

# Mindfully Integrated Health, PLLC

8585 East Hartford Drive Suite 103  
Scottsdale Arizona 85255  
PH: 480.562.6600  
FX: 480.562.6606  
www.mindfullyintegratedhealth.com

Sarah Wicklund, MD  
Michael Wright, PA-C  
Marc Monette, PA-C  
Marc Raciti, PA-C

Natalie Davis, LCSW  
Shannon McQuaid, LMFT/LISAC  
MaryAnne Stich, LISAC  
Joanna Lensch, LCSW  
Scott Wilson, LAC  
Michael Keenen, MSW

## Informed Consent for Psychotherapy & General Practice Policies

### **The Therapeutic Process**

The therapeutic relationship between a patient and therapist is a sacred professional relationship and your comfort level with your therapist will influence your ability to make progress. We are committed to learning and understanding how to best support you as a unique individual and support your development as a collaborative effort.

Therapy is hard work that involves both risks and benefits. It can bring up difficult feelings, memories, and thoughts throughout the process and it is not uncommon for things to feel worse before they feel better, particularly if we are working to address unresolved trauma, loss, or grief. Participation in therapy may result in changes to relationships, career, living situation, extracurricular activities, etc. Therapy often requires recalling unpleasant events and struggling with troubling issues that may cause you distress. Your feedback is very valuable throughout this process so we can go at a pace that is comfortable for you. We will work together to identify your goals for therapy, discuss progress along the way, and mutually determine a good time to close services.

Your treatment provider may utilize a variety of strategies including, but not limited to Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Eye Movement Desensitization Reprocessing (EMDR), Mindfulness Based Stress Management, Internal Family Systems, Shame Resiliency, Interpersonal Psychotherapy (IPT), Play Therapy, Ketamine Assisted Psychotherapy (KAP) and Psychoeducation. A recommendation may be made that you seek evaluation and medication management to treat symptoms of mental illness. If this is the case, referrals will be provided.

### **Your Rights as a Patient**

- You have the right to ask questions about and/or refuse any therapeutic technique or recommended treatment and the right to be advised of the consequences of such refusal or withdrawal.
- You have the right to end therapy at any time without any moral, legal or financial obligations other than those already accrued.
- You have the right to participate in treatment decisions and in the development and periodic review and revision of your treatment plan.
- You have the right to request your medical and billing records.

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## Fees, Billing and Payment

Fees for services are outlined in our financial policies document, a copy of which is included in your intake packet. Fees for services requested outside of those included in our financial policy will be provided upon request. Session fees or insurance co-pays are payable at the time of service. If you would like to request a refund for fees paid, please submit a written request to [admin@mindfullyintegratedhealth.com](mailto:admin@mindfullyintegratedhealth.com). You will receive a response within 10 business days of your request.

## Professional Records

Counseling records are kept noting date/time of session, summary of topics discussed, diagnosis and on-going plans for treatment. You have the right to request a copy of your file at any time. You have the right to request that a copy of your file be made available to outside parties via completing a written Release of Information document. Pursuant to HIPAA requirements we do not accept verbal requests for a copy of your file or information to be sent to an outside party. Counseling records are maintained in a secure location.

To request a copy of your file email [admin@mindfullyintegratedhealth.com](mailto:admin@mindfullyintegratedhealth.com). You may also send a request via USPS to 8585 East Hartford Drive, Suite 103, Scottsdale, AZ 85255. Pursuant to Arizona law, counseling records for adult patients are kept for six years after the last date of service. Records for minor children are kept for either three years after the minor's eighteenth birthday or six years after the last date of service – whichever date occurs later.

## Confidentiality

Your privacy as a patient is of the utmost importance and your participation in therapy services will be held in strict confidence. Your information and records will not be released without your explicit written consent.

Please note that therapists are mandated reporters, which means we are legally mandated to breach confidentiality in the following circumstances:

- **If there is reasonable suspicion that a child, dependent adult, or elderly person is a victim of neglect or physical, sexual, or emotional abuse or exploitation.** This requires a report to the Department of Child Safety (for children) or Adult Protective Services (for dependent adults or the elderly).
- **If a patient threatens bodily harm to themselves that could result in death.** In this situation, your therapist is required by law to inform appropriate law enforcement agencies and others (such as emergency contact) who could assist in preventing the patient from inflicting bodily harm that could result in death.
- **If a patient threatens bodily harm to an identified victim that could result in death.** In this situation, your therapist is required by law to inform the identified victim as well as the appropriate law enforcement agencies.

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## Clinical Consultation/Supervision

It is common for licensed therapists to participate in consultation and training groups within the mental health community. Your therapist may speak with colleagues regarding patient care; however patient identities remain anonymous, no protected health information is shared, and confidentiality is fully maintained. Clinical supervisors have access to their supervisee's patient files for the purpose of providing feedback for professional development. Scott Wilson, LAC is under the supervision of Carol L Farmer, MA, LPC who may be contacted at 480-562-6600.

## Treating Minor Patients

Our practice welcomes working with children and adolescent patients and their families. Please note that if parents are not married, are legally separated or divorced, or if there is a child custody agreement, **a copy of your legal paperwork is required before beginning treatment.** If parents share legal decision making, **your therapist is legally required to notify both parents of the minor child's enrollment in treatment and will not continue treatment if either parent withdraws consent for treatment.** Parents will be required to provide the contact information for the other parent at the beginning of treatment to communicate the minor child's enrollment in therapy. Step-parents or additional partners may be invited to participate in treatment if 1) it is determined to be clinically supportive to the child and 2) if both biological parents give written consent.

## Therapist Availability & Emergency Procedures

- Our practice does not have the capacity to respond to therapy emergencies. Emergencies should be directed to 911 or to the local 24-hour crisis line: 602-222-9444. If you are unable to remain safe, you should go to your nearest emergency department.

## Social Media

Dual relationships (defined as any relationship that is not strictly professional) between therapists and patients are not permitted by the ethical code of conduct as outlined by the Arizona Board of Behavioral Health Examiners. In adherence to this policy, therapists at Mindfully Integrated Health, PLLC do not accept personal friend or contact requests from current or former patients on any social networking sites (Facebook, Instagram, Twitter, LinkedIn, etc). We believe that adding patients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

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**BY SIGNING BELOW, I am stating that I have read and understand this document in its entirety and agree with these terms and conditions.**

Patient printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of patient/guardian: \_\_\_\_\_

Signature of authorized representative of Mindfully Integrated Health, PLLC

\_\_\_\_\_ Date: \_\_\_\_\_