

John Eikel, MA, LPC
4330 Adams Rd., ste 100
Norman, OK 73069

Informed Consent and Professional Disclosure

Welcome to my practice! Thank you for trusting me to assist you with your personal concerns. Please take the time to read and understand this document and ask me about any portion that may be unclear to you.

Description of Services

I provide individual, family and couples psychotherapy. There are many theories and techniques used to define psychotherapy services. How psychotherapy ultimately looks depends upon the therapist, patient and the particular issues. I generally utilize a combination of Cognitive Behavioral Therapy (CBT), which explores the relationship between thoughts, feelings and behavior. I also use Eye Movement Desensitization Reprocessing (EMDR) for the treatment of trauma and Gottman Couples Therapy. Also, some individuals find strength and guidance in their faith and wish to incorporate this into their therapy.

Psychotherapy calls for an active effort on your part. In order for therapy to be most successful, you will have to work on things we talk about both during session and at home. Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. On the other hand, psychotherapy has also been shown to have many benefits. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress, but there are no guarantees of what you will experience. You are receiving therapy voluntarily and are free to end therapy at any time. I do not provide medical services or prescribe medication. I may refer you to other professionals for testing or a medical doctor for assessment or medication.

Confidentiality

I will not release information about you to anyone without your written permission. All adults in attendance for any part of therapy must sign a release before information may be released to a third party. Insurance companies typically require information before approving payment for sessions. Your case may be discussed with staff therapists for consultation but not with professionals outside this practice without your prior written consent. Clerical staff will also protect any information that they process about your case. If your spouse or family member wants information about your progress, with your permission, they may come to a session where you are present. Exceptions to confidentiality which, by law, require your therapist to reveal information about you to the proper authorities include the following: a specific threat to your life or the life of someone else, known or suspected abuse or neglect of a child or dependent adult, and a court order directly to your therapist. I will text or email you regarding appointments, but not about therapeutic issues. I cannot guarantee confidentiality in regard to electronic communication.

Protected Health Information

This is a summary of your rights with respect to your protected health information. You have the right to request, to inspect or copy your protected health information. This is granted to you if no harm to you exists in such sharing and with the understanding that John Eikel, MA, LPC is not responsible for any disclosure of such information after it is shared with you. You must make all requests in writing,

and if a copy is made for your records, you will be charged \$0.25 per page. You have the right to identify where you would like any communication from this office to be sent, and what means of communication you will allow (i.e. fax, letter, verbally, etc.) You may request a detailed copy of the Notice of Privacy Practices, and discuss any questions or concerns at any time.

Legal, child custody cases & psychological evaluations

I do not testify in child custody cases or other legal cases. My role is to help in therapeutic ways. I am not available to be involved in matters of the court. If I am forced to testify in court there will be a \$150 an hour charge which will include preparation and transportation. I also do not do psychological evaluations but will be happy to make a referral if you require an evaluation.

Fees

Fees are \$115 based on a 53 minute counseling session. However, if you have insurance with one of the companies that I contract with, your fee may be less. The provider agrees to bill your insurance company on your behalf if I am contracted with them. I do not accept secondary insurance. By signing, you will consent to our use and disclosure of your protected health information to carry out payment activities, and healthcare operations. Your copayment and/or full payment is due at the time of service. Sessions are billed according to Insurance allowable charges. You must follow your insurance companies co-pay and deductible policies.

Telephone Consultations

Telephone consultations are available at no charge if less than five minutes. After five minutes fees of \$30 per fifteen minutes apply.

Appointment Cancellations

A broken appointment is a loss to everyone. Please inform me at least 24 hours in advance if you are unable to keep your appointment. **If 24 hours notice is not given, you will be charged a fee of \$55 for the missed appointment.** If there is an excessive amount of cancellations you will be temporarily dropped from the schedule.

Statement of Professional Disclosure

I am required by law to furnish you with information regarding my license to practice as a Licensed Professional Counselor (License #5463) in the State of Oklahoma. This license is awarded by the Oklahoma State Department of Mental Health. If you have any questions or concerns about my license or practice, you may contact the Professional Counselor Licensing Division at: State Board of Behavioral Health Licensure, 3815 N. Santa Fe, Suite 110, Oklahoma City, OK 73118, 405-522-3696. The licensing website is www.ok.gov/behavioralhealth/Acts_and_Regulations/index.html where you can access the law and regulations which govern my license. I will furnish you with printed materials about the requirements of my licensure if you so desire.

In an Emergency

In some instances, you might need immediate help at a time when I am not available or cannot return your call. These emergencies may involve suicidal thoughts, thoughts of wanting to hurt someone else, or thoughts of committing dangerous acts. If you find yourself in an emergency situation call 911 or visit the nearest Emergency Room and ask for the mental health professional on call. Below are some additional phone numbers which are answered on a 24-hour basis and may be helpful to you in case of an emergency:

National Suicide Prevention Lifeline 1-800-273-8255
National Alliance on Mental Illness (405) 701-2078
Central Oklahoma Community Mental Health Center (405) 360-5100

Your Rights As a Client:

1. To be treated with consideration, respect and genuine care.
2. To receive quality treatment regardless of race, religion, sex, age, ethnic background, mental and/or physical disability or sexual orientation.
3. To be provided confidentiality and protection from any unwarranted disclosure regarding your treatment.
4. To be involved in planning your treatment and to be informed about your treatment process.
5. To be involved in your discharge and aftercare planning.
6. To refuse treatment to the extent permitted by the law and to be informed about the possible consequences of your action.
7. To review and discuss your records with your therapist upon written request.
8. To examine and have explained the bill for your services.
9. To issue a grievance by first attempting to work out any issue with your therapist during your sessions. All efforts will be made to satisfactorily address any situation where we have responsibility.

While I have taken training in the Gottman Method of couples therapy, I want you to know that I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive.

I understand that I am receiving services from John Eikel, MA, LPC, whom is affiliated with Norman Counseling LLC, and I am not receiving services from Serenity Mental Health Group, LLC. I will not hold Serenity Mental Health Group, LLC liable for any harm or malpractice.

John Eikel, MA, LPC, Norman Counseling LLC , has satisfactorily supplied me with information regarding privacy policies and practices, professional credentials and my client rights. I am authorizing disclosure of information as outlined above and I am consenting to treatment for myself and/or my child.

I have read fully, I understand, and I agree with the above policies and guidelines.

Signature of client(s) or signature of parent or guardian if client is a minor

Date

John Eikel, MA, LPC

Date