

The Mind Gym LLC
Lelalelei Nomura, M.A.Ed., LPC
Licensed Professional Counselor
1981 Double Eagle Dr, Sheridan, WY 82801
(307)-224-7270

The purpose of this document is to provide you with an outline of the services we have agreed upon, which is required prior to receiving the services of a Licensed Professional Counselor.

CONFIDENTIALITY

You have the right to confidentiality. No personal information will be released without your written consent, unless court ordered, or substantial or immediate danger of physical harm exists to you or others. If this therapist believes you are an imminent danger of harming yourself or others (such as suicidal or homicidal threats) you may be involuntarily detained and hospitalized for your own safety or for the safety of others. The Tarasoff Law, “Duty to Warn”, demands that as a therapist I immediately report any threats of harm towards others to the police and individuals who maybe in possible harm.

By law, any suspected case of child/ elder abuse or neglect must be reported. Suspected sexual abuse may include reports such as inappropriate touch of a minor, rape of a minor, or incest. All cases of suspected abuse of a minor will involve contacting Department of Family services, making a report, and notifying parent or guardian, if deemed necessary.

Other legal proceeding (civil, criminal, or juvenile) circumstances that allow for breach of confidentiality include validity of a will of former client is contested, information related to counseling is necessary to defend against a malpractice action brought by a client, the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state becomes an issue in any court proceeding concerning child custody or visitation, the patient or client is examined pursuant to a court order, and in context of investigations and hearings brought by the client and conducted by the board where violations of this act are at issue.

PROFESSIONAL CONDUCT

Counseling relationships are professional in nature. Sexual intimacies between client and counselor are never appropriate. Sexual conduct, of any nature, between therapist and client is forbidden and specifically a violation of the Mental Health Code of Ethics.

SOCIAL MEDIA/ELECTRONIC COMMUNICATION

Also, I as I am aware that social media activity can blur the boundaries between personal and professional lives, I take great care to protect the professional relationship and so do not get involved with any personal social media related activities with clients. Client’s have the option of emailing this provider with information related to services, please be aware that third party services that offer direct messaging (ie yahoo, google, icloud, etc.) provide limited security and privacy.

TELEHEALTH

Clients have the option of consenting to telehealth services. Engaging in telehealth therapy (e.g., internet, email or telephone-based therapy) is an alternate mode of case delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of client data, and education using interactive audio and video. The same laws that protect the confidentiality of clients’ personal information also apply to telehealth services. As such, guidelines will be provided and discussed prior to telehealth therapy.

INFORMED CONSENT TO ASSESSMENT AND/OR TREATMENT

Examples of problems people bring to therapist can include anxiety, depression, anger, grief, relationship concerns, and historic of ongoing abuse. Assessment is helpful in planning interventions, treatments and support. Therapy can help people to gain new understandings about themselves, bring relief from many different problems, teach new ways of coping with and solving these problems, and increase quality of life.

In working to achieve these benefits, you may address issues or make changes that you experience as distressing. The risks of therapy include, but are not limited to, feelings or circumstances becoming worse before they get better, changes in your emotional state, perception or behavior, and changes in occupational, social or personal relationships.

To achieve the greatest progress in therapy, I will work to provide the best and most appropriate therapy for you. You can facilitate this process by being active in the therapy process, maintaining your motivation, completing agreed upon assignments between sessions, and communicating openly and honestly.

The length and frequency of session, as well as the duration of treatment, can vary significantly between clients, and can be discussed at the beginning and throughout the course of therapy.

Because success and/or satisfaction with therapy cannot be guaranteed, I ask that you advise me if you do not feel satisfied with your progress. We may be able to work through the issues, modify treatment, or negotiate a new therapeutic contract. In some instances, this may mean making an appropriate referral, or event terminating therapy. You can choose to leave therapy at any time. However, leaving a therapist is best accomplished in consultation during therapy so please discuss any issues as they arise with me directly.

You are free at any time to pursue alternative options for treatment such as psychotropic medications, emergency services, self-help groups, and the services of other mental health professionals who may offer different training, techniques, specialties, and theoretical approaches. Generally, it is best to work with only one therapist at a time because interactions may occur that can deter from our work together, so please let me know if you choose to participate in additional therapies.

CONTACT

I may be difficult to reach directly at times because I am often in session during the week and am not in my office on weekends. To speak with me, please leave a voicemail message with your full name and number on my confidential voicemail at 307-224-7270. I check for messages frequently and will return your call as promptly as possible.

If you feel an urgent need to reach me, please leave a voicemail message stating that the matter is urgent. If I am unable to call or see you as needed, you may choose to contact an alternate source of support, including the following 24-hour crisis centers:

- Northern Wyoming Mental Health Center Hotline: 307-674-4405
- Central Wyoming Counseling Center Suicide Prevention Lifeline: 1-800-273-TALK

FEE DISCLOSURE

Therapy sessions will last 60 minutes unless otherwise agreed upon. I can occasionally increase the length of a session after the session has started, on a case-by-case basis.

My fee is \$100 for 60-minute sessions. Payment is required at the time of services using cash, debit, or credit. Please let me know if you have made arrangements for the fee to be paid by an insurance company or another third party. Note on Insurance Reimbursement:

Due to the complexities and time delays of insurance reimbursements, I must ask that you pay at the beginning of each session. Or if I agree to send a bill, that you pay in full no later than the tenth of each month. A copy of your bill is to be submitted by you with your insurance form directly to your company. Bills will include a Diagnosis for insurance companies to provide reimbursement. Insurance payments will be sent directly to you.

The time of your scheduled appointment has been reserved for you. I ask that you give at least three business days advance notice if you need to cancel or reschedule an appointment. Missed appointments for which I am not notified will be subject to a \$50 service charge. You nor I can bill your insurance for missed sessions.

Exceptions can be made in the event of an emergency. However, please call as soon as possible. I will provide you with an appointment card so you can verify the times and dates of appointments unless you decline the card, or if the appointment is made over the telephone or by email.

CONSENT TO RELEASE INFORMATION

All communications with a treating therapist and all records relating to your therapy is confidential. Because of this, I will ask you to provide written consent before speaking to or communicating in writing with anyone about your care. A guardian may have the right to impose a limit on your right to confidentiality if you are a minor.

PROFESSIONAL EDUCATION AND LICENSURE

Wyoming Provisional Professional Counselor (LPC-2001)
B.A., Psychology, Chadron State College
M.A.Ed., Clinical Mental Health Counseling, Chadron State College

The preceding information is required by the Wyoming Mental Health Professions Practice Act and the Wyoming Mental Health Professions Licensing Board, 1800 Carey Avenue, Fourth Floor Cheyenne, WY 82002, (307) 777-7788.

I have read and understand the information in this document.

Client's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____
