

PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

Welcome to Coeur d'Alene Counseling. This document outlines your informed consent and policies & procedures for Coeur d'Alene Counseling, Inc.

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 patient/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 indicating your understanding of the page. Thank you

Initials _____ Page 1



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

Your therapist: Edward C. Dudding, 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 board certified as a National Certified Counselor (NCC), Certified Sexual Addiction Therapist (CSAT®), and a Certified Multiple Addiction Therapist (CMAT®). He has training and experience in mental health, marriage, career, school, and Christian 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 sexual addiction and the issues and problems commonly related to sexual addiction. Some of the typical issues and problems are:

- *compulsive use of pornography*
- *compulsive anonymous partner sexual activity*
- *multiple addictive behaviors and their addictive interactions*
- *trauma and related issues*
- *anxiety & depression*
- *workaholism*
- *codependence*
- *shame, guilt, loneliness*
- *anger, resentments, & rage*
- *grief & loss*
- *attachment disorders*

Edward C. Dudding's credentials:

- LMHC - Licensed Mental Health Counselor, State of Washington (LH60647274)
- LPC - Licensed Professional Counselor, State of Idaho (LPC-4387)
- CSAT® - Certified Sexual Addiction Therapist (No. 2012C-1257)
- CMAT® - Certified Multiple Addiction Therapist (No. 2012C-1257)
- NCC - National Board Certified Counselor (#246835)
- M.A. - Master of Arts in Mental Health Counseling, Denver Seminary
- M.S. - Master of Science in Educational Leadership, California State University Fullerton

Initials _____ Page 2



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

Terms & Definitions

Addiction, general	the fact or condition of being addicted to a particular substance(s), thing(s), activity(s) or behavior(s).
Addiction, sexual	the fact or condition of being addicted to a particular sexual thing(s), activity(s), and/or behavior(s).
CMAT®	Certified Multiple Addiction Therapist®
Confidentiality	the state of keeping or being kept secret or private.
Counseling	the provision of assistance in resolving personal, social, or psychological problems and difficulties.
Counselor	a person trained to give guidance on personal, social, or psychological problems.
CSAT®	Certified Sexual Addiction Therapist®
Focus-13	a structured treatment program covering 13 therapeutic tasks to help a person achieve well-being.
Focus-7	a structured treatment program covering 7 therapeutic tasks to help a person achieve well-being.
Patient	a person receiving medical and/or psychological treatment.
Privacy	the state or condition of being free from being observed or information being shared/revealed
Therapist	a person skilled in a particular kind of therapy.
Therapy	the treatment of mental or psychological disorders by psychological means.

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.

- 3) Consultations, assessments / evaluations, and disclosures between counselor/therapist and client will be held in strict confidence. All

Initials _____ Page 3



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

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 wellbeing 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.
- 5) Coeur d'Alene Counseling only treats adults 21 years of age and older.

Video / Audio Recording Therapy Sessions

- All therapy/counseling sessions - individual and group - are conducted absent any audio and/or video recording.
- Patients/clients may not audio or video record any counseling/therapy session.
- Coeur d'Alene Counseling will not audio or video record any therapy/counseling session.
- All requests to audio or video record any counseling/therapy session will be declined.

PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

Business Procedures & Fees

- 1) Standard individual therapy/counseling session is 50 minutes or 75 minutes based on the program or client needs.
- 2) 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/patient based upon the current standard rate.
- 3) 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.
- 4) Coeur d'Alene Counseling, Inc. offers various special therapy/assessment programs. Please ask for current programs, their costs, and details.
- 5) Patients/clients 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.
- 6) 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.
- 7) Insurance as payment: Coeur d'Alene Counseling, Inc. does not accept insurance as payment, generally. However, at any given point in time Ed Dudding may be contracted with a limited number of providers and that number is subject to change periodically. Please inquire with him as to who they are. If applicable, it is the client's/patient's responsibility to determine if coverage is available for you. Coeur d'Alene Counseling, Inc. will not make inquires to determine eligibility or other inquires. *NOTE: Health-insurance companies often require a diagnosed mental or emotional disorder (DSM-V 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.

Initials _____ Page 5



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

- 8) In all cases, you as the patient/client are responsible for payment of counseling/therapy/materials fees.
- 9) Typically billing and payment is taken care of in-office as part of the patient’s appointment. At times, billing will be by invoice mailed to the patient and is due at the time received.
- 10) 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. 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 deductible.

Pricing

1) Initial Session, up to 120 minutes	\$275.00
2) Individual therapy, 75-minute session	\$225.00
3) Individual therapy, 50-minute session	\$190.00
4) Group therapy, 90 minutes	\$260.00*
<i>*Group therapy is sold monthly. Patients/clients purchase a seat in the group monthly.</i>	
<i>*Clients/patients join group through recommendation or through their particular program.</i>	
5) Couple session, 50-minute session	\$350.00
6) Copying and/or mailing client material fee	\$55.00
7) Client-requested written report and/or letter	\$75.00
8) Returned check fee	\$95.00



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

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: FOCUS-7 and FOCUS-13 patients' standard session is 75 minutes.
- 2) Appointments are generally made on a regular, weekly or every other week basis and the patient's/client's time is held from week to week. In a sense, the patient/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, 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) Business days are Mondays, Tuesdays, Wednesdays, and Thursdays only (*Fridays are a nonbusiness day*). Coeur d'Alene Counseling, Inc. is closed on major national holidays and some holiday weeks. Business hours are 8:45 AM to 6:00 PM PST (*Pacific Standard Time*) and by appointment only. Walk-in sessions not accepted.

Initials _____ Page 7



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

- 6) Problems do not happen overnight and neither do their solutions. Therefore, patients/clients are asked for an understanding agreement* to meet for a minimum of 4 sessions. At the end of this period three things can be done:
- a. We can mutually agree that sufficient progress has been made to terminate services.
 - b. We can decide that insufficient progress is being made and that termination and/or a referral is in order.
 - c. 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/clients are free to conclude services at any time at their discretion with no explanation.*

Communication Between Patients and Therapist

EMAIL: 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. All email addresses are considered confidential and will be respected as private and belonging only to the client/patient. *Coeur d'Alene Counseling, Inc. does not retain / store any email, received or sent, and does not include any email, received or sent, as part of any client/patient record.*

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

Texts are not as reliable as other forms of communication. Coeur d'Alene Counseling does not rely on them and asks patients/clients to not use them as a means to communicate with Ed Dudding. *Coeur d'Alene Counseling, Inc. does not retain / store any text messages, received or sent, and does not include any text messages, received or sent, as part of any patient record.*

TELEPHONE: 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 retain /*

PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

store any voice messages, received or sent, and does not include any voice messages, received or sent, as part of any patient record.

SOCIAL MEDIA: Regarding any and all types of *social media* (e.g., Facebook, Twitter, LinkedIn), it is the policy of Coeur d'Alene Counseling, Inc. to **not participate** in social media with current and/or past patients.

Distance Therapy/Counseling

Distance therapy is counseling/therapy conducted via technology that allows the client/patient and the therapist/counselor to be in different locations rather than both in the therapist's office. Sometimes this is referred to as telecounseling or online counseling.

Coeur d'Alene Counseling provides distance therapy for individual therapy sessions and group therapy sessions only within the following conditions:

1. When it is pre-arranged. Distance therapy must be planned and agreed upon prior to the scheduled appointment.
2. When the patient/client is within their state of residence.
3. When the therapist is in their office. Therapist will not conduct therapy via distance outside of the office's physical location.
4. When group members have been granted pre-arranged permission. Distance group therapy must be planned and agreed upon prior to the scheduled group session.
5. When patients can agree to and commit to using headphones and a reliably stable bandwidth internet connection.
6. When patients agree and commit to not conducting work or other social behavior during the entire individual or group session.
7. When patients can assure a private location during the entire time of their appointment/group session. Patients must be in a location that is free from distractions by others or other type of distracting conditions.
8. When patients understand and agree that distance counseling services will be billed directly to them to their email address by way of invoice and payment is due upon arrival.
9. When the patient is over the age of 21. (CdA Counseling only treats adults 21 and over.)
10. When patients have the technology available to access the needed distance therapy platform.

PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

Court Appearance and/or Testimony Policy and Fee Schedule

Ed Dudding does not testify in any legal proceedings such as a deposition, and if Ed Dudding were called to testify, etc., 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.

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.
- **Records review:** \$250.00 per hour (one hour minimum)

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.

Initials _____ Page 10



**The Information Provided on the
Following Pages is Private and
Confidential**

Initials _____ Page 11



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

- CONFIDENTIAL -

Patient Information

OFFICE USE ONLY	Date of Birth	Today's date
Full name	Phone number, mobile () _____ - _____ OK to leave a voice message? YES NO	Email address _____
Mailing Address with zip code	Relationship status (married, divorced, etc.)	Current health status/condition
	Partner/Spouse name	Medications and/or medical treatment(s) currently
Occupation and Employer name and location	Partner/Spouse phone number () _____ - _____ OK to leave a voice message?	
Emergency contact name	Emergency contact phone number () _____ - _____ OK to leave a voice message?	Please record your SAST score here
What would you like to change in your life? Please describe here.		
Describe your social life and interests.		
What would you like your counselor/therapist to know? Please describe here.		
Briefly describe any legal related issues your therapist/counselor should know.		
Previous counseling/therapy? With whom? Where? When? Please briefly describe the counseling issues.		
By whom or what did you learn of Coeur d'Alene Counseling / Ed Dudding? If you were referred, may we have their name and contact information to follow up with a thank you?		
Have you had any thoughts or attempts to hurt yourself such as suicide? If so, please briefly explain how and when.		

Initials _____ Page 12



PATIENT INFORMATION, INFORMED CONSENT, POLICIES & PROCEDURES

Agreement

Print patient/client name: _____

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

Patient signature _____ Date _____

Therapist signature _____ Date _____

Edward Dudding, 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.

Coeur d'Alene Counseling, Inc.

Mailing Address:

Coeur d'Alene Counseling, Inc.
P.O. Box 3745
Coeur d'Alene, ID 83816

Office Address:

Coeur d'Alene Counseling, Inc.
1910 Northwest Boulevard Suite 201
Coeur d'Alene, Idaho 83814

End of document.

Initials _____ Page 13

