

CONSENT TO TREATMENT

I, the named and undersigned, do hereby agree and give my consent to Andrea Barbour, MA to provide evaluation and treatment to _____. If the named individual is a **minor**, the undersigned must be a legal parent or guardian authorized to consent to treatment of a minor. Proof of custody may be required and requested. I have read and understand the contents of the Information and Consent form and have been given the opportunity to discuss its contents, request and authorize the therapist to provide such mental health counseling services as are deemed advisable. I understand that Andrea Barbour, MA is a Marriage and Family Therapist Resident providing clinical services under supervision and is acquiring the hours necessary for full licensure. Any information shared by the client during the therapy hour will be kept in strict confidence. I do not hold Andrea Barbour, MA/Andrea Barbour, LLC responsible for my perception of what therapeutic results may or may not take place. I acknowledge and agree that no representations, warranties, or guarantees as to results or cures have been made to me or relied upon by me. I further agree and hold harmless Andrea Barbour, MA/Andrea Barbour, LLC/InCircle Consulting and Therapy Association/921 Group located at 921 East 86th Street Indianapolis, IN 46240 Suite 210-210B.

_____ (_____) _____
 Signature Relationship to Person Named Above* Date
 *if self, leave blank

FINANCIAL POLICY AND FEE AGREEMENT

It is Andrea Barbour, MA's policy to ask for payment, in full, at the time of service. Cash, personal check and credit/debit cards (including HSA) are the only accepted forms of payment. I do not accept insurance however I am willing to provide and you may request receipts for the purpose of seeking insurance reimbursement. I do not negotiate fees with insurance companies.

Full charges will be applied to missed appointments and appointments cancelled less than 24 hours in advance of the scheduled time. Current rates are listed below. Fee increases will occur on a regular basis and all client fees are evaluated every 6 to 12 months or more or less frequently as business practices and changes in client income status warrant. You will be given 30 days notice of any changes in fee. If interested, you may request an itemized statement of all charges and payments. These statements may be requested quarterly. By signing you are agreeing to abide with Andrea Barbour, MA's financial policy.

50 minute session - \$100.00
 80 minute session - \$150.00
 (Fees may be negotiated)
 Frequent and extraordinary phone calls and paperwork - \$50.00 per hour
 Returned check/declined payment fee - \$75.00
 Other Fees: _____

Your Fee is \$_____ per _____ session.

 Patient or Guardian/Financially Responsible Party Signature Date

 Therapist Signature Date

About Your Therapist:

Andrea Barbour, MA graduated Summa cum Laude from Christian Theological Seminary in 2014 with a Masters degree in Marriage and Family Therapy. Upon graduation Andrea was presented with the Pastoral Theology and Psychology Achievement Award in Marriage and Family Therapy award recognizing her clinical work with individuals, couples and families. Andrea's clinical internship and research interest were (and continue to be) focused on providing treatment for trauma, dissociative disorders, personality disorders and couple and family concerns. Andrea's research has focused on assisting individuals, couples and families discover hope and connection. Andrea has extensive experience providing psychotherapy services for a large and diverse population including individuals, couples and families from various socio-economic, religious, sexual orientation, gender identity, ethnic and cultural backgrounds.

Licensure

Per Indiana statute I am a Marriage and Family Therapist Resident. This means I have completed a Marriage and Family Therapist Internship and I have either applied for and/or have taken the National Association of Marital and Family Regulatory Board Exam. Taking the AMFRB exam is one step in the process of obtaining full licensure as a Marriage and Family Therapist in the state of Indiana. The second step is obtaining the necessary hours under supervision. As a Marriage and Family Therapist Resident I am in the process of accruing these hours.

What is Psychotherapy?

Psychotherapy is a treatment designed to help persons deal with emotional, behavioral, and relationship problems. It has helped many people manage difficult life situations and find greater stability and richness in their lives and relationships. However no guarantees or warranties with regard to outcome or cure can be reasonably given. It is not unusual for treatment to give rise to complex and difficult feelings. As with any change process within the course of treatment sometimes clients may find they feel worse before they begin to feel better. You are encouraged to share these feelings with me as freely and as openly as you can.

What Can I Expect?

My work is rooted in attachment, systems and psychodynamic theories. These approaches value human uniqueness and recognize that humans are innately drawn to creativity and transformation. Throughout the therapy process we look at the way our past experience of ourselves and relationships inform and influence our present and future experiences of our relationships and ourselves. I believe that at the center of our most satisfying human experiences are feelings of being deeply connected and understood both by ourselves and by those we most cherish.

My goal for therapy is to walk along side you in a collaborative process. Together we will work with the goal of understanding your deepest longings, needs and fears. And together work to remove the blocks that keep you stuck. As we work together to increase your sense of well being, connection and satisfaction in lifestyle, work and relationships, the therapy process may also allow you to experience yourself and others in new, life-affirming ways. My goal is give you tools necessary for better coping with the challenges that life and relationship often bring.

I have extensive experience in working with individuals, couples and families who struggle with a wide range of concerns such as depression, anxiety, PTSD and Dissociative Disorders. I approach each therapeutic relationship with openness to what we might learn about each unique individual, couple and family. Therefore there is no cookie-cutter treatment approach; each relationship is unique.

Modalities and Methods:

There are many forms and treatment modalities within the practice of psychotherapy. The methods of psychotherapy I use include Eye Movement Desensitization Reprocessing (EMDR), Emotionally Focused Couples and Family Therapy (EFT, EFFT), and Hypnotherapy, more information about these modalities are available from me. These modalities are employed only when I believe them to be of clinical relevance and benefit to the presenting issues and only within my scope and sequence of practice. I may refuse to use a particular treatment modality if I feel it is not in the best interest of the client(s), if you request a particularly type of treatment and I do not believe there is enough research to indicate the modality in questions' effectiveness in treating your specific concern I will explain this to you and offer other alternatives and/ or if I feel the modality requested is contraindicated due to risk factors. If you do not agree with my clinical rational for using or not using a particular method of treatment you may always request referral to another qualified provider.

How do I get started? How do I end? You may request a consult, which is 50-90 minutes and charged at my regular fee. This gives us both a chance to meet and discuss what type of services you are looking for. We will decide at the end of the consult whether or not you would like to schedule with me or if you want to seek other alternatives. Ending therapy is ideally a collaborative process. Often when clients reach their goals we will discuss together how to end our work, often called the 'termination phase' and it may take two or more sessions. Sometimes in the course of working together clients may feel as though they are not benefiting. I encourage clients to discuss this with me and we can re-evaluate our goals, direction, pace and modality and consider referral options.

Who should come? I provide psychotherapy for individuals, couples and families. If in the course of treatment including family members or significant others appears that it might be helpful in resolving the relational concerns discussed in treatment, I will invite and encourage you to consider having a family member or significant other participate as an option to enhance your treatment.

How often should I come? Research has shown that regular attendance at your sessions is important for treatment success. Sessions are usually scheduled for once or twice a week. Occasionally more sessions may be needed to assist you through a particularly difficult or trying time. If you find that you cannot make a scheduled session, I require 24 hours advance notice or your will be charged the full session fee.

How long are sessions? Sessions for individuals may be 50 minutes or 80 minutes as agreed upon. Sessions for couples and families are 80 minutes. Consultation sessions are 50-80 minutes.

What about Medication? As a Marriage and Family Therapist Resident I cannot prescribe medication. However if clinically appropriate and indicated, I may discuss ways in which medication may enhance your treatment experience and may allow you to get the most out of your psychotherapy. If I discuss this I will also offer recommendations to qualified medical care providers I trust or you may choose to see a provider you know and trust. Research has shown that in some instances, though not in all, medication and psychotherapy generally achieve the greatest results in finding greater stability and quality of life and relationships. If you are receiving psychotropic medications, I will request that release of information be signed so that your provider and I can share information and collaborate together to ensure you receive the best possible care.

What about Emergencies and Contact outside of sessions?

In the event of a medical or medical mental health crisis you may reach me at 812-764-4931. Please call me and go to a hospital emergency room or dial 911. In the event that hospitalization is a necessary part of your treatment, you and I will collaborate together on what and how much information you would like me to share with your hospital treatment team. I will collaborate as much as possible with other providers to ensure continuation of care.

Other outside of session contact such as emails and phone calls are permissible only in certain situations, any such communication will become a part of our regular session and are permissible only after we have discussed specific boundaries around outside session phone calls or emails.

All phone calls after 9:00pm will go directly to voicemail. If it is an emergency after 9:00pm, please hang up and call me again and if I'm available I will answer your call. Otherwise please do not wait for me to call you back, please go to your nearest emergency department or call the Community Mental Health Crisis Line at 317-621-5700.

I do not friend clients on Facebook, Twitter, LinkedIn or any other social media site.

What about Confidentiality? As required by Indiana law I am required to maintain confidentiality. What is said between us and shared by you during the course of treatment stays between you and I unless you sign a release of information form. I take confidentiality very seriously. Please see my Privacy Notice for more information.

As stated in the Privacy Notice your information may be shared with my supervisor (s) for the purpose of training, research and practice improvement. My supervisor(s) are licensed mental health professionals bound by the same laws of confidentiality that I am. Any recordings made of our sessions are destroyed within two weeks of their creation and are used only by me and only for the purpose of training, research and certification.

Payment Information

Check payments must be paid payable to InCircle, payments via credit/debit card will show up as InCircle.

Receipts will be given by request at the end of the month.

Contact Information

Phone: 812-764-4931

Email: andreabarbourmft@gmail.com

Fax Number: 317-875-1060

Mailing Address: Andrea Barbour, MA 921 East 86th Street Suite 210B, Indianapolis, IN 46240