



Client Information Contract and Policy Statement Informed Consent

Welcome! This is an opportunity to acquaint you with information relevant to treatment, and other office policies. I believe that problems in our lives can often awaken openings for learning and self-discovery. I consider it an honor and privilege to help and support others in this process.

Professional Background:

- Licensed with the Kentucky Board of Social Work (KY #1003), in Clinical Social Work with over 31 years of experience working in mental health settings and personal transformation.
- Graduated from Tulane University School of Social Work MSW Program in December, 1990
- Newfield Network Personal and Executive Life Coaching Program in Boulder, Colorado in May, 2010.
- Level 2 certification in EMDR (Reprocessing Treatment)
- Level 2 Internal Family Systems Therapy
- Intimacy From The Inside Out Couple Therapy
- RYT 200 Yoga Certified

You are responsible for providing necessary information to facilitate effective treatment and to play an active role in your treatment, including working with me to outline your treatment goals and assess your progress.

Services

- *Assessment:* This is your initial appointment designed to support you in determining your needs and for us to get to know whether I am a "good fit" for you. Upon the completion of the evaluation, we determine if you need Psychotherapy/Couple work, Single Session Therapy, Coaching or other services.
- *Single Session Therapy (SST):* Designed to be "one and done" 2 hour Coaching Session. This is designed to be your one and only session to support you with gaining clarity on an issue; Finding direction in your life; releasing an old relationship; forgiveness of yourself or another; Determining "the next step" in a process.
- *Psychotherapy:* This is for individuals and couples. It is a commitment to your well-being and healing. We utilize holistic, mind+body strategies and

evidenced-based techniques to support you in “getting unstuck” from depression, anxiety, unhealthy relational patterns and any other issues which are “holding you back” from living your best life..

- *3 Month Coaching Contract*: When you want to move forward in your life – whether it be in deepening your relationship with yourself, creating a new path following a life-change, navigating retirement, wishing to start a new relationship or lifestyle practice – this package allows you to commit to a powerful practice of self-discovery and learning as you take new steps in your life.

Psychotherapy

I encourage you to make space for this commitment in your life, by creating ample time in your schedule to make appointments on a regular basis. Most often clients who attend regularly and consistently make more progress on their goals. I request that new clients commit to regular appointments – weekly or 3 times/month initially, as it takes time and fluency to create change. If this becomes difficult for you at any point, please speak with me openly about your challenges and we’ll determine the adjustments.

You will be invited to explore opportunities outside of sessions. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session. Additionally, it is important to recognize that there are not certain outcomes from these services and that treatment may vary.

In addition, it is helpful for you to identify any areas of concern or topics that you need at the beginning of the session. This will allow for you to effectively communicate and address your treatment needs, while allowing for ample time for discussion.

I provide services for the following issues:

- Depression/Mood and Anxiety disorders
- Eating Disorders (Anorexia, Bulimia, Emotional eating and Binge Eating)
- Compulsive Behaviors
- Trauma related issues and healing(child abuse, sexual abuse, rape)
- Relational counseling/couples therapy
- Trauma/EMDR certification (Eye Movement Desensitization and Reprocessing Therapy)
- Parenting assistance/family stressors
- Stress Management
- Self-growth and self-actualization
- Adjustment issues (divorce, loss, life transitions)

Therapy Aims and Goals:

The major goal is to help you identify and cope more effectively with problems in daily living and to deal with inner conflicts which may disrupt your ability to function effectively. This is accomplished by increasing personal awareness and empowerment to promote wholeness, healing and growth through mental health treatment.

Life Coaching Services

“Life Coaching is partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential.”

International Coaching Federation

Life Coaching is future-focused and on achieving results and goals.

The emphasis in a coaching relationship is on action, accountability and follow through. Coaching is less concerned with a client’s past (healing old wounds) and more focused on moving a client forward, while taking the past into consideration.

The Coaching relationship is based on viewing the client as creative, whole and resourceful, with a partnership based on equality and mutual respect. The client creates the goals and is responsible for driving the direction of the work each session, while the coach supplies supportive, discovery-based approaches. Practices and solutions are generated by the client who is responsible for all action/inaction.

Attendance/Payment/Cancellation

- 1) Sessions are 50 minutes long. Sessions can either be virtual via conferencing or in person. You may contract for longer sessions, however this will be a private arrangement with fee adjustments. Please be prompt for your appointments, as I will be with you. There are occasional factors (emergencies) that may delay a session, but this will be kept at a minimum. I will ensure that you have the full session time that is allotted when this occurs.
- 2) There is one week (5 business days) cancellation notice. I will always do my best to schedule you without charge into another slot if available; however if this accommodation cannot be made, my policy is to charge my full fee for the cancellation. In the event of an emergency or illness, you will not be charged the fee, however I will need as much notice as possible so that I may schedule another client during that appointment time. In the event of frequent cancellations, I reserve the right to renegotiate the terms of the services. This will be outlined and discussed in advance. If I must cancel (due to a non-emergency) without affording the one week notice, I will offer you a session, without fee.
- 3) Payment is expected at the time of service in the form of cash, venom, credit card, or check. My fees are:
 - \$130 Assessment/Initial Session

- \$120.00 per session. *You can save by pre-pay \$110.00 for each scheduled appointment.* You may also purchase a package of 12 sessions for \$1200.00
- \$130 per session for Couple Therapy; pre-pay \$120 for your next scheduled appointment; \$1300 for a package of 12 sessions.
- \$250 for a Single Session Therapy – 2 hours Groups and Workshops are priced independently.

*I will provide a receipt at the end of the session if requested for Flexible Spending Accounts or Insurance Reimbursement. I prefer to have advanced notice if you wish to have this at the end of sessions..

- 4) Services that require phone consultation or face-to-face collaboration with other professionals lasting more than 15 minutes will be charged a pro-rated fee for these services. You will always be informed if I will make any collateral contacts and permission for release of information must be signed as well.
- 5) Any phone contact for therapeutic services outside of sessions for more than 10 minutes will be charged a pro-rated fee.
- 6) Termination of services will occur under the following conditions:
 - Completion of treatment: when treatment goals are met
 - When you and/or I agree that adequate treatment progress is not occurring
 - You are unwilling or unable to follow through with treatment recommendations
 - You are unable to make payments (therapist will refer for other resources and/or to community mental health)
 - You fail to keep an appointment and do not contact me to reschedule within a two week period.
 - At any time you have the right to refuse to participate in treatment
 - If you do not present for scheduled appointment and call within 48 hours, or if you cancel your appointment and do not contact me to reschedule your next appointment within two weeks.
- 7) All information discussed in sessions is private and confidential, unless specifically written, time-limited permission is otherwise granted.
- 8) Any complaints regarding services can be addressed to Lynn Motley, LCSW in person, on telephone or in writing. Complaints are documented in the client file. In addition, if you feel that your complaint has not been addressed to your satisfaction complaints can be filed with the Kentucky Board of Social Work
- 9) I am required by law to report any disclosure of child or adult abuse and/or neglect to the proper authorities. In the event of mental health emergencies, confidentiality will be waived as I may need to either hospitalize and/or may need to contact family members to ensure client safety.
- 10) The office hours are Monday 2:00 pm - 8:00 p.m, Tuesday - Friday 11:00 a.m.-5:00 p.m.;. In crisis situations you may contact my office phone that will list an emergency number. If your situation requires immediate attention, go to the nearest emergency room.
- 11) The following are practices which promote effectiveness in therapy:
 - Declare that my learning is a priority during this relationship.

- Give permission to my therapist to help me.
- Approach my learning and growth with the wonder and awe of a “beginner.”
- Agree to share all relevant information with my therapist.
- Be responsible for my own learning and growth. Make specific requests when my needs are not being met in the therapeutic relationship.
- Be responsible for my actions and inaction.
- Trust that my therapist has my wellbeing as their sole concern.
- Share with my therapist any concerns or discomfort that I have about the relationship, specific interactions between me and my therapist, and my general experience of therapy.
- Prepare for each session in order to have a focused conversation.

I understand and agree to the above and have read the Notice of Privacy Practices:

Signed:

_____ **Date:** _____

Consent to Treatment

I, _____ give my permission for Lynn Motley, LCSW to provide mental health assessment and treatment.

Client's Signature

Date