



Coaching | Counseling | Consulting

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basicblackccc.com

# Online consent form

## WELCOME

I want to welcome you and let you know that I look forward to beginning therapeutic work together. I'm a licensed professional counselor in both the Commonwealth of Virginia and the state of North Carolina & A National Certified Counselor. These forms contain information about my business policies and my professional clinical services. It's important you first review the following information before we start. Please feel free to ask me any questions that you may have about these policies. I am happy to discuss them with you. There are various places for your signature required on the forms, please look this information over carefully as it is required prior to our sessions.

## ELIGIBILITY FOR COUNSELING SERVICES:

Clients interested in receiving online counseling services must be at least 18 years old.

Clients interested in online counseling services must consult with Judith Black MS, PhDc, LPC, NCC to discuss eligibility as well as the terms and conditions that apply to said services. If it is determined that online or Walk and Talk counseling is appropriate, clients must submit written verification to the terms and conditions (see below) before services are rendered.

Online counseling services are most suitable for clients over the age of 18 years-old who have either previously engaged in formal counseling services and/or are seeking short-term support for issues that are unrelated to major crisis, severe mental health issues, suicidal, homicidal or violent behavior (past and present).

Online counseling services are intended for clients who have limited access, availability or financial means to receive direct, face-to-face professional

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counseling services.

Although online counseling services may be helpful, direct, face-to-face services are highly recommended and encouraged, especially for clients either looking for long-term treatment or clients in major crisis.

#### **THERAPY SERVICES- Risks & Benefits:**

At any time, you may initiate with me a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. Although I expect you to benefit from counseling, I cannot guarantee any specific results. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel distressed, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In particular, one risk of couple counseling is the possibility of exercising the divorce option. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible results for you.

#### **CONFIDENTIALITY POLICY:**

Therapy is best experienced in an atmosphere of trust. For that reason, all therapy sessions are strictly confidential and may not be revealed to anyone without your written permission. There are exceptions to confidentiality where disclosure is required by law (see below). Additionally, there may be times that I need to consult with an adjunct colleague in order to discuss aspects of our sessions to support a therapeutic work together and best support your process. When doing so, please understand I will never use your name and will change significant identifying details in order to protect your confidentiality. According to mental health licensing statutes, the law protects the privacy of all communications between a client and practitioner. Judith Black's practice is in compliance with the requirements of HIPPA. Confidentiality is taken seriously and discussing or releasing your information to any individual, agency, or corporation except if such release is requested by a signed authorization form; or if a client indicates intent to do harm to her/himself or others.

#### **LIMITS OF CONFIDENTIALITY:**

What you discuss with Judith Black MS, PhD, LPC, NCC is kept confidential, or private, with some exceptions. The Notice of Privacy Practices provides detailed information about how private information about your health care is protected and under what circumstances it may be shared. Confidentiality of E-mail and Chat, Cell Phone Communication, Therapeutic email and chat exchanges are

delivered via Google or Skype. You agree to work with me online using an encrypted email/chat service determined to be suitable by Judith Black.

If you choose to email me from an unsecured email account, please limit the contents to basic issues such as cancellation or change in contact information. If you call me, please be aware that unless we are both on landline phones, the conversation is not confidential. Likewise, text messages are not confidential.

I make every effort to keep all information confidential. Likewise, if we are working online together, I ask that you determine who has access to your computer and electronic information from your location. This would include family members, co-workers, supervisors and friends. I encourage you to only communicate through a computer that you know is safe, i.e. wherein confidentiality can be ensured. Be sure to fully exit all online counseling sessions and emails. If we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within 10 minutes. If reconnection is not possible, email to schedule a new session time.

I will protect the confidentiality of information received in our counseling relationship as specified by federal and state laws, written policies and ethical standards. Discussions between you and me, and even the fact that you are in counseling with me, are confidential. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first.

#### **LEGAL EXCEPTIONS TO CONFIDENTIALITY:**

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes when there is reasonable suspicion of child abuse (physical, sexual, emotional, neglect), adult dependent care abuse, elder abuse/neglect, and when a client threatens to harm or kill others, or intent to damage another person's property. Legally, I am a mandated reporter of abuse or intent to harm another. If you're homicidal and make a serious threat to hurt another person or persons I will contact 911 and make every attempt when the intended victim or victims. Additionally, if I am court ordered to release records, I must abide by the court order and I may be compelled by court order to testify under and must answer all questions honestly.

#### **SUICIDE POLICY:**

If you are suicidal, I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm

to yourself.

Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contact Information**

In the event of an emergency, please provide a contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **FULL CLIENT DISCLOSURE & RIGHT TO REFUSE ONLINE COUNSELING SERVICES POLICY:**

If you have any history of major psychiatric episodes, hospitalizations or drug/alcohol dependence or have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally Ill/Chemically Addicted (MICA), and/or Schizophrenia - you must disclose this information to Judith Black MS, PhDc, LPC, NCC prior to being considered for online counseling services.

Failure to do so or knowingly misleading or withholding the above said information excludes Judith Black MS, PhDc, LPC, NCC from any legal obligation or liability related to said client's diagnosis, prognosis, outcome and actions.

If it is deemed at any point in the treatment that your needs are greater than Judith Black's area of expertise or scope of practice and a client is unsuitable for online counseling services, Judith Black reserves the right to refuse and/or end treatment and appropriate referral sources will be provided.

### **WHAT YOU CAN EXPECT FROM ONLINE TREATMENT:**

The duration of treatment is different for each person and can be difficult to estimate; I will address any concerns that you have about this. If you are not feeling satisfied with your treatment for any reason, you are asked to discuss this directly with me. I will work with you to uncover what might be preventing progress, will modify goals with you if appropriate, and will make a referral for you to (an)other professional(s) if necessary, and/ or at your request. Sometimes people find that they have a temporary increase in their level of distress when beginning psychotherapy, because the process of working on personal issues can be difficult; please be aware of this.

You as the client understand that phone and email sessions have limitations (as well as benefits) compared to in-person sessions, among those being the lack of “personal” face-to-face interactions, the lack of visual and audio cues in the therapy process, and the fact that most companies will not cover this type of therapy. You understand that telephone/online psychotherapy with me is not a substitute for medication under the care of a psychiatrist or doctor. You understand that online and telephone therapy may not be appropriate if you are experiencing a crisis or having suicidal or homicidal thoughts. If a life threatening crisis should occur, you agree to contact a crisis hotline, call 911, or go to a hospital emergency room. You also understand that I follow the laws and professional laws and professional regulations of the Commonwealth of VA (USA) and/or North Carolina and the psychotherapy treatment will be considered to take place in the Commonwealth of Virginia and/or North Carolina (USA).

#### ABOUT ONLINE COUNSELING:

Also known as Distance Counseling, Telepractice, Cyberpsychology, Text-Based Therapy, Telehealth, Behavioral Telehealth, and Online Therapy. Online counseling is providing a psychotherapy service that is not “in person” and is facilitated through the use of technology. Such technology may include, but is not limited to, telephone, telefax, email, Internet, or videoconference. Distance Counseling is subject to all practice and ethical considerations discussed in this document and in the law, rules and regulations governing licensed practice in the Commonwealth of Virginia.

Disadvantages include varying time zones, cultural differences, language barriers, and strength of Internet connection, which may impact the delivery of services. Clients may provide off-line contact information in case of a technology breakdown.

#### SCOPE OF PRACTICE:

This term indicates the specific area to which a practitioner may practice. Judith Black MS, PhDc, LPC, NCC, follows local and regional laws and codes of ethics as applicable to a client’s geographic location.

According to national licensure requirements, Judith Black MS, PhDc, LPC, NCC, is permitted to provide psychotherapy services in all states excluding: Arkansas, Florida, and Nebraska which issue geographical boundaries for distance counseling and require practitioners to be licensed by that state.

If an individual from Arkansas, Florida, or Nebraska chooses to engage in counseling with Judith Black MS, PhDc, LPC, NCC, you understand and acknowledge that you will not be receiving state-licensed services.

Judith Black's MS, PhDc, LPC, NCC services are not open to those living in a country that is prohibited by law, regulation, treaty, or administrative act from entering into trade relations with the United States.

### TYPES OF SERVICE PROVIDED BY JUDITH BLACK MS, PHDC, LPC, NCC:

I offer active "Walk & Talk" therapy and a variety of online and/or distance therapy formats. You will be interviewed and may be asked to fill out some questionnaires to assist me in determining how best to help you. Treatment usually involves individual meetings with the therapist, but may also include group treatment and/or involving family members or significant others in some individual sessions. All treatment will be conducted only with your consent.

**Online Counseling and Walk & Talk Therapy does NOT provide crises counseling and is not appropriate for clients who:**

1. **Have a history of suicidal, homicidal or violent behavior or present as suicidal, homicidal or violent.**
2. **Have a history of major psychiatric episodes, hospitalizations or drug/alcohol dependence**
3. **Have been diagnosed as any of the following - Borderline Personality Disorder, Major Depressive Disorder, Bipolar Disorder Type 1, Mentally Ill/Chemically Addicted (MICA), and/or Schizophrenia.**

### THERAPEUTIC APPROACH AND STYLE:

When people come to counseling, it is because they want something to be different in their lives. They may want to change their life situation, solve a particular problem, make a decision, or understand what is happening in their lives or in themselves. As a first step in counseling, you and I will explore your feelings and concerns and what changes you want or decisions you want to make. When we both understand your situation, I will help you devise various ways to get what you want, as far as that is possible. For counseling to be most effective, you must make a commitment of time and energy and take an active part in the process; this may well involve activities you undertake between sessions, such as seeking out occupational information, taking some career assessment inventories, or practicing a new behavior.

Counseling provides the opportunity for growth and self-discovery in the

context of a safe, supportive, and therapeutic relationship. The theory that guides my approach to counseling is an integrative approach. I am deeply rooted in psychoanalytical theory with existential elements. I assert each individual is unique and there are factors outside of an individual's awareness (unconscious thoughts) which influence his or her thoughts and actions- the past shapes the present. As such I utilize Neuro-Cognitive methods steeped in Trauma Focused Cognitive Counseling, which means that we will collaboratively identify how your cognitions (i.e., thoughts and beliefs) impact your feelings and behaviors and Eye Movement Desensitization Reprocessing (EMDR) to resolve improperly stored memories. I also include elements of Existential psychotherapy in my approach.

**Cognitive Behavioral (CBT) Therapy** stresses the role of thinking patterns in how we feel and what we do. It is based on the belief that our thoughts, rather than people or outside events, cause our negative feelings. The therapist assists the client in identifying, testing the reality of, and correcting dysfunctional beliefs underlying his or her thinking – uncovering the ‘root to the fruit’ so to speak. The therapist then helps the client modify those thoughts and the behaviors that flow from them. CBT is a structured collaboration between therapist and client and often calls for homework assignments.

**Existential psychotherapy** is based on the philosophical belief that human beings are fully equipped to create one's own meaning, and exercising one's freedom to choose. The existential therapist encourages clients to face life's anxieties and to start making his or her own decisions while reflecting on consequences and moving away from fear based thinking. The therapist will emphasize that along with having the freedom to carve out meaning comes the need to take full responsibility for the consequences of one's decisions.

#### **QUALIFICATIONS & COUNSELING EXPERIENCE:**

I am a Licensed Professional Counselor (LPC) in North Carolina and the Commonwealth of Virginia. I am also a National Certified Counselor. My formal graduate education has prepared me to counsel individual children, adolescents, adults, groups, and couples. I have been licensed since January of 2011. Prior to that, I worked as a mobile crisis counselor and a qualified professional with emphases in both mental health and developmentally disabled.

I have over 23 years in cultural diversity. My experience includes individual and group therapy in a maximum correctional penitentiary for men, development of

individual care plans for American and Korean national children with developmental, learning and mental health disabilities, crisis intervention, and counseling with active duty military and their families. I conducted mental health assessments, crisis assessments and alcohol/substance assessments. I have developed crisis plans and person centered plans. All interventions focused on stabilizing, promoting and increasing one's mental health and wellbeing. I serve children, adolescents, adults; individually, as a family unit or in group sessions.

### EDUCATION:

I completed my Masters of Human Services specializing in Mental Health Counseling (2010) through Capella University, a CACREP accredited university. I am currently a doctoral student pursuing my Ph.D. in Counseling Studies. My Post Baccalaureate Certification in Professional Counseling was conferred 2008 Capella University. My undergraduate degree is a Bachelor's of Science from Fairmont State University.

### CREDENTIALS AND MEMBERSHIPS:

I hold memberships with the American Counseling Association (ACA), North Carolina Counseling Association (NCCA), Association for Counselors and Educators in Government (ACEG), North Carolina Licensed Professional Counselors Association (NCLPCA), National Board for Certified Counselors (NBCC), Chi Sigma Iota (CSI) Counseling Academic and Professional Honor Society International, Association for Counselor Education and Supervision (ACES), Association for Creativity in Counseling (ACC), National Military Family Association, and EMDR International Association (EMDRIA) . I am a Qualified Professional in Mental Health and Developmental Disabilities in the state of NC.

### CERTIFICATIONS & TRAININGS:

Crisis Intervention-Substance Abuse and Mental Health; Command Team CGSC; NCI Interventions- Prevention & Care; Community Support Definitions; Person Centered Plans in NC; Involuntary Commitments; Person Centered Thinking; Human Research CITI Training; A/C CPR; First Aid; Painting a moving train: Working with Veterans of Iraq and Afghanistan and their Families; UNC Crisis Interventions; Sandhills Center Documentation; Mobile Crisis Documentation; Mobile Crisis Service Definitions; Community support Service Definitions; Child Sexual Abuse Webinar- Caring for kids; What parents need to know; Child Sexual Abuse Webinar- Raising awareness of child abuse; Child Abuse Webinar, "Raising Awareness of Child Abuse: Collaborating with New Professionals"; PTSD 101, Cognitive Behavioral Interventions for PTSD VA Employee Education System; Defensive Disaster Mental Health Intervention Web-Flash On-Line



Training from Project P-Flash/ Essential Learning; Helping Children and Adolescents Cope with Violence and Disaster; PTSD 101- Neurobiology & Pharmacology for PTSD VA Employee Education System; Certificate of Completion for Intervening with Individuals in Crisis: A Guide for Substance Abuse & Mental Health Prof. UNC; Defensive Driving; OSHA Education; Client Rights; ASIST (Applied Suicide Intervention Skills Training) Certification through LivingWorks; Treating the Invisible Wounds of War Series: Part 1 - Posttraumatic Stress Disorder; The Greensboro Area Health Education Center; Training & Certificate: Army Community Service- Mentor Training; Spouse Battlemind Training; EMDR Level I & II- The Department of the Army; Who Can Perform Distance Counseling? ReadyMinds; Complex Trauma Series, National Child Traumatic Stress Network; Culture and Trauma Speaker Series I & II, National Child Traumatic Stress Network; Team Building & Conflict Resolution Training, Department of the Army; Moral Ethics and Obligations (United States Naval War College); Trauma Focused CBT; NC Jurisprudence Exam; CITI Human Research Curriculum Basic Course.

### NON-DISCRIMINATION POLICY

I respect each person's right to choose his or her own belief system. I work well with both the Christian client and the atheist client, as well as client's from many religions and beliefs. If a client would like to work from a faith-based approach, I am happy to discuss this with you and support your process. Additionally, I respect each person's right to their choices in terms of sexual orientation, and provide a safe place for both straight and gay clients. I believe in supporting people of all ethnicities, cultures and physical challenges. While our gender, ethnicity, orientation or spirituality may be different, I am open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you. Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding my therapeutic approach and style, or my non-discrimination policies, please feel free to discuss this with me now and/or in the future.

### AGREEMENT:

This Agreement shall be interpreted only in accordance with the laws of the Commonwealth of Virginia (excluding any rules governing choice of laws), and any legal proceeding associated with this Agreement will occur exclusively in the courts located in Prince William County, Virginia.

### TELEPHONE AND EMERGENCY PROCEDURES POLICY:

If you need to speak with me between sessions, please call 910-689-7100. Your call will be returned as soon as possible. Messages are checked daily (but never during the night time).

Messages are checked less frequently on weekends and holidays. If an emergency situation arises that requires immediate attention, you may call the emergency National Suicide Hotline at 800-784-2433 or dial 911. If a life-threatening crisis should occur, you agree to contact a crisis hotline, call 911 or go to a hospital emergency room.

### PAYMENT FOR SERVICES POLICY:

Payments for services must be made prior to the time of each session. Insurance typically will not cover online therapy. You may make payment via PayPal. Virtual Journal Exchanges can be purchased one at a time or as a package. Current Fees and Services are listed on my website.

### HEALTH CARE/MANAGED CARE INSURANCE POLICY

In order for the therapist to be reimbursed by an insurance company, a diagnosis of the client must be made and submitted to the insurance carrier before the therapist is paid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the insurance company. This information once released becomes part of the client's medical records and may impact confidentiality. Because of this factor in confidentiality, I do not work with Managed Care Health Insurance programs. I will be glad to provide a 'superbill' receipt that you may submit to your insurance company if you wish for a possible out of network reimbursement, however, I will not fill out forms or work directly with or on your behalf with your health care insurance company.

Additionally, is important that you also understand that there is no guarantee that your insurance carrier will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together. If you choose to work with me, my policy is fee for service as described in the following section. Your signature indicates that you understand and agree to respect my policy around managed care health insurance, and will honor this agreement now and in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FEES & SERVICES POLICY:

Therapy is an investment in self-care, and is a process that takes time. I ask that you meet my full fee unless you are facing serious financial hardship in which case we can discuss a sliding scale fee before the start of your first session that is mutually acceptable to us both. If you are not able to afford my fee even if the sliding scale is available, we will not be able to work together, but I will be happy to provide you with three (3) therapy referrals for low cost clinics that offer lower fees. If you utilize my sliding scale, from time to time we will revisit your fee and discuss a possible increase. Should your financial situation improve, I will then discuss an increase in your fee that either meets or is closer to my full fee.

- **Session Fees**
  - \$175 Walk & Talk Session (60 Minutes)
  
- **Skype Session Fees**
  - \$40 30 minute session
  - \$75 50 minute session
  
- **Online Extensive Journal Exchange Fee**
  - \$40 Journal Submission/Response
  
- **Package Plans**
  - \$110 Alpha Plan | three 30 minute/ diary sessions
  - \$180 Beta Plan | Six 30 minute/diary sessions
  - \$220 Charlie Plan | Eight 30 minutes/diary
  
- **Payment**
  - Walk & Talk Sessions: Payment in full (cash, check or PayPal) is expected at the time of your appointment.
  - Skype Sessions: Payment in full (via PayPal) is expected *prior* to scheduling your online session or submitting a journal entry.

## FEE INCREASE POLICY:

We will discuss this Informed Consent during our first session. Fees are reviewed each year, and may increase periodically. Every consideration to client's a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the

right to terminate therapy at any point. If you have any questions regarding my fee policy, please do not sign until discussing with me. Your signature indicates that you understand and agree to these conditions:

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **CLIENT CANCELLATION PROCEDURES AND FEES POLICY:**

Please send an email to [Basicblackccc@gmail.com](mailto:Basicblackccc@gmail.com) for cancellations. Cell phones cannot guarantee confidentiality, however, you can leave a voice mail or text me at 910.689.7100. I make every effort to return calls and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment. If I am unable to attend our therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided. If you are sick or experiencing any symptoms of illness, I ask that we conduct your session via the phone. I will extend the same courtesy.

Short-Notice Cancellation: Walk & Talk Appointment cancellations made less than 48 hours of the scheduled appointment and Online Appointments cancelled less than 24 hours of the scheduled appointment will be charged the agreed upon full fee for the session.

No-Show: If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments please let me know – I will be happy to email you in advance to confirm our sessions. However, you are responsible for keeping track and attending your sessions.

On-going Cancellations or Multiple No-Shows: It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. My current client schedule does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows. If you find that your schedule is no longer able to accommodate the session time reserved for you, please discuss this with me and I will do my very best to find an alternative solution, such as phone sessions, so that we can continue our work together. However, please note that should on-going cancellations, frequent reschedules even within the same week, missed appointments, late payments/non payment become an issue, and if after discussing other options with you your attendance has not changed, I will need to open up your reserved time to my wait list and add you to the wait list. If you prefer not to be placed on

the waitlist, then I will provide you with three therapy referrals and/or terminate with you until you are able to attend.

Signature \_\_\_\_\_

I am available to take a brief 5-minute phone call or answer a short 1 paragraph email regarding your therapy appointment times or therapy homework one time between sessions and no more than 1 time per month without the client incurring a fee. We will not process therapy issues via email unless I have specifically asked you to check in as part of your treatment. If the client feels that more contact is needed between sessions due to crisis, I am willing to discuss the possibility of increasing the weekly sessions or scheduling a phone appointment temporarily if I feel that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

#### **THERAPIST TIME OFF POLICY:**

I regularly take time off to recharge just like you. I will give you at least one week notice before my time away. If you require a higher level of care at this time, please take this into consideration. During my time-out, I will not be available for individual full sessions, both online or walk and talk, via e-mail, text, or phone unless it is a serious crisis, or life-threatening emergency where there is imminent danger to self or others. If you are threat to yourself or another when I am awake, please call 911 immediately. I asked the clients respect my time away and unless there's a critical emergency, they wait until the next session to discuss. For emergency situations I will respond to the client within 24 hours of the receipt of the e-mail, call or text. For nonemergency clients, I will respond the first business day upon returning back to my office.

Your signature indicates your agreement with my boundaries around client contact during my time away: \_\_\_\_\_

#### **HOLIDAY, WEEKEND, AND EVENING CONTACT POLICY:**

I will make every effort to return the call, email or text message of a non-emergency client message within 24 hours during my work week. If this call, text or email arrives during a holiday, weekend or evening, I will return the non-emergency client contact during the first working day following the holiday, weekend or evening. For emergency only clients (emergency constitutes

imminent danger to self or others) I will make every effort to return the call, text or email within 24 hours and ask that if the client is facing a life threatening emergency that they call 911 immediately. There will be a regular session fee or partial session fee for emergency phone calls and sessions that are in excess of 5 minutes, or more than 1 time per month.

#### **DUAL RELATIONSHIPS POLICY:**

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a business venture, ask you for personal favors, start a social relationship with you, etc. These examples are called, “dual relationships” and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship. On the rare occasion that I see a client outside of the office (when we may accidentally run into each other in public), I am highly discreet and will maintain your confidentiality. I will do my best to follow your lead, and thus it is your choice to acknowledge the encounter and me as your therapist or not. If you do not choose to acknowledge the encounter, I will respect this and will follow your lead. In addition, I will never acknowledge working therapeutically with anyone without his/her written permission.

#### **INTERNET PROFESSIONAL AND/OR SOCIAL NETWORKING POLICY:**

On occasion a client will send me an on-line invitation or “friend” request through Linked In. This is a gray area. Unfortunately, this could potentially risk the client’s confidentiality. As such I choose not to accept these requests from clients.

#### **PHYSICAL CONTACT POLICY:**

Sexual contact is never acceptable in the therapeutic relationship. Romantic or sexual talk, or sexual innuendos and sexual jokes are also unacceptable in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to me, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship. Hugging is an expression of affection, a greeting or a good bye within many cultures. However, in some cases hugging can be misconstrued as sexual, and can be triggering for some clients, or may interfere with the therapy relationship. Occasionally a client may spontaneously hug me while they exit my office, or may ask for a hug after a particularly difficult or emotional session, or may feel quite comfortable with a hug at the end of sessions or when ending therapy. Some clients are huggers, some are not, and so it is important for me to understand your stance and to maintain appropriate professional boundaries. If I believe after we discuss

the request that a non-sexual brief hug is appropriate and supports your therapy, I will allow for this on occasion. Please understand, if I choose not to hug you, it is not an expression of judgment, dislike or dismissal, rather it would be denied in the best interest of your clinical care based on a therapeutic decision.

### FRIENDS, FAMILY, CO-WORKERS REFERRALS POLICY:

The greatest compliments a therapist can receive are referrals from current or former clients. There are times when clients wish to introduce me as their therapist so they can recommend me as a referral, which is ethical and acceptable. Please understand that your confidentiality is extremely important to me. If another client that I see referred you to me, or if you refer a friend, co-worker or family member to me, legally and ethically I am not able to acknowledge that other person's attendance to you if they should begin seeing me in therapy or if they are currently in therapy with me. If you choose to share that I am your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with me. Please be assured that I will not acknowledge you as my client to anyone outside of Basic Black CCC without your written consent. Occasionally I may discover through something you share in a session that I have seen/are seeing someone that you know in therapy, if this is the case, I must maintain that person's confidentiality and will hold this information just as I would uphold your confidentiality. On occasion a client may say, "My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her." This is an example of my standard response which is stated in a kind tone: "I appreciate any referrals that clients make, however, I cannot reveal whom I see in therapy, and thus I cannot remark on whom I see clinically at this time." Because this may sound rather official to clients, and because I will not acknowledge whom I see in therapy, including you, I thank my clients here on this page one time in advance for any referrals they may make:

Thank you for the referral; I am privileged and honored to be able to walk with you on your journey.

\*Please understand that Organizational/Leadership Development referrals are different dynamics than a therapeutic relationship.

### CONSENT TO TREATMENT

Basic Black & Associates, LLC Coaching | Counseling | Consulting  
[Jude@basicblackccc.com](mailto:Jude@basicblackccc.com)  
[www.basicblackccc.com](http://www.basicblackccc.com)

By signing below, you indicate that you have read and understand:

- I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.
- I understand that I am financially responsible for charges and fees incurred.
- I understand limits of confidentiality and mandated reporting by my therapist.
- I agree to respect the boundaries of contact between sessions and understand email is not an appropriate form of processing what is best discussed in session unless I am engaged in the virtual journal sessions.
- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.
- I authorize Judith (Jude) Black MS, PhDc, LPC, NCC doing business as Basic Black & Associates to provide psychotherapeutic services, life coaching services, consultation services to me, the client signing below:

\*I have read, understood and agreed to the policies stated above and hereby give my consent to participate in online psychotherapy, coaching, or consulting with Judith Black MS, PhDc, LPC, NCC.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date of Consent: \_\_\_\_\_

Emergency Contact: (Name): \_\_\_\_\_

Emergency Contact: (Number): \_\_\_\_\_

Therapist Signature & Date: \_\_\_\_\_

If our sessions are scheduled online scan and email or mail this form with your signature.

EMAIL: Basicblackccc@gmail.com or MAIL: 13624 Newtonmore Place, Bristow, VA 20136