PROCEDURES:**

If you need to contact us between sessions, our preferred method of communication is via e-mail. Please ensure that you have the contact information of your primary therapist (and if applicable, their supervisor). You may also use the main LLTC phone number/voicemail (520-484-4879) and e-mail ([info@lovelifetherapycenter.com](mailto:info@lovelifetherapycenter.com)) if you are having difficulty accessing your primary therapist. Calls and e-mails will be returned as soon as possible, usually within 24-48 hours (Monday through Friday).

*Erin Lowry*

Phone: (520) 484-4879

E-Mail: [erin@lovelifetherapycenter.com](mailto:erin@lovelifetherapycenter.com)

*Caitlin Climes*

Phone: (520) 369-3682

E-Mail: [caitlin@lovelifetherapycenter.com](mailto:caitlin@lovelifetherapycenter.com)

*Margaret Adcock*

Phone: (520) 261-2962

E-Mail: [margaret@lovelifetherapycenter.com](mailto:margaret@lovelifetherapycenter.com)

*Ari Myers*

Phone: (520) 222-9064

E-Mail: [ari@lovelifetherapycenter.com](mailto:ari@lovelifetherapycenter.com)

*Morgann Kidwell*

Phone: (520) 222-9311

E-Mail: [morgann@lovelifetherapycenter.com](mailto:morgann@lovelifetherapycenter.com)

***Emergencies:*** If we become aware of an emergency during our work together, or in the future after termination, where we become concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, we will do whatever we can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, we may contact the person whose name you have provided as an emergency contact on the client information/emergency contact form.

**We do not provide on-call phone or emergency sessions.** This practice does not have the capability to respond immediately to mental health emergencies. If you are in immediate crisis, whether it be for you or your loved one, please call/dial 988 (Suicide & Crisis Lifeline), call/dial 911, go to the nearest Emergency Department, or access community, statewide and/or national resources as listed in the “In Case of an Emergency – LLTC Form.”

***Confidentiality of E-mail, Text & Fax Communication:*** It is very important to be aware that e-mail and text communication can be relatively easily accessed by unauthorized people and hence, the privacy and confidentiality of such communication can be compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can easily be sent erroneously to the wrong address. Texts may also be erroneously sent to the wrong number or may be observed in a pop-up notification. Please notify us at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above mentioned communication devices. Please do not use e-mail, text, or fax for emergencies or to engage in treatment activities between sessions. Appropriate use of e-mail and/or text may include: scheduling/rescheduling/canceling appointments, financial/insurance needs/inquiries, sharing resources, identifying a theme that you would like to discuss at an upcoming psychotherapy session. An example of appropriate use of communication by fax would be sending/receiving a release of information to coordinate care between providers.

## **FINANCIAL AGREEMENT**

Payment is expected at the time the service is rendered unless other arrangements have been made. By signing this document, you are agreeing to pay for the services rendered and any additional expenses that may be accrued in collecting said fees. Currently, the fee for a 50-60 minute Psychotherapy session Individual Sessions and Couple/Relationship/Family Sessions are as follows: \$165 with Independently Licensed Therapists who are also Certified Sex Therapists (Erin Lowry, LCSW, CST), \$150 for Independently Licensed Therapists (Margaret Adcock, LCSW), \$125 for Associate Level Licensed Therapists (Caitlin Climes, LMSW and Morgann Kidwell, LAMFT) and \$30-\$40 for Therapist Interns (Ari Myers, BA/MSW Intern). We have cash discounts available and may consider changing rates for financial hardship.

Reports required by physicians, employers, etc. will be assessed according to our agreed upon hourly rate as noted above. A fee based on each therapist’s hourly rate may also be charged for telephone consultations (with other professionals, family members, clinical support of clients outside of session, etc.) in excess of 10 minutes. Checks returned by the bank will be charged an additional \$15 fee. We reserve the right to change our fees with 30 days’ notice. If your account balance remains unpaid for 90 days and suitable arrangements for payment have not been made,

we have the option of using legal means to secure payment, including collection agencies or small claims court. You have the right to be informed of all fees that you are required to pay and my refund and collection policies. Please discuss these with us if you have a concern.

***Appointment Attendance, Cancellations and No-Shows:*** Regular attendance at your scheduled appointments is one of the keys to a successful outcome in therapy. Together we will agree upon our frequency of meeting. Weekly or every other week are common frequencies, especially at the beginning of therapy. Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of one full business day (24 hours, Monday through Friday) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, a fee of \$50 (per session hour scheduled, \$30-\$40 for appointments with interns) will be required for appointments rescheduled or cancelled with under 24 hours' notice. Insurance companies do not reimburse for missed sessions.

If you or we decide not to proceed with ongoing therapy with your assigned therapist, you will still be responsible for payment for any services that were provided.

***Record Requests:*** If you would like to request information from your clinical record, either for personal use or if requested by an outside entity (e.g. for federal job application processes, coordination of care with other providers, legal proceedings, etc.), you will need to sign a release of information form specifying what information is authorized to be released and reason for the request. You will be charged an administrative fee for record review, written summary of clinical care, compiling documents and transmission of documentation (as applicable). Fees typically range from \$25 to the cost of your provider's full rate per hour. If paper copies are requested, an additional fee of \$.10/page will be charged. We have up to 30 calendar days to provide requested documentation. Please see HIPAA Notice of Privacy Practices form for more information.

## **INSURANCE**

At this time, we are only accepting self-pay, United Healthcare and Aetna. If you would like to attempt to receive reimbursement for out-of-network benefits, we are happy to provide you with an itemized receipt that you can submit to your insurance company. Payment arrangements should be finalized at your first visit. We do not offer EAP services due to the nature of our work.

When applicable, upon verification of insurance coverage and policy limits, your insurance carrier will be billed for your sessions. We will be paid directly by the carrier and you will be responsible for any deductibles and co-payments. If your insurance plan determines you are not eligible, you are responsible for full payment at the fee schedule above.

In the event of default of payment, the balance is due in full. You will be responsible for any reasonable court costs, attorney fees, and/or collection fees incurred.

***Health Insurance & Confidentiality of Records:*** Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO in order to process the claims.

Only the minimum necessary information will be communicated to the carrier. We do our best to avoid having to release progress/treatment/therapy notes specifically, but your insurance may request them. For example, we may offer a summary of services provided, diagnosis/es, symptoms, prognosis, treatment modality, etc. in place of the progress notes. There is no guarantee that insurance will accept a summary in place of the record once a record request has been initiated. Please note that within the context of couples/relationship/family therapy sessions, information about all active participants would also be shared with the insurance company. We have no control or knowledge over what insurance companies do with the information submitted or who has access to this information.

## **THE PROCESS OF THERAPY**

Participation in therapy can result in a number of benefits to you, including improving interpersonal relationships and resolution of the specific concerns that led you to seek therapy. Working toward these benefits; however, requires effort on your part. Psychotherapy requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or behavior. We will ask for your feedback and views on your therapy, its progress, and other aspects of the therapy and will expect you to respond openly and honestly. Sometimes more than one approach can be helpful in dealing with a certain situation. During therapy, remembering or talking about unpleasant events, feelings, or thoughts can result in your experiencing considerable discomfort or strong feelings of anger, sadness, worry, fear, etc. or experiencing anxiety, depression, insomnia, etc. We may challenge some of your assumptions or perceptions or propose different ways of looking at, thinking about, or handling situations that can cause you to feel very upset, angry, depressed, challenged or disappointed. Attempting to resolve issues that brought you to therapy in the first place, such as personal or interpersonal relationships, may result in changes that were not originally intended. Psychotherapy may result in decisions about changing behaviors, employment, substance use, schooling, housing, or relationships. Sometimes a decision that is positive for one family member is viewed quite negatively by another family member. Change will sometimes be easy and swift, but more often it will be slow and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results. In the case of couples, relationship and family therapy, interpersonal conflict can increase as we discuss couple/family issues. Of course, the potential for divorce/separation is always a risk in couples/relationship therapy.

During the course of therapy, we are likely to draw on various psychological approaches according, in part, to the problem that is being treated and my assessment of what will best benefit you. These approaches may include Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Cognitive Behavioral Therapy (CBT), motivational interviewing, Solutions-Focused Brief Therapy, Cognitive Processing Therapy, system/family, developmental (adult, child, family), Gottman Method, Emotionally Focused Couple's Therapy, psycho-educational, Somatic Therapy, Acceptance and Commitment Therapy (ACT), etc., as indicated.

***Treatment with more than one psychotherapist:*** Engagement with more than one individual psychotherapist is generally contraindicated or potentially detrimental to your treatment, unless it is done with coordination of care between providers, caution and intentionality. It is unethical to duplicate services. Each provider must have a specific target area that they are addressing and/or

modality that they are using that differs from the other services being provided. When we offer this service in-house at LLTC, we do our best to ensure that roles and target areas are defined and we coordinate care regularly between providers. If it is discovered that a client has been enrolled in treatment with another individual psychotherapist and this was not previously discussed and planned for, we reserve the right to terminate treatment.

***Additional Considerations for Couples/Relationship/Family Therapy:*** Please understand that while working as a couple, partnership or family in therapy, anything that either/any of us tells our therapist individually, whether on the phone or in an individual meeting, may not be held as confidential, and at the therapist's discretion may be shared with the spouse/partner/family member during a subsequent couple, relationship or family session. For the majority of couple's/relationship/family therapy cases, a no-secrets policy will be in effect, and any secret disclosed to the therapist outside of therapy sessions will need to be disclosed during or prior to attendance to the subsequent couple's therapy appointment.

The therapeutic focus in couple, relationship and/or family therapy is on preserving and enhancing the relationship rather than a focus on individual goals. In regard to couple's/relationship therapy, if remaining together is harmful to one or both/all partners, the focus will be on facilitating an amicable separation. We are unable to provide couple's/relationship/family therapy when Domestic Abuse and/or a pattern of coercive, intimidation, and/or control behaviors are present.

***Discussion of Treatment Plan:*** During the first (and possibly second) session, we will discuss our working understanding of the problem, your view of the problem and desired outcomes, treatment plan, therapeutic objectives, and the possible outcomes of treatment. You have the right, and will be asked to participate in the treatment planning process and we will honor your goals and desired outcomes. We are able to update the treatment plan whenever needed. If you have any unanswered questions about any of the procedures used in the course of therapy, their possible risks, our expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your presenting problem and their risks and benefits. If you could benefit from any treatment that we do not provide, we have an ethical obligation to assist you in obtaining those treatments (i.e. by offering at least 3 referrals).

***Diagnoses:*** Every client accessing psychotherapy services will receive a mental health, sexual dysfunction and/or relationship diagnosis based on DSM-5 criteria. If a client or clients do not meet criteria for a mental health, sexual dysfunction and/or relationship diagnosis, coaching services may be offered. Insurance will not reimburse coaching services. Please note that not all diagnoses are covered by insurance. We will use information from our initial intake assessment appointment (first appointment), your intake paperwork and any screening tools that you fill out in order to determine the most appropriate diagnosis. Diagnoses may be updated/changed throughout your care as new information is gathered, and these will be discussed/shared with you during treatment plan updates.

Please note that if you are seeking couples/relationship/family therapy services, only one person from the partner/family unit will receive a mental health or relationship diagnosis. This is for

billing purposes (e.g. whose insurance is being billed, who is responsible for payment, etc.) and is not intended to denote who is the identified “client,” as in these cases, the couple/partner/family unit is the “client.” Information about all parties who attend the session will be documented in each progress note.

*Termination:* As set forth above, after the first few meetings we will assess if your assigned therapist can be of benefit to you/is an appropriate fit. If at any point during psychotherapy we assess that we are not effective in helping you reach the therapeutic goals we have established, we are obliged to discuss this with you and, if appropriate, to terminate treatment. In such a case, we will give you a number of referrals that may be of help to you. If you request it and authorize it in writing, we will talk to the psychotherapist of your choice in order to help with the transition. If at any time you want another professional’s opinion or wish to consult with another therapist, we will assist you in finding someone qualified, and, if we have your written consent, we will provide him or her with the relevant clinical information. You have the right to terminate therapy at any time. If you choose to do so, we will provide you with names of other qualified professionals whose services you might prefer. Please inform us if you wish to terminate therapy prior to reaching identified goals.

We reserve the right to terminate treatment if a pattern of missed or late cancelled sessions has developed. Additionally, therapy may be terminated if a payment plan has been established and you do not make the agreed upon payments. If you do not attend a session for sixty (60) days or more, without prior arrangements being made, your chart may be closed. If we have outreached to you in an attempt to re-engage the treatment process and no contact is made to verify that you will be returning, we may close your file prior to the sixty (60) day mark. Once your chart has been closed, you may return to therapy again in the future, depending on our availability, the areas you would like to address and/or whether we remain a good fit for the care that you are requesting.

## **OUR THERAPEUTIC RELATIONSHIP**

If we see each other accidentally outside of the therapy office, we will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to us, and we do not wish to jeopardize your privacy. However, if you acknowledge me first, we will be more than happy to speak briefly with you if we are not with another individual, but we feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Adding clients as friends or contacts on social media sites can compromise your confidentiality and our respective privacy. It also blurs the boundaries of our therapeutic relationship. As a policy, we do not accept friends or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, blogs, etc.) We will not view your online activity as it may have a negative influence on our therapeutic relationship. If you complete a survey online from one of the sites that ask for users to rate their providers please be warned that you are sharing person self-revealing information about you (and your privacy) in a public forum. We do not submit our name to these sites and have no control over them soliciting your comments. If there is something from your online life that you wish to share with us, please do so in our sessions. If we discover that we have one or more mutual friends or acquaintances on a



social media platform, or otherwise may overlap socially, please understand that we may need to block your profile to limit and/or avoid any potential boundary violation. Otherwise, if you do not tell us about your online life, we will not attempt to find out.

If there is ever a time when you believe that you have been treated unfairly or disrespectfully, please talk with your therapist directly about it. It is never our intention to cause this to happen to clients, but sometimes misunderstandings can inadvertently result in hurt feelings. We want to address any issues that might get in the way of the therapy as soon as possible. This includes administrative or financial issues as well. If you are unable to resolve the issue with your primary therapist, please reach out to the owner/director, Erin Lowry, LCSW, CST at: [erin@lovelifetherapycenter.com](mailto:erin@lovelifetherapycenter.com)

Thank you for choosing Love Life Therapy Center, LLC to support your wellness, growth and healing through psychotherapy. We look forward to working with you!

**BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.**