



Suzanne Burton, LPC, NCC
Licensed Professional Counselor

3350 Americana Terrace, Ste #215
Boise, ID 83706 342-7030

Counseling Guidelines, Rights and Responsibilities

My goal as a counselor is to provide a caring, confidential setting where clients feel safe to explore their lives, make positive changes, and develop effective coping skills. I offer a comforting presence, and a wealth of human experience, expertise and training. I am a private practitioner doing business as Synchronicity Counseling and therefore maintain sole responsibility and liability for my practice.

Counseling Process:

Sessions are typically 50 minutes in length. Frequency of sessions varies depending upon your presenting issues and preferences, and will be established during our initial consultations. **Our counseling relationship may be terminated by either of us at any time.** My primary purpose is to help you effectively address challenges that impact your ability to achieve positive, long-lasting change. I view counseling as a collaborative process. Together we will work toward a greater understanding of how your thoughts, feelings, and behaviors interact and help you use this knowledge to make lasting changes.

Client Rights And Responsibilities:

- You have the right to be informed of the counselor's licensing status and clinical experience, including the limitations and restrictions of services.
- You have the right to be informed of the purpose, goals, techniques, procedures, limitations, potential risks, and benefits to counseling.
- You have the right to terminate counseling at any time and to request to be seen by another counselor if you are dissatisfied.
- You have the right to ask questions about techniques and strategies used during counseling, to refuse any services and to understand the implications of refusal.
- You have the right to actively participate in the development of a plan for self-improvement.
- You have the right to expect fair and equal treatment in all circumstances.
- Counseling records remain the property of Suzanne Burton, M.Coun., LPC, NCC, however, you retain the right to the information contained within your records. If information from your record needs to be transferred to a third party, a release of information must be signed and submitted. If engaged in couples counseling, authorization must be signed and submitted by both parties before information will be released.

Benefits of Counseling:

Benefits of counseling may include: an improved ability to relate to others; a clearer understanding of self, your values and/or goals; increased productivity; and an ability to cope with everyday stress. There are no guarantees that counseling goals will be achieved.

Risks of Counseling

While benefits are expected from the counseling process, there may be periods of increased anxiety or confusion, which may affect significant relationships, your job and your understanding of self. Sometimes, instead of turning us away from our suffering, healing requires an exploration into the depth of the wounds that fuel our beliefs, feelings, and behaviors. It is impossible to predict the extent to which you experience these changes. We will work together to maximize the benefits of the counseling process.

Confidentiality

Staff consultation is an important aspect of serving my clients' needs. I may consult with my colleagues to ensure you are receiving the best possible care. I will give no identifying information about you, unless you have given written consent. Otherwise, information about you that is obtained during a counseling session will not be revealed to anyone outside of Synchronicity Counseling without your consent, except in the following situations where disclosure is required by law:

- 1) Where there is a reasonable suspicion, or report, of abuse to children or vulnerable adults;
- 2) Where you present a serious danger to yourself or others;
- 3) If a judge through a court order requires me to do so; and/or
- 4) In the case of law enforcement emergency or a national security issue as determined by the government.

Contacting Me

If you need to reach me between sessions, you may leave a message on my confidential voice mail (208-861-7124) and your call will be returned as soon as possible. Please be aware that I may not be immediately available by telephone as I am often in session with clients. I check my voicemail for the last time at 8:00 pm and may return some calls on the next business day. If you are in need of immediate care, please go to an emergency room or call 911 emergency services instead of waiting for a return call. I do communicate by email, and make every effort to keep emails confidential, however please be sensitive to what information you disclose via email because I do not use encrypted email. As technology is evolving, so are privacy practices. I have had requests from clients to utilize texting which I am happy to do for scheduling only. If you are running late, need to reschedule, or need to make an appointment you may text me and I will respond as soon as I am able. As with email, please do not use texting to share personal issues because text messages are not encrypted.

Social Media & Internet Policy: I utilize several social media websites for professional and personal purposes. Please be aware that if you choose to post comments on these websites, I cannot be responsible for or guarantee your confidentiality. Because it may represent a conflict of the personal professional relationship I do not accept friend requests from clients on my personal or professional social media sites.

Counselor Credentials

I obtained my bachelor's degree in English from Idaho State University in 1987 and my Master's Degree in Mental Health Counseling from Idaho State University in 2013. I am a Licensed Professional Counselor within the State of Idaho and a National Certified Counselor with NBCC. My primary theoretical orientation in therapy is Adlerian (Individual Psychology). I have received additional education and training in specialized therapy modalities including EMDR level 1&2 for trauma, and treatment of adult survivors of childhood abuse. I provided counseling services for incarcerated women at the South Boise Women's Correctional Center and counseled students at the Boise State University Counseling Center. I am a former board member of the Suicide Prevention Action Network (SPAN-Idaho).

Costs

The fee for individual counseling is \$85 and for couples counseling is \$95. These rates are for typical 50 minute sessions. Sessions that are scheduled for 80 minutes will be charged \$120 for individual and \$130 for couples. Sessions scheduled for longer than 80 minutes will incur further additional fees. The fee for an initial diagnostic interview is \$130.

Any additional treatment documentation requested by client beyond what is required for insurance billing will result in additional charges based on an hourly fee of \$85. I am currently seeking to become a credentialed provider for most insurance agencies. Any session fees declined coverage by an insurance company are the full financial responsibility of the client. In the case of a returned check for insufficient funds, a \$20 fee will be assessed to cover bank processing fees. I may choose to utilize a third party collection agency if you default on the terms of the payment option and fail to pay the full balance due.

Cancellation Policy

If you must cancel or change your scheduled appointment, please call at least 24 hours in advance to allow me to reschedule another client who needs my services.

Appointments not cancelled or rescheduled within this time limit will result in a charge of \$45 for that missed session.

Compliance With Idaho Code 54-3410a

INFORMATION DISCLOSURE TO CLIENTS. Persons licensed under this chapter shall provide clients at the beginning of treatment with accurate disclosure information concerning their practice, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality, and the extent of confidentiality. The disclosure information provided by the counselor, the

receipt of which shall be acknowledged in writing by the counselor and client, shall include any relevant education and training, the therapeutic orientation of the practice, modalities or treatment utilized, and all financial requirements. The disclosure information shall include a statement that licensure of an individual under this chapter does not imply endorsement by the licensing board nor effectiveness of treatment.

By signing below you agree that you have read this document, you have been given an opportunity to ask whatever questions you deem necessary, you have received a copy of the Privacy Notice, you agree to the terms of service, and wish to begin treatment.

Client Date

Parent/Guardian Date
(if client is minor parent/guardian signature required)

Suzanne Burton, M Coun., LPC, NCC (Counselor) Date

A copy of this form is available to keep for your personal records:

Yes, I would like to receive a copy No, I do not want a copy at this time