



Geisel Counseling
at Counseling Associates

Welcome to the Geisel Counseling Program

Welcome to Geisel Counseling. We look forward to having the opportunity to connect with you. Please take the time to read this packet carefully and ask any questions you may have regarding the material.

INITIAL WELLNESS CONSULTATION: Our initial one to four sessions will follow a model of wellness counseling and screening. In the course of these sessions, recommendations will be made for continuing wellness services and/or psychotherapy. Some students will use these services on an as needed basis and some will coordinate regular appointments.

OUR APPROACHES: Our approaches emphasize a client-centered, relational approach to work with individuals to address the health and well-being of the whole person. Our Geisel Counseling program is built on values of collaboration and partnership. This work is active on both the part of the student and the coach or therapist. Our work will be based on you and your unique strengths and interests. These processes require your very active involvement.

CONFIDENTIALITY: We will treat with great care all the information you share with your provider. No client identifying information is shared outside the program, including with the Medical School. Summary numbers, service modalities and general information to help direct program development and improvement will be shared with the business office and program team. *See further general information about confidentiality below.*

SESSIONS: There are no program limitations on services. Decisions regarding schedule, frequency, modality will be made collaboratively between the student and counselor. Sessions may range from brief check-in's of 15 minutes to sessions of 30-50 minutes.

CANCELLATIONS: We work hard to make available scheduling options that match the demanding nature of your medical student life. We also understand that certain aspects of your schedule may change with notice and at times, little notice. If you find you are unable to keep an agreed upon time due to a schedule change or illness, please let us know as soon as possible and at least by the day prior so that we can arrange an alternate time for you and make the canceled time available for another student. If your schedule changes the day of your appointment, please contact the office and email your counselor as soon as you can.

TELEHEALTH: Services may be provided in-person or via telehealth. Please review the telehealth information included in this packet. **PLEASE NOTE:** We are able to offer telehealth services when you are physically located in NH & VT. If you are traveling outside of these states for rotation or personal reasons, please make sure to speak with your provider as cross-state practice is limited.

EMAIL: Email communications may be used for scheduling, telehealth coordination, and brief check-in's. They should not be used for detailed clinical communication and never relied on for urgent or emergent contact.

I have reviewed the information provided in this packet and had my questions answered to my satisfaction. I agree to these terms of service and participation in the Geisel Counseling Program both in person and via tele-health as needed and appropriate.

Client Signature: _____ Date: _____

Client Printed Name: _____ Email: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

The following information answers some questions clients often ask about any wellness services.

1. QUALIFICATIONS, CODE OF ETHICS & SCOPE OF PRACTICE:

The practice of our licensed and credentialed professionals is limited to individual, couples, family, and group coaching, counseling and psychotherapy. Our providers do not provide forensic evaluations or prescribe medications. In addition to these practices, psychologists may also provide psychological testing.

Betsy Harrison, MA LCMHC is licensed as a clinical mental health counselor in the state of New Hampshire and certified as an integrative health coach by the University of Arizona's Center for Integrative Medicine. **Gloria Whaley, PhD** is licensed in New Hampshire and certified nationally as a school psychologist and is finalizing her requirements as a clinical psychology candidate for licensure. We are mental health clinicians, governed by the Codes of Ethics of our respective disciplines and the State of New Hampshire Board of Mental Health or Board of Psychology. Our licenses are displayed in our primary offices.

Copies of our Codes of Ethics can be found at the links below.

Clinical Mental Health Counselors, [American Mental Health Counselors Association \(AMHCA\)](#)

Health & Wellness Coaches, <https://nbhwc.org/wp-content/uploads/2015/03/Final-Code-of-Ethics-Feb-1-ICHWC.pdf>

Psychologists, [American Psychological Association \(APA\)](#)

School Psychologists, <https://www.nasponline.org/standards-and-certification/professional-ethics>

2. MENTAL HEALTH BILL OF RIGHTS: The New Hampshire Mental Health Bill of Rights outlines certain rights of mental health counseling clients. We include a copy of this document in this packet and it is also posted in the waiting room and on our website. Please review the Bill of Rights carefully and let your therapist know if you have any questions.

3. DIAGNOSIS & RECOMMENDED TREATMENT: If you and your Geisel Counselor agree to pursue psychotherapy, as part of your services, your therapist will discuss with you any diagnosis and proposed treatment plan.

As with any treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that clients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Also, clients in therapy may have problems with people important to them. As we all are individuals in family and social systems, changes for ourselves are also changes within these systems. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should also know that the benefits of psychotherapy have been demonstrated in hundreds of well-designed research studies and have been reported anecdotally by many clients. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, there are no guarantees of what you will experience. We do not take on clients we do not think we can help. Therefore, your therapist will enter the relationship with optimism about your progress.

You should be aware that there are alternative types of services to those being offered by your therapist. You may prefer to obtain counseling from someone other than this clinician or at some other practice. You also have the choice not to obtain any counseling services. There are risks and benefits associated with treatment alternatives and with not pursuing any counseling. To the extent that you are interested in alternatives, you should discuss this with your therapist.

4. CONFIDENTIALITY: We will treat with great care all the information you share with your counselor. In general, law protects the privacy of all communications between a therapist and client. We can only release information about your work here with your written permission. But there are a few exceptions. These situations have rarely occurred in our practice. If they do arise, we will make every effort to fully discuss the issue with you prior to taking any action.

- In most legal proceedings you have the right to prevent us from providing any information about your treatment.
- In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order your counselor to testify if he/she determines that the issues demand it.

- The receipt of a subpoena alone without your consent to release information does not override the confidentiality requirement.
- There are some situations in which we are legally obligated to take action to protect others from harm, even if we have to reveal some information about the client's treatment. For example, if there is reason to suspect that a child, an elderly person, or a disabled person is being abused or neglected, we are required to make a report to the appropriate state agency.
- If we believe a patient is threatening serious bodily harm to another, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- If clients threaten to hurt themselves, the therapist may be obligated to seek hospitalization or arrange for an adequate safety plan with the clients' families or supports.
- In order to meet the highest standards of care as well as comply with mandates of state licensure, your counselor may find it helpful to consult other professionals regarding a case. Every effort is made to avoid revealing identifying information unless identifying information is required for coverage purposes. Of course, these professionals are also legally bound to keep information confidential. Client identifying information will not be shared with members of the Geisel Medical School for consultation purposes.

4. CONFLICTS OF INTEREST: New Hampshire is a small state and many of us live in small communities. From time to time, actual or potential conflicts of interest may arise. In the event that we become aware of a conflict of interest in providing services to you, your provider may be required to refer you to another provider. Regardless of the existence of any such conflict, you can be assured that any information will be maintained as confidential.

5. PROFESSIONAL BOUNDARIES: Licensed providers are obligated to establish and maintain appropriate professional relationships and boundaries with both present and past clients, as well as, in some cases, with clients' family members. For example, providers should not socialize or become friends with clients and should never become sexually involved with a client.

6. CONCERNS OR COMPLAINTS: If you have any complaints about the services you have received, you should not hesitate to raise them with your provider or the practice management. You may also contact Matthew Duncan, MD, Geisel Medical School. Should you not receive satisfactory response, you may also contact the New Hampshire Board of Mental Health Practice, 117 Pleasant Street, Concord, NH 03301 (603) 271-6762.

7. LIMITS OF SERVICES: Unless specifically agreed to otherwise, the provider's role is to provide wellness support, guidance, coaching or psychotherapy services, *not* to assess fitness for custody, serve as an advocate or investigator on other issues, or act as an expert witness.

8. LIMITS OF AVAILABILITY AND PROVISIONS FOR EMERGENCY COVERAGE:

If you are experiencing a medical emergency, call 911 immediately.

If you are contemplating taking your life by suicide or if you are considering causing harm to yourself or to others, please seek emergency medical help immediately and notify the relevant authorities. The suicide hotline number is: 1-800-273-8255.

In the case of urgent issues requiring contact outside of normal office hours, **students already engaged in the Geisel Counseling Program at Counseling Associates** may contact our On-Call Service at **888-269-7776**.

9. PROFESSIONAL RECORDS: Records are maintained on our EMR platform and you have the right to access your record.

10. PHYSICAL EXAMS: Regular medical care is extremely important in maintaining our physical and emotional well-being. If you have not had a basic physical examination in the past twelve months, we strongly advise you to schedule an appointment with your primary care physician as soon as possible.

Telebehavioral Health Information

As a student receiving behavioral health services, I understand:

- Telebehavioral health is the delivery of behavioral health services using interactive technologies (use of video conferencing or telephone) between a counselor or coach and a client who are not in the same physical location.
- The interactive technologies used in telebehavioral health incorporate network and software security protocols to protect the confidentiality of client information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols:

- Electronic systems used by Counseling Associates will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.

Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.
- If I am meeting with my counselor from home, I am responsible for the technology that I am choosing to use. My counselor will be at a different location.

Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, and email) and may not involve ongoing direct face-to-face communication. There are benefits and limitations to this service including increased access to care.
- Regardless of the sophistication of today's technology, some information my counselor would ordinarily get in in-person consultation may not be available in teleconsultation. I understand that such missing information could in some situations make it more difficult for my counselor and I to achieve our desired goals.
- My counselor will be unable to render any direct emergency assistance if I experience a crisis however, will utilize and contact identified local emergency services and supports if necessary.

Risks of Technology:

- These services rely on technology, which allows for greater convenience in service delivery. There are risks transmitting information over technology that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.
- I understand that telebehavioral health is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized.
- Among the risks that are presently recognized is the possibility that the technology will fail before or during consultation, that the transmitted information in any form will be unclear or inadequate for proper use in treatment, and that the information may be intercepted by an unauthorized person or persons.
- In rare instances, security protocols could fail, causing a breach of privacy of personal health information.

Exchange of Information:

- The exchange of information will often times not be direct and paperwork exchanged may at times be provided through electronic means or through postal delivery.
- During my telehealth services, details of my medical history and personal health information may be discussed through the use of interactive video, audio, or other telecommunications technology.

Storage:

- My communication exchanged with my counselor will be stored in my confidential electronic medical record. This includes any emails exchanged. Video conferencing sessions will not be recorded or stored.

Local Practitioners:

- If a need for direct, in-person services arises, it is my (the client's) responsibility to contact practitioners in my area or to contact my counselor's office for an in-person appointment. I understand that an opening may not be immediately available in either office.

Emergency Protocol:

- In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
 - In emergency situations you may be contacted by phone and/or your emergency contact may be contacted in order to ensure your safety and wellbeing.
 - In emergency situations it also may be necessary to contact authorities, emergency contact, PCP, and or any other emergency personnel to ensure your safety and wellbeing.
- I acknowledge, that if I am facing or if I think I may be facing an emergency situation that could result in harm to me or to another person; I am not to seek a telebehavioral health session. Instead, I agree to seek care immediately through my own local health care practitioner or at the nearest hospital emergency department or by calling 911.

Disruption of Service:

- Should service be disrupted, it may be necessary to connect via phone to complete session and/or reschedule session for another day/time.

Therapist Communication:

- My counselor will respond to communications and routine messages in a timely manner however, voicemail, email, and any other indirect/unscheduled messaging service should not be used in the case of an emergency.

Client Communication:

- It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.

Electronic Presence:

- I understand that my counselor will not be physically in my presence. Instead, we will see and hear each other electronically.

Modification & Treatment Plan:

- My counselor and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology and modify our plan as needed.

Self-Termination & Discontinuing Care:

- I may decline any telebehavioral health services at any time without jeopardizing my access to future care, services, and benefits.
- I understand that at any time, telehealth treatment can be discontinued either by me or by my counselor.
- It is strongly encouraged that a termination session be scheduled and held.

Release of Liability:

- I unconditionally release and discharge Geisel Counseling and Counseling Associates, its affiliates, agents, and employees as well as my counselor and his or her designees from any liability in connection with my participation in remote counseling services.

Laws & Standards:

- The laws and professional standards that apply to in-person behavioral health services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

Final Agreement:

- I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions I have and have received satisfactory answers.
- With this knowledge, I voluntarily consent to participate in the telebehavioral consultation(s), including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.



NH MENTAL HEALTH BILL OF RIGHTS

"This Mental Health Bill of Rights is provided by law to persons receiving mental health services in the State of New Hampshire. Its purpose is to protect the rights and enhance the well being of clients, by informing them of key aspects of the clinical relationship. As a client of a New Hampshire Mental Health Practitioner, you have, without asking, the right:

(1) To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards:

- a. for psychologists, the American Psychological Association;
- b. for independent clinical social workers; the National Association of Social Workers;
- c. for pastoral psychotherapists; the American Association of Pastoral Counselors
- d. for clinical mental health counselors; the American Mental Health Counselor Association; and
- e. for marriage and family therapists; the American Association for Marriage and Family Therapists.

(2) To receive full information about your treatment provider's knowledge, skills, experience and credentials.

(3) To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal exceptions to confidentiality, and should such an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:

- a. abuse of a child;
- b. abuse of an incapacitated adult;
- c. Health Information Portability and Accountability Act (HIPAA) regulation compliance;
- d. certain rights you may have waived when contracting for third party financial coverage;
- e. orders of the court; and
- f. significant threats to self, others or property.

(4) To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession and to know that sexual relations between a mental health provider and a client or former client are a violation of the law (RSA 330-A:36).

(5) To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses (RSA 330-A:2 VI).

NH MENTAL HEALTH BILL OF RIGHTS (cont'd)

(6) To participate meaningfully in the planning, implementation and termination or referral of your treatment.

(7) To documented informed consent: to be informed of the risks and benefits of the proposed treatment, the risks and benefits of alternative treatments and the risks and benefits of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.

(8) To obtain information regarding the provision(s) for emergency coverage.

(9) To receive a copy of your mental health record within 30 days upon written request (except as otherwise provided by law), by paying a nominal fee designed to defray the administrative costs of reproducing the record.

(10) To know that your mental health provider is licensed by the State of New Hampshire to provide mental health services.

a. You have the right to obtain information about mental health practice in New Hampshire. You may contact the Board of Mental Health Practice for a list names, addresses, phone numbers and websites of state and national professional associations listed in Mhp 502.02 (a)(1)(a-e).

b. You have the right to discuss questions or concerns about the mental health services you receive with your provider.

c. You have the right to file a complaint with the Board of Mental Health Practice."

(b) A licensee shall post a copy of the above mental health bill of rights in a prominent location in the office of the mental health practitioner and provide a copy upon request.

(c) A licensee shall provide a copy of the mental health bill of rights to the client and/or agency if the assessment, consultation or intervention is provided outside the office.

nh.gov/mhpb/documents/bill_of_rights.pdf