

# ANCHOR OF HOPE

## WELCOME & INTRODUCTION

I am so glad you have chosen me as your therapist, and I am excited to begin this journey with you! Thank you for choosing Anchor of Hope Counseling. Below is information about myself and my practice here at Anchor of Hope and information about HIPAA (Health Insurance Portability and Accountability Act). If you have any questions, please feel free to ask. I am an open and honest person who wants you to feel safe and comfortable as you work toward healing and flourishing in your life.

## EDUCATION & EXPERIENCE

I received my Bachelor of Science in Nursing from Hope College in Holland, MI. I worked as a hospice nurse case manager for a decade providing end-of-life care in both Florida & Michigan. I then received a master's degree in social work from the University of Michigan. The focus of my study was on interpersonal practice in integrated health, mental health, and substance abuse. During this time, I completed my clinical internship at Positive Options in Holland, MI where I provided options counseling and resource navigation to those facing a pregnancy decision.

## COUNSELING/PSYCHOTHERAPY PROCESS

Most sessions will last approximately 50 minutes. I usually meet with clients weekly or bi-weekly, depending on their specific goals and needs. Regarding the length of therapy, we will discuss this plan initially in our beginning sessions. This will depend on the acuity of presenting concerns. Just as each person is a unique individual, the therapeutic process is also a unique journey. I will honor your process. We will review your progress regularly to ensure that your goals of care are being met. You have the right to terminate therapy at any time. I request that if you decide to end therapy that you communicate this with me, as communication is key to any healthy working relationship.

## CONFIDENTIALITY

Confidentiality is your right to have your information kept secure and private by others. Everything discussed in session is kept confidential unless you give me permission to release records or discuss your treatment with another party. Records are stored in HIPAA compliant online databases or in locked filing cabinets. Most records are destroyed after 7 years. There are only three reasons I would have to share your information without your written permission: 1) if you have intentions to harm yourself or others, 2) if there is reason to believe a minor, elderly, or disabled person is, or has been in danger or physical, sexual, or emotional abuse or neglect or 3) upon a legitimate subpoena by a state or federal court, or any other provision covered under Michigan law. In all cases I will make a good faith effort to contact you if information must be released.

## RELATIONSHIPS OUTSIDE OF THERAPY

If I see you in public I will smile and say “hi” just like I would to anyone I do not know. If you come up to me and acknowledge you know me, then I will acknowledge I know you. You oversee your confidentiality in this case.

## FEES

Standard fees when billing insurance for my services are \$250 for your first session and \$200 for each session following. I do offer a self-pay discount of \$100 per session. Payment is due at the time of service. I value the time we spend together, and do not wish to take up time discussing payment each week; therefore, your credit or debit card is charged automatically for the services you receive. If you are using insurance for payment, it is standard procedure to charge the copay or co-insurance on the day service is rendered. In addition to weekly appointments, phone calls longer than fifteen minutes as well as other professional or administrative services will be charged at a rate of \$25/fifteen minutes of time. Please note that I currently bill visits through Hope & Wholeness Psychology Center, LLC.

## PUNCTUALITY AND ATTENDANCE

When you make an appointment, I reserve that time for you. It is your responsibility to keep the appointment and apply yourself wholeheartedly to benefit from each session. Frequent cancellations will obstruct your progress in treatment and may result in the discontinuance of treatment.

If you are late to an appointment, you will still be charged for the full scheduled appointment. If you miss an appointment or cancel less than **24 hours in advance**, you will be charged for the full session fee which is **NOT insurance billable**. This is not a penalty, but rather your payment for the time that was reserved for you. It is your responsibility to contact the office and reschedule cancelled appointments.

## CONSULTATION & SUPERVISION

I want to make you aware that I am committed to providing the highest-quality services to my clients. Because of my commitment to providing this level of care, I may engage in consultation with other trained professionals regarding your case. This will primarily occur in supervision as I am currently a limited license clinician. My supervisor is Susan Rood, LMSW. During these times of supervision and consultation, your name and other identifying information are not disclosed. Each client’s identity remains completely anonymous, and confidentiality is fully maintained.

## CONSENT FOR TELE-THERAPY

There are times that tele-therapy (online, video-chat therapy sessions) is utilized in my practice. In cases of inclement weather, my physical absence from the area, or when clients are unable to acquire transportation, tele-therapy is an option. Tele-therapy services are rendered through your therapy notes portal. This portal provides a HIPAA compliant, secure video chat. In tele-counseling, there is still an increased risk to confidentiality when using telepsychology. When utilizing tele-therapy services, sessions could be overheard by a hacker on the internet or by a person close to you. I will always be in a secluded location by myself, and I recommend you do the same. There is also the risk of a plethora of technological difficulties. I apologize in advance for any technological difficulties

that will occur sometimes. I do everything in my power to decrease the chances of technological difficulties by having a high speed, reliable internet connection and testing my system before each session. By signing below, you indicate you understand all the above-mentioned information, including the increased risk to confidentiality when utilizing telepsychology.

### LEGAL POLICY

My first obligation is always to you as my client and serving your best interest. In times when there is court involvement my role as your therapist is not to make recommendations which include but are not limited to custody arrangements. I will not engage in court-related work. By signing this document, you agree to not subpoena me for testimony or for disclosure of treatment information..

### CONSENT FOR TREATMENT

I have read and understood the above information and been given an opportunity to ask questions. I understand I have the right to withdraw from treatment at any time. I understand I have the right to ask about any intervention used during my treatment. I give my willing consent to be treated by Amanda G. Lantz, LLMSW.

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

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Amanda G. Lantz, LLMSW**  
**Limited License Social Worker**