

Christine Ubben, M.A.
Licensed Professional Counselor
Licensed Associate Marriage & Family Therapist

Office:
14051 Burnhaven Drive, Suite 105
Burnsville, MN 55337-4400

Phone: 952-288-4091
Fax: 952-513-4813
Website: www.ubbencounseling.com
E-mail: christine@ubbencounseling.com

New Client Introductory Information (General Informed Consent)

This New Client Introductory Information brochure offers information to common questions by clients as they begin counseling. Please review this information carefully, and we will discuss it in our first session.

Counseling Approach

I enjoy a collaborative approach to counseling whereby we work together to create new solutions to the problems you are experiencing. After the first or second session, together we will create a treatment plan, such as the problems you want to address, your desired goals/outcome, the methods I will use, and an anticipated amount of time for counseling. Often I utilize solution-focused counseling whereby we reflect on the exceptions to the problems, such as exploring past situations when the problems were not occurring. Sometimes we explore the past, including patterns of behavior learned in your family of origin, as a key to understanding the ways in which you relate to others. Other times, we explore your environment and its direct and indirect influences on you, i.e. family, friends, work, school, church, extracurricular activities, and the community. Further, cognitive therapy is a core part of my work wherein we examine the thoughts that lie behind your emotions and behavior. In these instances, it is helpful to create alternative thoughts that are more functional and satisfying. Additionally, I might challenge you at times to encourage self-awareness and often will assign simple tasks for you to complete in between sessions, which I find can be helpful in achieving your goals.

Change will sometimes be easy and quick while sometimes it will be slow and frustrating. Some clients see me once a week while others see me once every two weeks or less often, depending on their circumstances. There are a variety of factors that impact the duration of counseling services. These include the frequency of the counseling sessions, your investment of time and commitment to reaching your goals/outcome, your motivation to apply change in your daily living activities, and/or a need to approach counseling more slowly due to emotional challenges or scheduling conflicts. Overall, keep in mind that it is important to approach counseling at a pace that is comfortable to you.

A valuable element to the entire counseling process is the point of “termination,” which is the time in which counseling comes to an end. Ending therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree to meet for at least one session to review our work together. At the time of termination, we will review your goals, the work we have done, any future work that needs to be done, and any recommendations, which may include follow-up appointments or a referral to other health care professionals.

Risks and Benefits of Therapy

When making any treatment decisions, there are risks and benefits to consider. For example, in therapy, there is a risk that you will at times have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. You might recall unpleasant memories. These feelings or memories may bother you at work, at home, or in school. In addition, major life decisions are sometimes made, including decisions involving your relationships within families, development of other types of relationships, changing employment settings, and changing lifestyles. These decisions are a legitimate outcome of the therapy experience as a result of an individual’s calling into question many of their beliefs and values. As your counselor, I will be available to discuss any of your assumptions, problems, or possible negative side effects in our work together. Finally, even with our best efforts, there is a risk that counseling may not resolve the problems you are experiencing.

While you consider these risks, you should also know there are potential benefits to counseling. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In counseling, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Your relationships and coping skills may improve greatly. You may get more satisfaction out of social and family relationships. Your personal goals and values may become clearer. You may grow in many directions—as a person, in your close relationships, in your work or school, and in your ability to enjoy your life.

Consultations

If I believe that you could benefit from treatment that I cannot provide, I will refer you to other providers who can provide such treatment, e.g. mental health provider, medical provider. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, with your written authorization, I will coordinate my services with him/her. If you wish for another professional’s opinion at any time or wish to talk to another counselor, I will help you find a qualified person and will provide him or her with the information needed.

Additionally, as a fulfillment of my professional counseling licensure requirements, I am required to meet with a supervisor and peers for consultation. At times, I may orally present a client’s case for discussion of treatment options and/or modalities. During the

presentation, I will not disclose any information that will identify the client in any way. I will uphold your privacy and confidentiality during this consultation process.

What to Expect from Our Relationship

As a professional, I will use my best knowledge and skills to help you. This includes following the rules and standards of the Minnesota Board of Behavioral Health and Therapy and the American Counseling Association. In your best interests, these organizations establish limits on the counselor-client relationship, and I must abide by these limits. For instance, I am licensed and trained to practice professional counseling; thus, I cannot advise you on any other professional viewpoint, i.e. law, medicine, finance. Further, state laws and professional rules require me to maintain your privacy; thus, if I meet you on the street or socially, I may not say hello or talk to you at length. My behavior will not be a personal reaction to you, but instead, an effort to uphold your privacy and maintain the confidentiality of our counseling relationship. Also, in keeping with professional rules, I can only be your counselor; I cannot be your friend, business associate, purchaser of goods or the like. I also cannot be a counselor to family, friends, or social acquaintances. I can never have a sexual or romantic relationship with any client during or after the course of counseling, and I am not allowed to accept gifts.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you remain private. However, there are exceptions to your confidentiality. The following are common instances in which your confidentiality is **not** protected:

1. When I know or have reason to believe that a child is being neglected or physically or sexually abused or has been neglected or physically or sexually abused within the preceding three years, then I am required to report the information to appropriate authorities.
2. When I have reason to believe that a vulnerable adult is being or has been maltreated, or have knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained, then I am required to report the information to appropriate authorities.
3. When a client discloses intentions or a plan to inflict harm on the client or another person, I am required to disclose information to law enforcement agencies, the potential victim, the family of the client, or appropriate third parties in a position to prevent or avert the harm.
5. If a woman is pregnant and has used a controlled substance for nonmedical purposes during her pregnancy or has consumed alcoholic beverages in any way that is habitual or excessive during her pregnancy, then I am required to report the information to appropriate authorities.
6. I may provide insurance companies and other third-party payers information that they request regarding services to clients. Information that may be

requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

7. Parents or legal guardians of non-emancipated minor clients have the right to access the minor clients' records.
8. If your records are subpoenaed by the court or as otherwise required or permitted by law, I am required to disclose the requested information.

My Background

The following is a brief summary of my education, training, and membership:

- Post-Graduate Certificate, Bethel Seminary, St. Paul, Minnesota, 2008. Major: Marriage and Family Therapy.
- M.A., Bethel University, St. Paul, Minnesota, 2007. Major: Counseling Psychology. Practicum training with The Storefront Group - Vision Program, Richfield, Minnesota: Individual and group counseling with elementary-aged children with emotional-behavioral concerns.
- B.S., Northwestern College, St. Paul, Minnesota, 2004. Major: Psychology with emphasis in Marriage and Family.
- Divorce Mediation, Erickson Mediation Institute, Minneapolis, Minnesota, 2007.
- Prepare/Enrich Assessment, Bethel Seminary, St. Paul, Minnesota, 2006.
- Associate Member American Association of Marriage and Family Therapy (AAMFT)
- Associate Member Minnesota Association for Marriage and Family Therapists (MAMFT)

I provide counseling services under the supervision of Ginny D'Angelo, MS, LMFT, LICSW and Roger Ballou, PhD, LMFT, LPCC in order to fulfill licensure requirements by the Minnesota Board of Behavioral Health and Therapy and the Minnesota Board of Marriage and Family Therapy.

Fees, Payments, and Billing

My current fees are as follows:

- *Regular Counseling Services:* My counseling fee is \$90 per 50-minute session; payment is collected at the end of each session.
- *Extended Sessions:* Sometimes it is necessary to go longer than a scheduled 50-minute session in order to intervene with a particular problem or crisis. When the session is extended more than 10 minutes, a pro-rated charge will apply.
- *Telephone Consultations:* If it is necessary to conduct telephone conferences with other professionals as part of your treatment, I will bill you for calls longer than 10 minutes on a prorated basis at the rate of my regular counseling services.
- *Other Services:* Charges for other services, such as meetings with other professionals as part of your treatment, will be based on the time involved in

providing the service at the rate of my regular counseling services. Some services may require payment in advance.

- *Reports:* Charges for reports to other professionals will be based on the time involved in preparing the report at the rate of my regular counseling services.
- *Appointment Cancellation:* If you need to cancel or reschedule an appointment, please provide a minimum of 24-hours' notice so I can utilize that time for another client. If you miss your appointment without notice, you will be billed half the hourly fee. This does not apply to illness or emergency situations.
- *Payment:* Payment is made in full at the end of each counseling session.
- *Billing Insurance:* I am not an in-network provider for insurance companies, though I may be considered as an out-of-network provider, depending on your insurance provider. Therefore, at the end of each counseling session, I will provide you with a billing receipt for you to forward to your insurance provider. Some clients, on the other hand, choose to not utilize their health insurance for counseling services.

If you have any concerns regarding my fees, payment of services, insurance, or any other related matters, please let me know. I will do my best to work with your concerns.

If You Need to Contact Me

You may contact me during regular business hours at 952-288-4091. If I am unable to take your call, please leave a message and I will return your call as soon as I can. If you have an emergency or crisis, please call 911 to ensure you receive immediate attention. Additional 24-hour crisis resources: Dakota County Crisis Response Unit: 952-891-7171 and Crisis Connection: 612-379-6363 (for all counties in MN).

If I Need to Contact Someone about You

If I become concerned about your personal safety during our work together, I am required by law and by the rules of my profession to contact appropriate authorities. I will further contact the person designated as your emergency contact on the Client Information form.

Our Agreement

I, the client/parent/guardian, understand I have a right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any rights. I understand I can choose to discuss my concerns with you, the counselor, before formal therapy begins. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me about the results of treatment, the effectiveness of the procedures used by the counselor, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into counseling with Christine Ubben, MA, LPC, LAMFT and to cooperate fully and to the best of my ability.