



Link Relationship Counseling LLC

Gina R. Young, MA, BCPCC, LPC

PROFESSIONAL DISCLOSURE AND INFORMED CONSENT

Thank you for seeking services with me and trusting me with your care. It often takes courage to start therapy and I applaud you for taking this first step. The following information is to help us establish a clear counseling alliance. If you have any questions, please feel free to ask.

Philosophy & Approach to Counseling:

My focus in counseling begins by establishing a working relationship with my clients. This includes exploring my clients' needs, goals, and expectations of the counseling process. In this exploration phase, I seek to understand my clients, their distress and how I can help. I strongly believe in a whole person approach that takes into consideration history, emotions, physical health, spiritual wellbeing and relational interconnectedness. I believe we are made to be securely connected to God, others, and ourselves as we deal with the various highs and lows of life.

Qualifications:

I am a licensed professional counselor in the state of Wisconsin. I received my Master of Arts in Professional Counseling from George Fox University in Newberg, Oregon and hold a Bachelor of Science in Psychology with a Human Service Emphasis from the University of Wisconsin-Platteville. I completed a year-long internship at Beaverton Christian Church Counseling Center in Beaverton, Oregon and established a private practice at Sunset Presbyterian Church in Portland, Oregon for seven years. After my family relocated to Wisconsin in 2013, I began working at the Clinic for Christian Counseling. I stepped out of counseling during the pandemic of 2020 and then started my own practice again in 2021. My continuing education training has focused on gaining skills in Emotionally Focused Therapy (EFT), Gottman Couple Therapy and Cognitive Behavioral Therapy (CBT). I am a Certified Emotionally Focused Couple Therapist (ICEEFT) and obtained certificates in level 1 and 2 of Gottman Therapy. I am also a Board-Certified Professional Christian Counselor (IBCC).

Personal Disclosure:

As a professional counselor and a Christian, I try to enter each counseling session with an awareness that God is at work and join Him there. I am happy to discuss religious matters but am not a pastor or religious authority. Should my clients and/or I believe that a referral would be appropriate during the counseling relationship for these types of issues, I will seek to identify qualified individuals and assist in the referral process.

The counseling relationship is a professional relationship, and therefore, it should not become a social or business relationship at any time. This type of dual affiliation could be detrimental to the counseling process. Therefore, I ask that my clients do not invite me to social events, send friend requests to me on social media, give me presents, or solicit me for business or fundraising. If I encounter clients outside of the counseling setting, I will not acknowledge the existence of a relationship unless they initiate interaction first.

Couples Counseling:

Couples counseling can be an effective way to alleviate relationship distress, prepare for marriage, address conflict, improve communication, work through betrayal, strengthen a connection, resolve childhood issues etc. I use a combination of two empirically validated couple therapies (Gottman and EFCT) along with Biblical relationship wisdom (if desired) to address issues that couples bring to counseling. We will work to understand the patterns that have been established in the relationship, how you would like the relationship to change, goals for the relationship, and provide a safe space to experience the relationship differently. Homework may also be expected. It is not uncommon for successful couples counseling to take between 10 to 30 therapy hours. If individuals have contradicting goals, couples counseling may take longer or may not be appropriate. Some couples prefer quicker results or nontraditional formats and therefore I offer all-day intensive options. I generally start each couple with a full-day intensive to give time for proper intake, assessment, one-on-one counsel, planning, goal setting and slower pace. After the full-day intensive, couples may choose to continue with full-day appointments or switch to two- or three-hour sessions.

For those seeking couples counseling, I treat the relationship as the client rather than either individual as the client. Each member of the couple understands that the treatment records belong to the relationship. I will only release the relationship record if both parties are willing to sign a release of information. At times, individual therapy might be a useful or necessary adjunct to couples counseling. I will help to refer individuals within the couple to other therapists for individual therapy if desired. Please notify me in advance if both parties do not plan to attend a session.

Either individual is also able to set or cancel relationship appointments, but both are equally responsible for payments and attendance. Information shared with me during a couple session may be shared by either party outside of session, therefore you explicitly acknowledge the risk to confidentiality by engaging in relationship counseling. It is also my policy to view any information shared individually to be open for discussion within relationship sessions. I do not keep secrets from individual parties within the relationship. Because my client is the relationship, I will not bill insurance under either person's name for marital/couple/relationship therapy. It is my experience that most insurance companies do not pay for relationship counseling. However, if you would like me to provide a receipt for services rendered, I am more than willing.

Risks and Benefits of Counseling:

Counseling has both risks and benefits. Some of these risks might include uncomfortable feelings such as anxiety, frustration, grief, or uncertainty about future outcomes. It is not uncommon for feelings or patterns to get worse before they get better. Treatment may require recalling unpleasant aspects of your and your partner's personal history. However, research suggests that counseling can produce more satisfying relationships, better overall health, and reduced distress. For instance, Emotionally Focused Therapy is shown to have a 80-90% success rate, with 70 – 73% of couples reporting recovering from distress and continued improvement after therapy (ICEEFT.com). Progress and success in counseling varies and there is no guarantee of its results for any couple or person. It is my hope that we can work efficiently together to increase the benefits of counseling and meet your stated goals.

Client's Rights:

Consumers of counseling or therapy services have the following rights:

- To expect that the therapist has met the minimal qualifications of training and experience required to be a licensed counselor

- To examine public records held by the Board and to have the Board confirm the license holder's credentials
- To obtain a copy of Client's Rights (<https://www.dhs.wisconsin.gov/clientrights/intro.htm>)
- As allowed by law, a client has a right to access their own records or the records of their minor child(ren).
- To report complaints to the Wisconsin Department of Safety and Professional Services
- To be informed of the cost of professional services before receiving the services
- To be free from discrimination on the basis of race, religion, gender, age, color, national origin, sexual orientation, disability, political affiliation, socioeconomic status, or any other protected status or characteristic while receiving counseling services

If for any reason you are not satisfied with your treatment or feel that your rights have been violated, I encourage, but do not require that you first discuss this with me as your counselor. If your concerns are not resolved or if you would rather not discuss them with me, you may contact the Wisconsin Department of Safety and Professional Services through the information listed below:

Wisconsin Department of Safety and Professional Services
 Division of Legal Services and Compliance
 P.O. Box 7190
 Madison, WI 53707-7190
 Phone: 877-617-1565
 Email: DSPS@wisconsin.gov

Confidentiality:

Link Relationship Counseling is required by state law and ethical standards to guarantee that everything a counseling client talks about with a counselor is held in confidence. All information provided by or obtained about a client is considered confidential and shall be protected. Client information includes the therapist's personal knowledge of the client and client records (written, electronic, or verbal). Except as provided herein, client information may be disclosed or released only with the client's written, informed consent. This counselor may release client records without the client's written consent under the following circumstances:

- Where a client's authorized representative consents in writing to the release;
- Where communications to the counselor reveal abuse and/or neglect of children, elders, or dependent adults which impose an obligation to the counselor as a mandatory reporter;
- Where the counselor has a duty to warn in relation to communications of threats of physical violence to others or to self, including suicidal threats;
- Where circumstances giving rise to the list of exceptions to the healthcare provider-patient privilege; and/or
- Where mandated by the federal or state law requiring release of records or counselor is served with a subpoena.

Payment for Services:

I charge \$120 per therapy hour and \$30 for each additional 15-minute segment. See cost of services below.

Service	Time Allotted	Cost
Full-Day Intensive Couple Counseling	5 Hours or 344-359 Minutes plus One Hour Lunch Break	\$600
Couple Counseling	3 Hours or 164-179 Minutes	\$360
Couple or Individual Counseling	2 Hours or 105-119 Minutes	\$240
Individual Counseling	1 Hour or 45-59 Minutes	\$120
Additional Time Beyond Service Scheduled	Each 15 Minute Segment	\$30
Phone Calls	Each 15 Minutes Beyond First 10	\$30
Cancellation Fee	Cancellation within 1-48 Hours	Half Rate of Service Scheduled
Failure to Cancel Appointment at Least One Hour in Advance	No Show to Appointment	Full Rate for Service Scheduled

All payments are due at the time of each session. Payments can be in the form of cash, check, or credit card. Appointments will end on time, no matter what time they start. I reserve the right to periodically adjust these fees and will notify clients of the adjustment in advance.

Cancellations: Please provide notice of cancellation at least 48 hours in advance. Cancellations between one and 48 hours will be charged half the rate of the scheduled appointment. Appointments cancelled within an hour or that are not attended will be charged the full rate (Exceptions made only for emergencies). Please call and leave a voicemail message if you are unable to attend due to illness or extenuating circumstances. Reminder text or e-mail messages are offered as a courtesy. Not receiving the reminder does not negate your responsibility to keep your appointment or cancel on time.

Phone or telehealth contact fees: Phone calls are free for the first ten minutes. Calls longer than 10 minutes will be charged \$30. Each 15-minute unit beyond 10 minutes will also be charged \$30. Telehealth appointments are billed at the same rate as in-person sessions.

HSA: Some clients prefer to use their Health Savings Account to pay for services. Please check with your insurance company or HSA advisor to verify counseling services provided are a covered benefit.

Insurance:

I am not a contracted provider with any insurance company or managed care organization. If you have a mental health diagnosis and would like to seek reimbursement for services, I am happy to provide documentation for you to submit to your insurance company for reimbursement or deductible purposes.

Client Portal and Communication:

It is my desire to safeguard my client's personal information. I have taken steps to ensure HIPAA compliance in the computer management programs and systems I use. By using the Client Portal, clients may schedule or cancel an appointment, send a message, pay bills, and fill out forms. Text is used for appointment reminders or scheduling, but please no other correspondence. I currently use a VoIP answering service to take messages. I use my cell phone to return calls. I will contact clients on the phone number and e-mail address provided. I return all calls or messages

within five business days unless on vacation. Even though all attempts are made to secure client's information, a security breach or hack, though very unlikely, could happen to any of these modes of communication. There is also risk that someone having access to the client's e-mail, text or phone may gain access to these messages. If you are concerned about how I secure your information or contact you, please discuss this at your first appointment. If you would like discretion used when calling you or leaving a message, please let me know in advance otherwise I will assume it is safe to leave a message.

Emergencies:

I am NOT available for emergency services. If you experience an emergency and need immediate assistance, please call 911, 988 (Suicide Hotline), Northwest Connections at 1-888-552-6642, or the 24-Hour Crisis Hotline at 920-233-7707. You may also present yourself to the nearest emergency room. After reaching out to these emergency services, please notify me. I want to know if you have experienced a recent loss, traumatic event or have thoughts of harm to yourself or to others. Together we can formulate a plan to work through this trying time.

Health and Wellness:

If you believe that you have a contagious condition (e.g. flu, pink eye, strep throat, etc.), and do NOT have a counseling emergency, please reschedule your appointment until you are no longer contagious.

Social Media Policy:

Technology and social media sites allow people to connect in many ways. I want to protect our relationship and your confidentiality, so I would like to outline how I handle technology and social media within my practice. I will not accept new friend requests on my personal Facebook page from clients for confidentiality reasons. If we happen to have been linked in the past, I just ask that boundaries are kept professional and that you do not use messaging on social networking sites such as Facebook or LinkedIn to contact me. I do not check these regularly and will not be able to respond quickly if you are in an emergency. If you comment on a post that I make or on my wall, these exchanges become part of your record and may be documented and archived in your file. The best way to contact me is by phone or Portal message.

You have the right to express yourself on any site that you wish. If you choose to post a review or make a comment (positive or negative) related to my practice on any sites, I cannot respond. If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. Confidentiality means that I cannot tell people that you are my client. I want you to be aware of what might be inferred if you comment publicly. I also do not request testimonials, however you are more than welcome to tell anyone you like that I am your counselor and how you feel about your treatment in any forum you wish. If you do choose to write something on a public forum, please consider creating a pseudonym to protect your own privacy.

Professional Consultation:

Professional consultation is an important component of a healthy counseling practice. As such, I regularly participate in clinical, ethical, and/or legal consultation with appropriate professionals. During such consultations, I will not reveal identifying information regarding my client(s).

Audio/Video Recording:

It is often useful to audio and/or videotape sessions to discover additional nuances of the session or for consultation purposes. At times these recordings are reviewed with clients to help them discover behaviors, emotions, or patterns that may otherwise have been missed. Clients will be asked for their written consent before being audio or video taped in person or via telehealth. Clients may rescind their consent at any time. I ask that clients do not record any sessions without my knowledge and written consent.

Telehealth:

Telemedicine or telehealth includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of protected health information and education using synchronous (same time) or asynchronous (different time) audio, video, or data communications.

You may be asked to provide proof of identification, such as a driver's license, at your first telehealth visit. All electronic communications between us will be transmitted using reasonable measures to ensure confidentiality on my end. You will be responsible for securing and protecting the functionality, integrity and privacy of your hardware, files and communication on your end. Password protection for accessing your hardware and files is recommended. If others will be accessing the same computer, be aware that programs exist that copy every keystroke you make. It is recommended that you schedule your sessions with me when and where you can ensure the greatest level of privacy for all communications. Be sure to fully exit all programs and hardware at the end of each session. You explicitly waive confidentiality if another individual is with or near you during your telehealth visit. If we are disconnected, I will make every effort to reconnect with you or reschedule your appointment.

There are privacy and security risks and consequences associated with telehealth despite the policies and procedures in place to guard against them. The risks and consequences include, but are not limited to, interrupted or distorted transmission of data or information due to technical failures and access or interception of your protected health information by unauthorized persons.

By signing that you have reviewed this information and requesting telehealth services, you acknowledge the limitations inherent in ensuring client confidentiality of information transmitted in telehealth and agree to waive your privilege of confidentiality with respect to any confidential information that may be accessed by an unauthorized third party despite the reasonable efforts of this counselor to arrange a secure line of communication.

If you choose to participate in telehealth services rather than in person services, you acknowledge the risks stated above and authorize this counselor to provide care, treatment, or services considered necessary and advisable through a telehealth format. You also acknowledge that ample opportunity has been offered to you to ask questions and seek clarification regarding telehealth services.

Litigation:

My services are not to be utilized for litigation, testimony, custody disputes, FMLA paperwork, disability, emotional support animal requests or any other form of court evaluations. It is my policy to not communicate with my client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in my client's legal matter(s). If I am subpoenaed or mandated to testify, clients will be required to pay all fees in advance associated with preparing, writing of case summaries and/or reports, consultation with attorneys, consultation with other mental

health professions, review of records and any other fees incurred by me to prepare for court. These fees may include but are not limited to mileage, travel time, meals, and parking. My therapist testimony will be billed directly to the client and will require a \$1500 retainer paid at least one week prior to the date of testimony. Court appearances are significantly more expensive due to the complexity and difficulty of being involved in such matters. My current hourly rate for legal matters is \$350 per hour. These fees apply to any court-related or legal related work regardless if testimony is required. Any legal work is outside of typical mental health care services.

Records:

I am required to keep notes and records regarding my client's treatment. These records are my property and I will keep them for seven years as required by law. I will not alter my normal record keeping process at your request. If you would like to request a copy of your record, please do so in writing. I reserve the right, under law to provide you with a treatment summary in lieu of actual records. I also reserve the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health care provider. I may also require that you schedule an appointment with me to review the records before I release them to you or anyone else. Your records will be destroyed in a manner that preserves your confidentiality at the appropriate time. Any videos taken with your permission will not be a permanent part of your record. Paper copies made of any records will be billed at \$1 per page for the first 50 pages, \$.75 for pages 51-100 and \$.25 for pages 101 and above.

Minors in Counseling:

I refer clients under the age of 18 to other providers in the area.

Business Associate Agreements:

I work with other professionals who are not counselors. These individuals may help me run my computer, schedule appointments, share office space with me, clean the office, or provide other services within my practice. Any co-workers or associates with access to your information have signed Business Associate Agreements with me stating that they will not disclose protected health information.

Unexpected Therapist Absence:

In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. Please let me know if you would like the names of my Executor and Secondary Executor. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only if I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

Termination of Therapy:

I reserve the right to terminate therapy at my discretion. Reasons for termination include but are not limited to, failure to comply with treatment recommendations, attending therapy under the influence of drugs or alcohol, untimely payment of fees, conflicts of interest, failure to participate in therapy, your needs being beyond the scope of my practice or competence, and/or inadequate progress in therapy. You may also terminate therapy at your discretion. If

either of us decide to terminate therapy, I ask that you participate in at least one termination session to give us a chance to reflect on the work that has been done. If a referral is necessary, I will attempt to assist in a smooth transition.