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 Cognitive Behavioral Therapy (CBT), but often integrate a variety of methods from other theories to address specific issues. As a psychotherapist that uses CBT, I believe that our thoughts and behaviors work together to impact the way that we feel and behave. Some individuals find strength and guidance in their faith and wish to incorporate this into their therapy. With the client’s consent this will be included as a part of 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.

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. 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
copay 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 first missed
appointment. Please leave a message regarding an appointment after office hours, or if you are unable to reach
your therapist.

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. I also understand that a copy of this document has been given to me.

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

___________________________________________________________           ________________
John Eikel, MA, LPC                                                             Date