

**Informed Consent to Treatment**  
**Tatum Miller Counseling**

In accordance with Section 54-3410A, Idaho Code (Rule 525) please find here a full and reasonable disclosure of information about my practice and business policies so you may be informed and get any question answered prior to the start of treatment.

Tatum Miller, LCPC, ATR-BC, SEP  
212 N. 1st Ave. Ste 201 Sandpoint, ID 83864  
Phone: 208-304-4123 Fax: 208-597-7077 email: miller.tatum@gmail.com  
web: [www.sandpointcounseling.com](http://www.sandpointcounseling.com)

**Licensing and Certifications:**

Licensed Clinical Professional Counselor, Idaho LCPC #3942 ([ibol.idaho.gov](http://ibol.idaho.gov)); Registered, Board Certified Art Therapist (ATBC); National Certified Counselor (NBCC); Somatic Experiencing Practitioner (SETI)

**Licensing Board Information:**

Idaho Bureau of Occupational Licenses: [idol.idaho.gov](http://idol.idaho.gov)  
Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists: 700 W. State St. Boise, ID 83702; 208-334-3233; [cou@ibol.idaho.gov](mailto:cou@ibol.idaho.gov)

**Education and Training:**

Master of Art in Art Therapy: The School of the Art Institute of Chicago  
Master of Science: Lesley University  
Bachelor of Science & Bachelor of Fine Art: Kansas State University  
Touch Skills Training for Psychotherapists, Somatic Resilience and Regulation  
Neuro Sequential Model of Therapeutics

**Theoretical Orientation:**

I have been in practice for 19 years working in individual, group, family, and couples counseling in community, residential, and private practice settings. I am trained in art therapy and offer expressive and experiential interventions. Over the past 6 years I have been completing ongoing training focused on somatic and relational approaches. I have extensive experience working with complex trauma and have been trained in EMDR, psychotherapeutic touch, and Somatic Experiencing. In addition, I am skilled in Cognitive Behavioral Therapy and Solution Focused modalities. Within our work, we will tailor interventions to fit your needs and interest.

**Therapeutic relationship:** The nature of the therapeutic relationship is professional. It is important to understand that living in a small community may create situations in which we see one another outside of the office setting. We will discuss how you would like these situations to be handled. However, please understand that I will not discuss treatment outside of the office setting. I will avoid dual relationships as outlined by my professional ethical code. Some treatment interventions include the option of psychotherapeutic touch. This touch is professional in nature and will never be sexual in nature. Sexual intimacy is not appropriate and should be reported to the board. It is not appropriate for a therapist to have intimate relationships with current or past clients, nor members of client's families.

#### Fee structure and insurance:

I charge \$200.00 for an initial evaluation, \$100.00 for a 45-50 minute therapy session, \$80.00 for a 30 minute session, \$120.00 for a 60 minute session, and \$150 for family therapy.

Fees are due at the time of session. I accept cash, check, and credit card via PayPal.

I do accept many insurances and EAP benefits. It is your responsibility to know the benefits and limits within your insurance coverage. It is your responsibility to pay any deductible, co-insurance, or co-pay. Most insurance companies do not cover couples or marriage counseling. Again, please check with your insurance company. I will submit billing to your insurance company on your behalf. I will notify you of any outstanding balances via monthly invoices. It is your responsibility to pay these in a timely manner. I do charge a \$25 late fee if payment is not received within 30 days of the invoice.

It is your responsibility to attend your scheduled appointments or to notify me of any need to cancel or reschedule at least 24 hours prior to your scheduled appointment. I do charge a \$30.00 no show or late cancellation fee

#### Client Rights:

You have the right to:

- Personal and informational privacy
- Obtain complete and current information regarding your diagnosis, treatment, and prognosis
- Your choice of available treatment providers, including the right to seek a second opinion
- Informed participation in decisions involving your treatment
- Know the reason for any transfer or referral of care
- Consultation of another professional at your expense
- Refuse treatment to the extent permitted by law
- Request a copy of your treatment record at a cost of \$0.10 per copy
- To express written grievances to your therapist or insurance provider, voice complaints without retaliation, or to appeal a decision related to your treatment

#### Client Responsibilities:

Failure to comply with the following may result in termination of services

- Provision of information- you have the responsibility to provide, to the best of your knowledge, complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to your provider. You are responsible for making it known whether you clearly understand your course of treatment and what is expected of you.
- Refrain from use of illegal substances
- Refrain from threatening staff
- Inform Tatum Miller Counseling immediately related to any changes in insurance benefits or payment needs.
- If you fail to follow reasonable treatment recommendations, Tatum Miller Counseling reserves the right to refer you to another provider with 30 days notice.

Duty To Warn/ Limits of Confidentiality- Although confidentiality and privileged communication remain rights of all clients of the office, according to state law and ethical standards, counselors are required to report intended harm to the police and intended victim, including if the intended harm is to the client them self by notifying emergency services and/ or support persons. Other limitations to confidentiality include suspected past or present child/elder/disabled person abuse or neglect which must be reported to CPS and/or the police department. In appropriate cases all

efforts will be made to discuss the report of abuse/ neglect with the client unless there is fear of further harm coming to a vulnerable person. Sexual contact between a minor child and another person 5 or more years older than them will also be reported to the police, parents, and IDHW as indicated.

Benefits/ Risks

I, the undersigned, am aware there are a number of providers of mental health services in the area and give my authorization and consent to receive outpatient diagnostic and treatment services from Tatum Miller, LCPC, ATR-BC, SEP. I can, at any time, request a list of other service providers in the area. I am freely choosing to enter treatment and understand that I may discontinue treatment at any time. I, the undersigned, am aware there are risks and benefits associated with mental health treatment. There can be some emotional or physical distress associated with talking about and somatically experiencing difficult subjects or content. I understand that there is no guarantee of any particular outcome and agree to discuss any expectations or adverse effects of treatment with my provider. I have read the proceeding information and I understand my rights, responsibilities, the cancellation policy, and the mental health professional's duty to warn.

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

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