



Dan Hooley MA LCPC-9153 || 3758 East Amity Ave, Suite 101, Nampa, ID 83687

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STATEMENT OF UNDERSTANDING & CONSENT FOR TREATMENT

Psychotherapy/Counseling is not like a medical doctor visit; it calls for a very active effort on the client's part. In order for therapy to be most successful, the client will have to work on things talked about both during our sessions together and at home.

Psychotherapy/counseling can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, the client may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, helplessness, as well as others. On the other hand, counseling can often lead to a better way of living, improved relationships, meaningful solutions, problem solving, and reductions in stress/anxiety. There are however no guarantees to your specific experience with counseling or outcomes.

Dan Hooley MA LCPC is generally available by appointment only. You can call or text a confidential message at any time and I will return your call as soon as it is conveniently possible. If you are in crisis or are having an emergency, please call 911, or the Idaho Suicide Prevention Hotline 1-208-398-4357, or call/text 988.

Please understand that information discussed/obtained from you is confidential under Idaho law. This information will not be shared with anyone without your prior permission. I am a mandated reporter and the following exceptions to the above statement apply:

1. When a court order is received.
2. When there is a reasonable belief that the client is a threat to themselves or others.
3. When there is reasonable suspicion that abuse/neglect is happening to a child, the elderly, a disabled person, or any animal.
4. When information provided for billing, justification for treatment, supervision, or complaints are warranted.

Philosophy and Approach – I believe people often have untapped resources for healing. Counseling is a process that can be both functional and effective with certain understood limitations. My goal in therapy is to tap into these resources within both children and adults which I believe can lead to healing. With this understanding, I hope to collaborate with you by fostering a safe, reliable and effective atmosphere to engage within.

I employ an eclectic approach with which to meet each client's unique needs. Some of the modalities I use within practice are child centered play therapy, sand tray therapy, art therapy, person centered approach and cognitive behavioral therapy.

I believe in focusing on the person/child as the most important element of therapy as opposed to focusing on the problem. This client centered approach promotes autonomy, confidence and a secure independent identity. Therefore, clients are able to feel they have the power to solve their own problems.

The therapeutic relationship will remain on a professional level at all times and contact will be limited to within office visits, teletherapy sessions or brief telephone calls. IBOL Rule 525 for counselors stipulates that you be informed that the relationship between client and counselor will always be of a professional nature only and that any sexual or inappropriate behavior will not be permitted at any time. Should you feel that this rule has been violated or any other rule you are encouraged to file a complaint with the licensing bureau. Mental health therapists are regulated by the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists.

As a licensee, I abide by the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists Code of Ethics and the laws of the state of Idaho, and the American Counseling Association Code of Ethics. In addition, the IBOL requires licensees to obtain a minimum of 40 Continuing Education hours every two years.

As a client of an Idaho licensee, you have the following rights:

1. To expect that a licensee has met the qualifications of training and experience required by state law;
2. To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
3. To obtain a copy of the Code of Ethics (ibol@ibol.idaho.gov);
4. To report complaints to the Board;
5. To be informed of the cost of professional services before receiving the services;
6. To be assured of privacy and confidentiality while receiving services as defined by Idaho law;
7. To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Formal Education and Training— I hold a master's degree in counseling from Multnomah University. Major course work completed included cultural diversity, counseling theories, group theory, psychopathology, ethical practice, human development, abuse and trauma, and play therapy theory. My training has included play therapy, sand tray therapy and art therapy conferences provided by the Northwest Center for Play Therapy on the George Fox University campus.

Fees— Fees for service will be \$120 per session, a sliding scale is available upon request. A 24 hour notice must be given for a cancellation to be effective. If this policy is abused a \$75 fee will be charged. The only accepted format for cancellation is text or phone call, no emails accepted. If a check is returned a \$25 charge will be incurred. Requests for case summaries, court documents, or diagnosis reports will be charged at a rate of \$75 per document page. Should Dan Hooley MA LCPC be summoned to testify for any and all legal negotiations and/or court proceedings, there will be an up front charge of \$300.00 per day.

For additional information concerning Dan Hooley MA LCPC, please find the contact information and website for the State Board below:

Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists

11351 W Chinden Blvd, Bldg 6, Boise, ID 83714 | PO Box 83720, Boise, ID 83720-0063

208.334.3233 | ibol@ibol.idaho.gov | www.ibol.idaho.gov

Please initial in agreement beside the following statements indicating understanding and consent:

- ☐ I have read this form and was given opportunity to ask questions.
- ☐ I understand and have reviewed the statement of financial responsibilities.
- ☐ I agree to the terms of treatment and would like to begin.
- ☐ I understand that I may withdraw consent for treatment at any time.

If you are in crisis or are having an emergency, please call 911, or the Idaho Suicide Prevention Hotline 1-208-398-4357, or call/text 988.

Your signature indicates that you understand the above information and agree to treatment from Dan Hooley MA LCPC.

Print Name _____ Client's Signature _____ Date _____

Counselor's Signature _____ Date _____