

Tanya Grubaugh, LCSW
Licensed Clinical Social Worker, License #64783
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530-295-7006

Informed Consent and Policy Statement

These pages include important information regarding the counseling relationship we are about to begin. Please read them carefully and feel free to ask any questions. Then, sign the last page, acknowledging your consent.

Congratulations on beginning this work of seeking counseling. It is a brave and helpful step. I hope you will find counseling healing and supportive. Sometimes, because you are opening up pain, counseling can seem to get worse before it gets better. The path counseling takes is unique to every individual. Together we will work toward restoring wholeness.

My Qualifications

I am a Licensed Clinical Social Worker, having worked periodically in the field in a variety of settings since the 1980s. I acquired my license in 2014.

Confidentiality

I place a high value on the confidentiality of the information you share with me. By law and ethical standards, therapists are required to keep information confidential. I will keep written records. However, I am the only person who has access to your records, and I make an effort to avoid entering information that could be especially sensitive.

Release of Information to Others

If for some reason there is a need to share information in your record with someone (for example, a physician or other therapist), I will consult with you first, asking you to specify which information you authorize me to release. You may revoke your authorization at any time.

Exceptions to Confidentiality

There are several exceptions to confidentiality in which information may be released to others:

First, if a client threatens to hurt him/herself or someone else, and if I believe the threat is serious, I am obligated under the law to take whatever actions seem necessary to protect the client or others from harm. This might include sharing confidential information with others and would only be done under unusual circumstances in which I believe a client is a danger to him or herself or others.

Further, if a client's family member communicates to me that he/ she believes my client intends to harm him/herself or another person, I am required by law to take whatever actions are necessary to protect people from harm.

Second, if I have reason to believe a child, an elderly person (over the age of 65), or a dependent adult is at risk of abuse or neglect, I am obligated by law to report this to the appropriate agency. The law is designed to protect children, the elderly and dependent adults from harm, and therapists are mandated to report if abuse or neglect is suspected.

Third, if a client is involved in litigation of any kind and informs the court that he/she has received counseling services, the client might be waiving his/her rights to keep their records confidential. Clients should consult an attorney regarding such matters before disclosing that they are in counseling.

Fourth, if a client has been court ordered to seek counseling services, the court will be interested in information and evaluation regarding therapy. Clients should discuss with me exactly what information might be included in a report to the court before disclosing any confidential information. Clients have a right to tell me only what they want me to know.

Fifth, in couples therapy, it is important that both individuals recognize I will use my discretion to decide when to share sensitive information told to me by one spouse. I will encourage honest sharing of information between spouses as it helps form a strong foundation from which mutual trust and intimacy can grow.

Sixth, an exception to confidentiality may be made when the coroner requires it for investigation of a deceased client.

Seventh, third-party payers require certain confidential information to process their billing.

Minors and Dependent Adults

It's important for children or dependent adults to develop trust that what they tell me is confidential. It's most helpful when parents/guardians can respect these needs. Periodic input by parents/guardians will also be helpful to more fully support therapy.

Fees

Payment is due by cash or check at each session. I may accept credit cards at some point in the future. Checks should be made payable to Tanya Grubaugh, LCSW. I generally do not participate in legal proceedings. Should my services be mandated by the court, my fee is \$150 per hour.

Appointments

Appointments are 50-65 minutes in length for individuals, and up to 75 minutes for couples unless otherwise arranged. If you must cancel an appointment, please notify me at least 24 hours in advance or I will need to charge the regular fee. Emergencies are of course considered. If you arrive late, I will be able to see you for only the remainder of the scheduled appointment. If you have neither arrived nor notified me within 15 minutes of the start of a

scheduled appointment, I might not be available. I make every effort to be punctual, however, occasionally I will need to attend to a client in crisis. In this case, arrangements will be made for another appointment at a mutually convenient time. I will never charge you for an appointment I cancel.

In Case of Emergency

I am not equipped to be available on an emergency basis. You may reach me between appointments, however, by leaving a message on my confidential voice mail. I will generally return calls within 24 hours Monday through Friday. When I am out of town, I will leave another therapist's number to call in an emergency.

If you experience a medical or psychiatric emergency:

- Call 911
- Local Crisis Line: 916-368-3111
- Go to the nearest hospital emergency room and ask for help.

Ending Therapy

Ending therapy is as important as starting it. You are, of course, free to end therapy whenever you feel it is suitable. It is my hope that when you feel it is the right time to end, we can have some time to discuss what you accomplished and what is yet to be done. I suggest one closing session for short-term therapy and several for longer term therapy.

Gold River Christian Counseling Associates (GRCCA) is an unincorporated association of licensed therapists who are individual proprietors. Each therapist is solely responsible for his/her own business and has no responsibility for the business or professional activities of any other GRCCA member.

• If you understand the above, please sign and date the attached page. Then, give me the following signed page and keep this policy statement for your records. Thanks so much, I look forward to working with you.

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I have read and received a copy of the Informed Consent and Policy Statement, and I understand it. I also have copies of the emergency telephone numbers and know to go to a local hospital emergency room if I need help in the event of a crisis.

Signature

Date

Print name

Signature

Date

Print name