

Cindy Duggin, LICSW
Service Agreement/Disclosure Statement/Consent to Treat

Hello! Welcome to my clinic. Please read the following important information, then sign to acknowledge receiving this information and give consent for me to treat you.

How to reach me: Office Telephone: (402) 991-1495. Mobile: (7402) 630-2013. You may leave a confidential voice mail either number. EMAIL: duggintherapy@gmail.com WEBSITE: cindyduggin.org

My background: I graduated from the University of Nebraska at Omaha with my Master of Social Work degree in 1996. I completed a Master Level Certificate in Gerontology at the same institution in 2012. I have 25 years of practice as a clinical social worker. I have additional training in Eye Movement Desensitization and Reprocessing and in Hypnotherapy, as well as Emotionally Focused Couple Therapy.

Licensure: I am a Licensed Independent Clinical Social Worker in Nebraska. License #153, Independent mental Health Practitioner, and #954, Master Social Worker

My services: I provide individual and family therapy for adults 16 and over. A family consists of any mixture of people who consider themselves a family. Sessions are generally 50 minutes.

My approach: I am trained in Cognitive Behavioral Therapy, EMDR, and hypnotherapy. My approach to helping clients is to focus on their strengths, to encourage a collaborative approach, and to encourage open communication about the sessions.

How long will treatment last? In general, I recommend 4-6 sessions before we re-evaluate the treatment plan, but you will decide on the helpfulness of treatment and the duration.

Risks and benefits of treatment: While I strongly believe in therapy to help people with all kinds of problems, it's not for everyone. Sometimes in therapy clients can experience strong emotions related to their situations. This can be uncomfortable and for some people embarrassing. I strive to create a safe and supportive environment for the sharing of very personal experiences. As well, some people find that they do not improve with therapy. If you feel you are not benefiting as you had hoped, please communicate that to me so that we can either adjust or in some cases suspend treatment. If you decide to stop treatment, I will make every effort to offer you referrals elsewhere.

Alternatives to therapy: Some people choose to take medications to assist with their moods. While usually it is recommended that therapy be done at the same time as medication, there are people who benefit from medication alone. Your family doctor is the best starting point if you wish to consider medication therapy. Some problems do resolve in time without counseling.

Patient Rights: You have the right to be treated with respect and dignity; to equal access to my services; to be listened to, have your phone calls returned, and have your questions answered; to confidentiality within limits as outlined below; to feel physically and emotionally safe; and to fully participate in treatment planning and evaluation of progress in treatment.

Patient Responsibilities: You have the responsibility to pay your fees in full at the time of service; to make payment arrangements with me should you be unable to pay your account in full; to provide as much information as is necessary to provide for your safety and treatment; to cancel appointments with 24-hour notice; and to alert me if treatment is unsatisfactory, so that we can work together to make better progress.

Confidentiality: The personal information provided by you during sessions is legally confidential. This means I cannot disclose the information without your written consent. Should you desire that I give or receive information to/from any person or entity, I will have you sign a release of information form. Without an official release of information, I cannot discuss your case with anyone for any reason, with the following exceptions:

Family therapy: I do not provide testimony in court for one part of a couple or family against another in cases of divorce or custody. If you attend together even once, then both or all of you must agree to disclose any confidential information. That would require a release of information form signed by both or any adult parties.

Examples of legally mandated exceptions to confidentiality include the following:

1. Medical emergency
2. Suspected abuse or neglect of a vulnerable minor or adult.
3. You are in danger of harming yourself or appear gravely disabled.
4. You say that you intend to harm another person or facility.
5. You file a complaint or lawsuit against me.
6. I receive a legal court order to disclose private information.
7. If you wish to use your insurance, then your diagnosis, treatment and progress will be reported to your insurance company.
8. Should you refuse payment for services rendered in your name, then the amount owed, dates of services, and statement that you received professional services will be revealed to a collection agency or to the court for purposes of payment.
9. I may consult with all other professionals regarding improving treatment and outcome. I will not share more information than is necessary for consultation, and any and all information shared must be held confidential by any professional consulted.

Client Rights:

1. A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy if known, and the fee structure.
2. The client may seek a second opinion from another therapist or may terminate therapy at any time.
3. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

Informed Consent to Treat:

I acknowledge reading the preceding information. I have had the opportunity to ask questions. I have been offered copies of my initial paperwork.

I give my legal and informed consent for _____
to be evaluated and treated by Cindy Duggin, LICSW.

Client Name Please print Date

Client/Guardian Signature Date

If Guardian, relationship to client: _____

Cindy Duggin, LICSW Date