***Jennifer A. Prins, M.S.W., L.C.S.W.***

***744 Pine Street***

***Paso Robles, CA 93446***

***805-440-0467***

Thank you for considering me for your therapy needs. My desire is to do everything within my professional capacity to be helpful to you.

**QUALIFICATIONS AND EXPERIENCE**

My training and experience as a Licensed Clinical Social Worker (License #LCS17873) has allowed me the privilege of currently working with adult individuals. I am a graduate of U.C.L.A. with a B.A. in Psychology, and U.S.C. with a Master of Social Work. My emphasis and training is on treatment with individuals, with a speciality focus on treatment of trauma with EMDR. I have worked in both mental health and in health care settings, and have been in private practice in Paso Robles since 2000. Specifically, I do not work with children nor on issues surrounding divorce of their parents, I do not do court custody evaluations. I am not a trained psychologist, and do not do psychological or cognitive testing. I am a member in good standing with the National Association of Social Workers.

**THERAPEUTIC PHILOSOPHY**

My therapeutic philosophy in counseling is to facilitate each individual’s emotional growth and healing; as well as, encourage good mental health and support healthy relationships. I am committed to providing high quality counseling, utilizing a variety of techniques to appropriately meet individual client needs. I most often rely on cognitive-behavioral and psychosocial-support therapy. I am EMDR trained therapist primarily.

**RISKS AND BENEFITS**

Clients should know that there are some risks associated with counseling. These may include: changes in relationships, an increase in emotional discomfort, and possible negative consequences to your career. Sometimes during the course of treatment, symptoms will “get worse before they get better” because of your work in therapy, and occasionally, in a few instances, some people worsen in treatment. Exploration and discussion of previously avoided topics or issues may become painful at times; however, it will be to your benefit to remain dedicated and motivated to your treatment. Consequences to discontinuing treatment may include worsening symptoms of depression/anxiety, stress, conflict in relationships, poor school/job performance, and/or internal conflict.

If it appears that during the course of treatment, a client requires care outside the scope of my practice, I may refer you to other resources for help. Typical forms of mental health treatment include: individual, group, family and couples therapy. Medication can be utilized in conjunction with talking therapy. Based on individual client’s needs, treatment can occur within various treatment settings. In addition to outpatient offices and clinics, these settings include: day treatment centers, residential care centers and/or inpatient hospitals.

I will support you and encourage you through your journey, whatever it may be. It is my hope, that for most persons, therapy will be a safe place to heal relationships, to learn better communication, to gain insight into ones’ self, to manage depression/anxiety, and to make better life choices.

**FREQUENCY AND DURATION**

Frequency and duration of treatment depends on the Individual. I usually meet with individual clients for fifty minutes, weekly or biweekly; more often in an emergency or crisis. Your appointment time are scheduled regularly, and you will be responsible for keeping your appointments. Typically, the less complicated the problem, the shorter the treatment. The issue of length of treatment will be discussed together, always with your best interest at heart.

**BILLING AND FEES**

Fees are $175 per session (50 minutes).

Credit cards, cash, checks, Apple pay, and Venmo are acceptable forms of payment .

I do not reduce fees for any session in which you are late, miss or cancel within the cancellation period.

The fee is due and payable at each session. If you fail to pay for more than one session, I will not be able to reschedule your appointments, until your balance has been paid in full.

**A 24-hour cancellation notice is required in order to avoid being charged a full session rate.**

Returned checks may be subject to additional bank & collection fees.

I will prorate my hourly consultation fee and charge for any phone conversation over ten minutes, preparation of special forms, reports, court time, etc.

**INSURANCE**

I do not accept or bill insurance.

You are responsible for fee at time of service..

Upon request, I can provide you with an itemized receipt also known as a “Superbill” with appropriate codes and fees for you to submit to your insurance company for direct reimbursement.

**DRUG AND ALCOHOL**

If a client attends therapy intoxicated, the session will be terminated and the client will be charged the full fee.

**CONFIDENTIALITY AND PRIVILEGE**

What you discuss in therapy is by law confidential. Privilege is your legal right to withhold information. There are exceptions to confidentiality which include:

When you collect compensation for your therapy from your insurance company.

When a therapist has reasonable suspicion of abuse of a Minor, Elder and/or Dependent Adult.

If a client intends to physically injure a potential victim or their property, a therapist has the “Duty to Warn” the potential victim.

If a client intends to harm themselves, a therapist has the responsibility to aid, and may contact others who are in a position to help.

In the event of criminal proceeding, court order, or civil dispute.

Therapists may participate in case consultation with other licensed therapists without revealing identifying information of their clients.

In some circumstances, you may request that your therapist release information to others. Your therapist will only do so when you have signed a written release of information form.

**SOCIAL MEDIA AND ELECTRONICS COMMUNICATION POLICY**   
In order to clarify our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me.

**E-mail Communications**  
I use email communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

**Text Messaging**  
Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

**Social Media and Social Networking**  
I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

**Websites**  
I have a website that you are free to access. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website  
and, if you have questions about it, we should discuss this during your counseling sessions.

**Web Searches**  
I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age there is an incredible amount of information available about individuals on the Internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If youencounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment. Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your counseling. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

**TERMINATION**

If you want to decrease the frequency of sessions, take a break, or end therapy, please give advance notice. One or two termination sessions should be expected to close the therapy process.

Under certain circumstances I may need to terminate therapy with you:

If a client misses sessions, or fails to show up for scheduled appointments.

Non-payment of fees.

If I feel that you are no longer benefiting from therapy.

If necessary, at the time of termination, you will be given appropriate referrals for your continued care.

**AVAILABILTIY AND EMERGENCIES**

In case of emergency, call **911** or go to nearest emergency room

My phone number is **805-440-0467**. If I am not available, you may leave a message, and I will return your phone call within 24 hours.

Suicide Hotline 24hours/7days **988**

Please sign and date that you have read, understand and accept these guidelines:

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Last Name

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Mailing Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Address City State Zip

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ age \_\_\_\_\_\_\_\_\_

Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you lived at your current residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been employed at your current job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of education: High School College-2 year College-4year Graduate Post Graduate

Religious Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-childhood Currently

In case of emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relation to you Phone

Have you been in counseling before? Yes/No

For what reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who suggested that you contact us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your medical doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a psychiatrist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last time you have seen your doctor for a physical exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications you are currently taking, for what reason and/or medical conditions:

What are your major concerns today?

What do you think I need to know about you that have not been addressed in prior questions?