



## **Rooted Counseling, PLLC**

rootedcounseling.net

403 W Cherry Ln • Meridian, ID 83642

Phone: (208) 887-1911 ext 105 • Fax: (208) 895-8049

Email: luis.cortez0712@gmail.com

Luis Cortez, LPC

### **Informed Consent and Professional Disclosure**

Hello! My mission is to offer space and a relationship which allows you to explore, grow, and work towards being the truest version of yourself. I know that you are the expert on your life and I am honored to be part of the healing and helping journey. Here is some more information on what that process will look like:

#### **Counseling Process:**

Sessions are typically 55 minutes.

Frequency of sessions varies depending upon issues presented, client preferences, scheduling, etc., and will be established together by client and counselor. The termination of counseling can be determined by you or your counselor at any time. As your counselor, it is my goal to assist you in exploring your concerns, clarify your emotions and self beliefs and work towards the goals that are important to you. In order to provide these services efficiently, active participation is required both by of us.

#### **Client Rights and Responsibilities:**

- You have the right to be informed of the counselor's licensing status and clinical experience, including the limitations and restrictions of services.
- You have the right to be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling.
- You have the right to request to be seen by another counselor if dissatisfied with services provided (I promise I won't be offended, I want you to succeed in counseling and if that is with a different counselor I am happy to make referrals).
- You have the right to terminate counseling at any time.
- You have the right to refuse any services and to understand the implications of refusal.
- You have the right to actively participate in treatment decisions and the development of your/your child's treatment plan.
- You have the right to expect fair and equal treatment in all circumstances.
- Counseling records are the property of Rooted Counseling Services, PLLC. However, you do have the right to the information contained within your child's records. If information from your child's record needs to be transferred to a third party, a release of information must be signed and submitted. If you would like access to your own record, please discuss that with me and we can make a decision as to how we would like to move forward.
- You have the right to file a complaint with the Idaho Bureau of Occupational License located at P.O. Box 83702 Boise, ID 83720-0063, Phone #208-334-3233, Fax #208-334-3945, Email [inv@ibol.idaho.gov](mailto:inv@ibol.idaho.gov), and Website [www.ibol.idaho.gov](http://www.ibol.idaho.gov)
- Sexual intimacy is never appropriate between a therapist and client and should promptly be reported to the Idaho Bureau of Occupational Licenses.



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### **Benefits of Counseling:**

Benefits of counseling may include: an improved ability to relate to others; a clearer understanding of self, your values and/or goals; increased productivity and an ability to cope with everyday stress; ability to release past traumatic experiences, negative thought and beliefs about your self. There are no guarantees that counseling goals will be achieved.

### **Risks of Counseling:**

While benefits are expected from the counseling process, there may be periods of increased anxiety or confusion, which may affect significant relationships, your job and your understanding of self. Therapy often requires us to dig deep. Rather than turning away from our suffering, healing sometimes requires an exploration into the depth of the wounds that fuel our beliefs, feelings, and behaviors. It is impossible to predict the extent to which you experience these changes. You and I will work together to maximize the benefits of the counseling process. If you are experiencing an increase of negative symptoms, please share this information with me so the issues can be addressed.

### **Counselor Credentials:**

As a graduate with my master's in counseling from Northwest Nazarene University and my prior work as a Community Based Rehabilitation Services worker, I have worked specifically in the mental health field in the Treasure Valley since 2011. I currently hold licensure as a licensed professional counselor in the state of Idaho (LPC- 5905) and am continuing my professional development through the use of conferences, workshops, books and on line educational tools. I strive to always be learning and growing in order to provide the best care for my clients. I am trained in EMDR, a treatment modal used to address a wide variety of issues and specifically targets trauma and negative self beliefs. I also specialize in Play and Sand Tray therapy. These modalities help communicate their thoughts and emotions through play when verbal communication is not an option. I am always seeking growth and open to educating myself in any area.

### **Confidentiality:**

Information about you that is obtained during a counseling session will not be revealed to anyone outside of Rooted Counseling Services, PLLC without your consent, except in the following situations where disclosure is required by law:

- 1) When there is a reasonable suspicion, or report, of abuse to children or elderly persons.
- 2) When you present as a serious danger to yourself or others.
- 3) If a judge through a court orders a counselor to do so.
- 4) In the case of law enforcement emergency or a national security issue as determined by the government.



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### **Privacy within the Community and within Social Media:**

In order to protect your confidentiality and maintain professional boundaries with you, I do not engage in social interactions with current or former clients. I do not accept friend, contact, or follow requests on any social media platforms from current or former clients. If you have any questions or concerns, please bring them up during our meetings.

### **Costs:**

It is important for our therapeutic relationship that we have clear financial agreements.

Your payment that is due at each session is: \_\_\_\_\_

### **Cancellation Policy:**

Cancellations must be made at least 24 hours in advance. After one cancellation within the 24 hour time period, we will discuss whether to continue at your scheduled time moving forward. If there is a second cancellation within that time period, you will be charged 50% of the session fee and 100% thereafter.

### **Emergencies:**

Please call one of the following numbers for assistance –

- General Emergencies: 911
- National Crisis Line: 800-784-2433 OR 800-273-8255
- Trevor Project: 866-488-7386

By signing below you agree that you have read this document, you have been given an opportunity to ask whatever questions you deem necessary, you have received a copy of the Privacy Notice, you agree to the terms of service, and wish to begin treatment.

Client \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian (if client is minor parent/guardian signature required)

\_\_\_\_\_

Date \_\_\_\_\_