

PATIENT INFORMATION & DISCLOSURE STATEMENT

Welcome to Coeur d'Alene Counseling, Inc. Coeur d'Alene Counseling, Inc. is a helping professional service, endeavoring to assist people in understanding and living out their lives well.

This document is your *informed consent*. It describes information for new patients who desire individual, couple, family or group therapy [non-internet counseling/therapy] services from Coeur d'Alene Counseling, Inc.

Please read this information carefully, and feel free to discuss with your counselor/therapist any questions you might have. This document uses the terms client and patient interchangeably.

Please initial each page, indicating that you have read and understand it.

Counseling/Therapy

Those persons seeking counseling/therapy have the right to choose counselors/therapists who best suit their needs and purposes. It is the purpose and goal of Coeur d'Alene Counseling, Inc. to honor this. Please do not hesitate to discuss with your counselor/therapist your needs, your satisfaction with the therapeutic process, or any concerns you may have regarding the counselor's/therapist's style or appropriateness of the patient-counselor/therapist match. You as a client always have the right to choose another counselor/therapist in another agency at any time.

Counseling/therapy cannot offer any promise or guarantee about results. Your outcome will depend upon many things. You should know, however, that counseling/therapy is not always easy. You may find yourself having to discuss very personal information. These conversations may be difficult and you may be very anxious during and after such conversations. In fact, it is possible that you might become somewhat depressed. You may experience an increase in the symptoms you've sought help to alleviate.

As you learn more about yourself, you might encounter increased conflict with friends, co-workers, and family. Though these difficulties may not happen to you, you should know that during the process of personal growth they are possible. Counseling/therapy is intended to alleviate problems, but sometimes, especially at first, and as you get to the root of some things you may feel the weight of your problems more than you have in the past. Counseling/therapy will challenge you and your old ways of thinking and doing things. It is important to understand that you are always free to move at a pace that is comfortable to you.

Please initial each page acknowledging your understanding of it.

Initials _____ Page 1

2018

PATIENT INFORMATION & DISCLOSURE STATEMENT

Your therapist: Edward C. Dudding, M.S., M.A., LMHC, LPC, CSAT, CMAT, NCC

Edward “Ed” Dudding is licensed in the State of Washington (LMHC) and the State of Idaho (LPC). As well, he is a Certified Sexual Addiction Therapist (CSAT®), and a Certified Multiple Addiction Therapist (CMAT®). He has training and experience in mental health, marriage, career, school, and spirituality fields. He is trained to provide therapeutic services to address a variety of situations, which are non-medical in nature. As a non-medical therapist, Ed Dudding does not prescribe medications. Note: Licensure/Certification by the states of Idaho and/or Washington does not imply endorsement by their governing bodies or effectiveness of treatment. Ed is able to provide counseling/therapy for various life issues, yet is committed to specializing in addiction and the issues and problems commonly related to addiction. Some of the typical issues and problems are:

- | | | |
|------------------------------|---------------------------------|---------------------------------|
| <i>Sexual Addiction</i> | <i>Trauma issues</i> | <i>Shame, guilt, loneliness</i> |
| <i>Compulsive Cybersex</i> | <i>Anxiety & Depression</i> | <i>Anger & Rage</i> |
| <i>Process addictions</i> | <i>Workaholism</i> | <i>Grief & Loss</i> |
| <i>Addiction Interaction</i> | <i>Co-dependence</i> | <i>Attachment</i> |

Edward C. Dudding’s credentials:

- | | |
|--------------------------------------------------------------------|----------------------------------------|
| M.S. Educational Leadership | CSAT® Certification (No. 2012C-1257) |
| M.A. Mental Health Counseling | CMAT® Certification (No. 2012C-1257) |
| Licensed Mental Health Counselor, State of Washington (LH60647274) | National Certified Counselor (#246835) |
| Licensed Professional Counselor, State of Idaho (LPC-4387) | |

Confidentiality, Supervision, & Consultation

1) From time to time, your counselor/therapist may discuss your case with a licensed supervisor for review and case management to increase quality assurance and improve therapeutic outcomes. Peer review, assessment and evaluation, and therapeutic strategy for the case are components of the supervision. Confidentiality will be restricted to this limited circle of individuals. All disclosures will remain confidential within this circle. Coeur d’Alene Counseling, Inc., Inc. honors any questions or concerns regarding this process. Please discuss this with your counselor/therapist if you have any concerns at any time.

2) On occasion, your counselor/therapist may desire to consult with other qualified professionals (psychiatrist, psychologist, pastor, educator, attorney etc.) to seek information or input that may be helpful to your case. When it is necessary to speak specifically about the identity of a person, couple or family, we will request a "release of information" which authorizes contact and establishes the parameters for disclosure. No information about a person or persons will be released without this written authorization unless mandated by law.



PATIENT INFORMATION & DISCLOSURE STATEMENT

3) Consultations, assessments / evaluations, and disclosures between counselor/therapist and client will be held in strict confidence. All counselors/therapists must comply with subpoenas issued by court judges to disclose information. Also, the normal confidential relationship between counselor and client does not apply to: a) the disclosure of child, dependent adult, or disabled person abuse or neglect; or b) threats to the physical well being of oneself or other persons; or c) situations of grave personal disability. Every effort will be made to prevent an attempted suicide or a dangerous action against another person.

4) The legal standing of confidential communication is less clear in marital and family work where there are multiple patients. In couples counseling/therapy, individual disclosure to the counselor/therapist will remain generally confidential. However, partners will be expected to work toward relevant relational disclosure. While parents or legal guardians may be periodically informed about the general direction of counseling/therapy in which their minor child/adolescent is involved, the specific nature of their son's or daughter's disclosures will remain confidential.

Business Procedures & Fees

- 1) Standard individual therapy/counseling session is 50 minutes or 75 minutes based on the program or client needs. Time spent working outside the counseling/therapy session (e.g. telephone conferencing, reading or writing reports upon the client's request) will be charged to the client based upon the current standard rate.
- 2) Coeur d'Alene Counseling, Inc. offers discount packages and payment plans. Please ask for current packages and plans and their costs. Packages and plans have specific stipulations.
- 3) Coeur d'Alene Counseling, Inc. offers various special therapy/assessment programs. Please ask for current programs, their costs, and details.
- 4) Patients are required to pay for services at the time of each session and before sessions begin. Any and all other arrangements must be discussed with your counselor/therapist.
- 5) Coeur d'Alene Counseling, Inc. accepts cash, personal checks, and MasterCard, VISA, & AMEX. Checks are to be made out to Coeur d'Alene Counseling, Inc. A \$95 fee will be charged for returned checks. You may make credit card payments through Coeur d'Alene Counseling, Inc.'s web site.



- 6) Coeur d'Alene Counseling, Inc. does not accept insurance as payment. However, Ed Dudding is contracted with a limited number of providers and that number is subject to change periodically. Please inquire with him as to who they are. It is the client's responsibility to determine if coverage is available for you. Coeur d'Alene Counseling, Inc. will not make inquiries to determine eligibility or other inquiries. In all cases, you as the client are responsible for payment of counseling/therapy/materials fees. *NOTE: Health-insurance companies often require a diagnosed mental or emotional disorder (DSM-V

PATIENT INFORMATION & DISCLOSURE STATEMENT

number code) indicating an "illness" before they will agree to cover your treatment or reimburse you for treatment. Any diagnosis made may become a part of your permanent medical record.

- 7) At times patients wish to pursue reimbursements from their medical benefits program. As a courtesy to our patients, Coeur d'Alene Counseling, Inc. is pleased to provide receipts to its patients that may be submitted to their medical/health benefits program, only by client request. Coeur d'Alene Counseling, Inc. does not accept insurance as payment. Services are provided on a fee-for-service basis only.
- 8) Submitted receipts by Coeur d'Alene Counseling, Inc. to its patients does not guarantee or otherwise assure reimbursement and does not guarantee or otherwise assure credit towards any detectable. Additionally, each listed diagnosis may become part of the patient's permanent medical record.

9) Professional Rates & Fees:

Initial sessions, 90 minutes.....	\$199.00
Individual counseling/therapy, 75 minute session.....	\$189.00
Group therapy/counseling, 90 minutes.....	\$259.00 per seat monthly*
Individual counseling/therapy, 50 minute session.....	\$135.00
Marriage/Couple counseling/therapy, 50 minute session...	\$230.00
Copying and/or mailing client material fee.....	\$55.00
Client-requested written report and/or letter.....	\$75.00 each
Returned check fee.....	\$95.00
Court appearance and/or testimony fee.....	* See below
Sexual Addiction Evaluation.....	\$700.00

**Group therapy is sold as monthly seats. Patients purchase a seat in the group monthly. Patients join group through recommendation or through their particular program only.*

10) Program Materials and Assessments:

"Facing the Shadow" workbook*	\$35.00
"Facing Addiction" workbook.....	\$35.00
"Mindsight"	\$21.00
"Recovery Zone 1" workbook*.....	\$35.00
"Facing Heartbreak" workbook.....	\$35.00
"The 40-Day Focus" Book One* (replacement).....	\$150.00 each
"The 90-Day Prep" Book Two* (replacement).....	\$150.00 each
"The 90-Day Focus" Book Three* (replacement).....	\$150.00 each
SDI 4.0 (Sexual Dependency Inventory 4.0).....	\$155.00
PTSI-R (Post Traumatic Stress Index-Revised).....	\$95.00
IPAST (Inventory for Partner Attachment, Stress, & Trauma).....	\$85.00
MAWASI (Money & Work Adaptive Styles Index).....	\$65.00
PSS (Partner Sexuality Survey).....	\$35.00

**Some programs require specific materials/assessments. However, not all patients or programs are assigned or required to purchase program materials. Ask for details.*



PATIENT INFORMATION & DISCLOSURE STATEMENT

Sessions, Appointments

1) In order for counseling/therapy to proceed most effectively, unless otherwise indicated, counselors/therapists will meet with patients for a standard clinical hour (50 minutes). Sessions will end promptly, as the next 10 minutes will be used by your counselor/therapist to think about the session, write notes, and plan for future directions. Exception: FOCUS¹³ patients' standard session is 75 minutes.

2) Appointments are generally made on a regular, weekly or every other week basis and the client's time is held from week to week. In a sense, the client and counselor/therapist have an informal contract whereby the client has the exclusive use of a counselor/therapist's time for the scheduled appointment. For that reason the following point (#3) exists.

3) You will be charged your normal fee for all missed appointments and/or cancellations with less than a 24 business-hour notice (*this includes discount package programs and Access program*). In such cases, an automatic generated bill will be mailed to your mailing address. Notices to cancel may be made by phone call, phone call voice message, or *email message. *Please read email address request section. Text messages will not be accepted.

4) It is expected that appointments will be kept except in case of illness or emergency. If for some reason you fail to keep two consecutive appointments without calling for cancellation, Coeur d'Alene Counseling, Inc. will assume that you have terminated the counseling/therapy relationship and will make that appointment time available to other patients. If you wish to resume counseling/therapy you will need to call your counselor/therapist to determine appointment availability and to reschedule.

5) Problems do not happen overnight and neither do their solutions. Therefore, we ask all patients for an understanding agreement* to meet for a minimum of 4 sessions. At the end of this period three things can be done:

- 1) We can mutually agree that sufficient progress has been made to terminate services.
- 2) We can decide that insufficient progress is being made and that termination and/or a referral is in order.
- 3) We can agree that progress is being made, that further counseling/therapy would be beneficial and counseling/therapy continues until stated objectives are attained and desired goals are reached.

*All such agreements are non-binding and voluntary; thus, patients are free to conclude services at any time with no explanation at their discretion.

PATIENT INFORMATION & DISCLOSURE STATEMENT

6) Business days are Mondays, Tuesdays, Wednesdays, and Thursdays only (*Fridays are a non-business day*). Coeur d'Alene Counseling, Inc. is closed on major national holidays and some holiday weeks. Business hours are 9:00 AM to 6:00 PM PST (*Pacific Standard Time*) and by appointment only.

Court Appearance and/or Testimony Policy and Fee Schedule

Ed Dudding does not testify in legal proceedings, and if Ed Dudding were called to testify, that would likely create potential harm to the patient's therapeutic relationship that the client has developed with Ed Dudding, and it will initiate a retainer fee charge from the client.

RETAINER FEE: A retainer fee by cash or cashier's check or certified check for the amount of \$1,750.00 will be paid at the time of request of these services, otherwise they will not be granted. This covers the cost of one hour of case preparation, review, and research of pertinent information, travel time & expenses, and up to one hour *only* of time of presence in court/legal proceedings. This fee is non-refundable.

The retainer fee of \$1,750.00 only covers the services listed above. However, if testimony or wait time at court/legal proceedings lasts longer than one hour, an additional charge of \$350.00 per hour* will be billed you. This charge is to be paid within three business days.

ADDITIONAL FEES:

- **Non-local** testimony/witness testimony: \$1,750.00 per six-hour day. If court/legal proceedings last more than six hours, you will be charged \$350.00 per hour (within one calendar day).
- **Local** testimony/witness testimony: \$750.00 per hour.
- **Collateral/Consultation Fee:** \$150.00 per hour, including phone or written contacts.

PAYMENT: The retainer fee is to be paid in full *at the time of request*, which is before the actual testimony takes place. Payment will only be accepted in the form of cash, cashier's check, or certified check (made out to Coeur d'Alene Counseling, Inc.) and no later than 72 business hours prior to the court/legal scheduled proceedings date and time.

IMPORTANT NOTE: It is not likely that private or State insurance will cover these services or costs. These fees are to be paid prior and by the client or guardian with a cashier's check, certified check, or cash only (checks made out to Coeur d'Alene Counseling, Inc.) 72 business hours prior to court/legal scheduled proceedings date.

ACCOUNT STATUS: All accounts must be brought current, and any past due amount is to be paid immediately along with the retainer fee before we will prepare for and/or attend, court dates and/or related legal meetings, and/or collateral contacts.

PATIENT INFORMATION & DISCLOSURE STATEMENT

Patient Information
- Confidential -

Name		Date
Mailing Address		
Cell Phone	OK to leave message? Yes No	
Home Phone	OK to leave message? Yes No	
Work Phone	OK to leave message? Yes No	
Occupation		
Employer name and location		
Date of Birth		
Primary health care provider (physician) and location		
Date of last physical exam	Current health status/condition	
Medication	Dosage	Prescriber
Medication	Dosage	Prescriber
Medication	Dosage	Prescriber
Relationship:	<i>Single</i>	<i>Married</i>
	<i>Partner</i>	<i>Divorced</i>
	<i>Widow(er)</i>	<i>Other</i>
Number of marriages		Number of divorces
Describe relationship quality with current partner.		
Partner/Spouse name	Their cell number	Their home number
Emergency contact name	Their phone number (best number to reach them)	

PATIENT INFORMATION & DISCLOSURE STATEMENT

- Confidential -

What would you like to change in your life?

Describe your social life and interests:

What would you like your counselor/therapist to know?

Please write your
SAST score here:

Have you had any thoughts or attempts to hurt yourself such as suicide?

Please describe briefly any legal related issues you think your counselor should know.

Previous Counseling/therapy? Yes No If yes, with whom and when.

Please allow us the opportunity to thank the person/group whom referred you by providing their name and location here:

Initials _____ Page 8

2018

PATIENT INFORMATION & DISCLOSURE STATEMENT

Communication, Email, & Social Media

E-mail transmission cannot be guaranteed to be secure or error-free. Information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete. Coeur d'Alene Counseling, Inc. does not accept liability for any errors or omissions in the contents of email messages, which arise as a result of e-mail transmissions. Email transmissions from Coeur d'Alene Counseling, Inc. to patients will not consist of content that is generally reserved for session conversations and communication.

Email is used for efficient use of communication between client and Coeur d'Alene Counseling, Inc. about such items as session appointment reminders and/or other communication that is not agreed as sensitive to confidentiality. Please discuss with your counselor/therapist any concerns or questions surrounding the use of your email address. All email addresses are considered confidential and will be respected as private and belonging only to the client.

Email Address Request Please provide your current email address that you check and use regularly. Coeur d'Alene Counseling, Inc. uses email as a significant means of communicating with patients about items such as appointment reminders, session cancellation requests, reschedule session requests, and other non-confidential communications.

**Please legibly print your email address here.*

_____ @ _____

Print Name _____

Signature _____

Decline use of email, please initial here _____.

Communication, Telephone, Texting, & Social Media All telephone conversations are kept strictly confidential between counselor/therapist and client. It is with the highest intention to return all phone call messages within 24 hours on business days.

Coeur d'Alene Counseling, Inc. ***does not*** text, send texts, or receive texts.

Regarding any and all types of *social media*, it is the policy of Coeur d'Alene Counseling, Inc. to ***not participate*** in social media with current and/or past patients. Exceptions cannot be made.



PATIENT INFORMATION & DISCLOSURE STATEMENT

Agreement

Print patient name(s):

"I have read, understand, accept, and stand by my given information to all the contents of this disclosure & client information document".

Signature _____ **Date** ____/____/____

Signature _____ **Date** ____/____/____

**Counselor/
Therapist
Signature** _____ **Date** ____/____/____
Ed Dudding, M.S., M.A., LMHC, LPC, CSAT, CMAT, NCC

NOTE: The original of this informed consent disclosure document will be held in the client's confidential file. A copy of the signed signature page will be provided to the client. A copy of the complete document will always be available upon client request.

Mailing Address:
Coeur d'Alene Counseling, Inc.
PO Box 3745
Coeur d'Alene, ID 83816

Office Location:
Coeur d'Alene Counseling, Inc.
1910 Northwest Boulevard
Suite 201
Coeur d'Alene, Idaho

End of document.

