

Auburn Meisner, LMSW
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303-915-8900



INFORMED CONSENT & COUNSELING AGREEMENT

This mandatory disclosure statement is for:

Auburn Meisner, LMSW 376 2nd Ave Niwot Colorado 80503
Intimate Inquiries, LLC IntimateInquiries@gmail.com 303-915-8900

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

My Responsibilities to You as Your Therapist

1. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior

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written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your prior consent, but I will not do so unless the situation is an emergency. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law ensures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, sending bills or faxing information), it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email or text at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my internet service provider. While under normal circumstances no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any email or text I receive from you, and any responses that I send to you, are not fully confidential and should not contain sensitive information.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

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Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Insurance Providers

Insurance companies and other third-party payers are given limited information (diagnosis) that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

The next is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in **couples therapy** with me.

If you and your partner decide to have some individual sessions as part of the couples therapy, what you say in those individual sessions will be considered to be a part of the couples therapy, and can and probably will be discussed in our joint sessions. ***Do not tell me anything you wish kept secret from your partner.*** I will remind you of this policy before beginning such individual sessions.

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2. Record-keeping.

I keep very brief records, noting only that you have been here, what interventions happened in session, and the topics we discussed. I maintain your records in a secure location that cannot be accessed by anyone else.

3. Diagnosis

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order to be paid. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you. All of the diagnoses come from a book titled the *DSM-5*; I have a copy in my office and will be glad to let you borrow it and learn more about what it says about your diagnosis.

4. Other Rights

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

5. Supervision

I am currently under the supervision of Debbie Knoll, LCSW an EMDR specialist, Barry Erdman, LCSW, DCSW, and Janelle Washburne, LCSW, CST. With your permission, I may discuss your case with one of these supervisors. Your name will be anonymous and you can choose to decline my sharing of your case. I utilize my supervisors to provide you with the best most comprehensive care possible.

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My Training and Approach to Therapy

I have a Masters in social work earned from Washington University in St. Louis Missouri. I am a licensed social worker (0009920892) in Colorado. My areas of special training and expertise include sex therapy, couples and relationship therapy, gender and identity issues, working with survivors of trauma, abuse, and victimization, and helping heal and reclaim intimacy, discover pleasure, establish a solid sense of self and one's physical, emotional, sexual needs and boundaries.

My approach to therapy is very transdisciplinary as I have found one size never fits all. I draw from feminist theory, cognitive behavioral, family systems, narrative therapy and humanistic approach. My therapeutic approach develops with you by using methods and techniques which best match your specific personal needs and goals. I draw upon a synthesis of conventional clinical training such as gottman method, emotion focused therapy, marriage and family counseling, PACT/attachment based skills, with alternative and integrative treatment modalities such as existential, mindfulness, body centered/somatic psychotherapy, art and music. My philosophy of psychotherapy is rooted in the client being the expert on themselves looks at the relationship of gender, power, and cultural forces in determining a person's developmental experiences and the problems they are bringing to therapy. I use a variety of techniques in therapy, trying to find what will work best for you. These techniques are likely to include dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal- keeping, drawing, and reading books. If I propose a specific technique that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting, especially with intimacy homework with self or a partner.

I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems; I refer both to traditional and non-traditional (homeopathic and Oriental medicine) practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a

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therapy or support group as part of your work with me. If another health care person is working with you, I will need a release of information from you so that I can communicate freely with that person about your care. You have the right to refuse anything that I suggest.

I never have social or sexual relationships with clients or former clients because that would not only be unethical and illegal, it would be an abuse of the power I have as a therapist.

I will not acknowledge you in public to protect your confidentiality, but you may approach me if you please. We will never discuss anything from therapy session in public.

I will not accept friend requests on Facebook or allow you to follow me on social media. I do however have a business page in which you can engage with. On this business page I post upcoming events, blog posts, and relevant mental health articles.

Therapy also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits to you of changing. Most people who take these risks find that therapy is helpful.

You normally will be the one who decides therapy will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapy at the end of that contract. If I am not in my judgment able to help you, because of the kind of problem you have or because my training and skills are in my judgement not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you do violence to, threaten, verbally or physically, or harass

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myself, the office, any of my staff or my family, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

I am away from the office several times in the year. I will tell you well in advance of any anticipated lengthy absences, and give you the name and phone number of the therapist who will be covering my practice during my absence. I am available for brief between- session phone calls during normal business hours. If you are experiencing an emergency when I am out of town, or outside of my regular office hours (after 5 pm weekdays or over the weekend), please call the Crisis Clinic. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last for 55 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice, you must pay for that session at our next regularly scheduled meeting.

If you no-show for two sessions in a row and do not respond to my attempts to reschedule, I will assume that you have dropped out of therapy and will make the space available to another individual.

You are responsible for paying for your session weekly unless we have made other firm arrangements in advance. My fee for a session is \$125. If we decide to meet for a longer session, I will bill you prorated on the hourly fee. Emergency phone calls of less than ten minutes are normally free. However, if we spend more than 10 minutes in a week on the phone, if you leave more than ten minutes worth of phone messages in a week, or if I spend more than 10 minutes reading and responding to emails from you

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during a given week I will bill you on a prorated basis for that time. My fees increase \$5 every year. If a fee raise is approaching I will remind you of this well in advance.

Client Consent to Psychotherapy

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in superbills, and to release of that information and other information necessary to complete the billing process. I agree to pay the fee of \$125 per session. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Auburn Meisner, LMSW at Intimate Inquiries, LLC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by Auburn Meisner.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Signed: _____
(Parent/Guardian if under 18)

Date: _____

Cancellation Policy

If you are unable to attend an appointment, I request that you provide at least 24 hours advanced notice to my office. Since I am unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

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For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee.

I appreciate your help in keeping the office schedule running timely and efficiently.

Signed: _____
(Parent/Guardian if under 18)

Date: _____

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