Sarah C. Benoit, LCMHC, LMHC, PLLC
468 Route 13 South
Milford, New Hampshire 03055
603-672-4497

INFORMATION FOR CLIENTS

Mission:

- My personal mission, should you choose to work with me, is to provide individualized, valuable mental health care in a timely and competent manner. With your collaboration, my goal is to assist you in enhancing the overall quality of your life and to provide you with tools, resources and techniques to promote continued personal growth.

Qualifications:

- New Hampshire Licensed Clinical Mental Health Counselor, #634
- Massachusetts Licensed Mental Health Counselor, #6091
- Advanced Education: Fitchburg State College, Master of Science Mental Health Counseling
- Use of Evidence Based Practices such as EMDR (Eye Movement Desensitization and Reprocessing) and TF-CBT (Trauma Focused Cognitive Behavioral Therapy)
- Extensive work with adolescent populations, individuals and families with trauma history (including sexual, physical and emotional trauma)
- In-patient and out-patient individual, family and group counseling

It is important to note that my role is that of a mental health therapist. I am **not** trained as a court evaluator. Therefore, I will **not** be able to assist and any court ordered evaluations.

Professional Ethics:

- I comply with professional boundaries and ethics in my practice as outlined by the State of New Hampshire Board of Mental Health, The Commonwealth of Massachusetts Board of Allied Mental Health and the American Mental Health Counselors Association.

Recommended Treatment:

- At the beginning of the therapeutic relationship, and throughout your treatment as appropriate, I will discuss my recommendations for treatment. You are encouraged at all times to ask whatever questions you may have about the recommended treatment.

Confidentiality:

- Any discussions between counselor and client, even if you are under the age of 18 is confidential and cannot be disclosed without the client's permission except under specific and limited circumstances. They are the following:

  - I am a mandated reporter. Therefore, I am required to report my suspicion of child abuse, child neglect or hazing to the New Hampshire Division of Human Services. If you are a Massachusetts resident, and I suspect child abuse or neglect I am mandated to report to the Commonwealth of Massachusetts Department of Children and Families. I will also report the abuse of elderly adults, people with physical handicaps and/or individuals with special needs.

  - If you threaten to harm a person, animal, or someone's property I will warn the person/caretaker and notify the proper authorities.

  - If you threaten to harm yourself I will work with you to make safe choices. (See availability and emergency coverage.) Safety is non-negotiable. Involuntary hospitalization will be pursued if your courage to live evades you.

Limits of Availability and Emergency Coverage:

- All messages will be returned as soon as possible during regular working hours, Monday through Friday. You will be advised when I am not available for phone contact and when I will be resuming my normal work schedule.
- URGENT messages will be returned that same day. Please identify the nature of your call as urgent.
- In case of an EMERGENCY, please try to contact me at my office, 603-672-4497. If I am unavailable, please leave a message and immediately contact one of the following resources:
  - ACCESS, Southern New Hampshire Regional Medical Center
    Located in Nashua, NH, 1-800-987-6562
    24 hour mental health services

  - Community Council of Nashua
    Located in Nashua, NH, 1-800-762-8191
    1-800-287-6147 or 603-889-6147

  - Go to your local Emergency Room or Dial 9-1-1

Client's Rights and Responsibilities:

Your Rights as a Consumer

- Be informed of the qualifications of your counselor: education, experience and professional counseling certifications and licenses.
- Receive an explanation of services offered, time commitments, fee scales and billing policies prior to receipt of services.
- Be informed of the limitations of the counselor's practice to special areas of expertise or age groups.
- Have all that you say treated confidentially and be informed of any laws placing limits on confidentiality in the counseling relationship. These limits include violence to self,

others, property to the victim(s) or to notify authorities of such threat or obtain civil commitment; child/incapacitated adult abuse and/or neglect.

- ❖ Ask questions about the counseling techniques and strategies and be informed of your progress, nature of assessments, access to assessment results, and mental health diagnosis.
- ❖ Participate in goal setting and progress evaluation toward meeting goals.
- ❖ Be informed of how to contact the counselor in an emergency situation and/or provisions for emergency coverage.
- ❖ Request referral for a second opinion at any time.
- ❖ Request copies of records and reports to be used by other counseling professionals and be informed that upon death or disability of counselor these records are managed by the counselor's clinical supervisor.
- ❖ Receive a copy of the Code of Ethics to which your counselor adheres: including the illegality of sexual contact and other boundary violations between a current client or former client and counselor.
- ❖ Terminate the relationship at any time.

Your Responsibilities as a Client

- ❖ Set and keep appointments with your counselor. Let therapist know, with at least 24 hours advance notice if you cannot keep an appointment.
- ❖ Pay your fees in accordance with the agreement you pre-established with the counselor.
- ❖ Help plan your goals and follow through with agreed upon goals.
- ❖ Keep your counselor informed of your progress toward meeting your goals.
- ❖ Terminate your counseling relationship before entering into arrangements with another counselor.

If You are Dissatisfied with the Services of a Counselor

It is important to remember that a counselor who meets the needs of one person may not meet the needs of another. If you not satisfied with the services of your counselor"

- ❖ Express your concerns directly to the counselor, if possible.
- ❖ Seek the advice of the counselor's supervisor if the counselor is practicing in a setting where he/she receives direct supervision.
- ❖ Terminate the counseling relationship if the situation remains unresolved.
- ❖ Contact the appropriate state licensing board, national certification organization, or professional association if you believe the counselor's conduct to be unethical.

Fee Schedule:

Fees will be adjusted based on mental health insurance contracts.

- ❖ Individual/ Couples/Family Therapy 45 minute session $150.00

- ❖ 1.5% interest surcharge, compounded monthly on balances past due of 30 days or more.

Payment/Cancellation Policy:

- Total payment is required at time of service.
- In the case of a returned check, you will be expected to pay the bank fee and future payments will be expected in cash only.
- Full fee is charged for all no-show appointments. If you must cancel an appointment, please do it with 24 hour notice. If an appointment is cancelled late, the full fee will be charged. You may call 603-672-4497 at any time to cancel an appointment. Please leave a message.
- In the event that you carry a past due payment amount beyond a 30 day period, a surcharge of 1.5% interest will be compounded monthly on the outstanding balance.
- Preparation of paperwork for the client for matters such as Short Term Disability, Family Medical Leave Act, Individual Education Plans, Letters of Support, etc. will be billed in increments of 15 minutes at a rate of $43.25.
- If this Clinician is requested and able to travel for requested services, client will be billed at the rates noted in the above Fee Schedule.

Office Hours:

- Office hours are by appointment only.

AGREEMENT:

- I understand that I can leave therapy at any time and that I have no moral, legal or financial obligation to complete the maximum number of sessions listed in this contract. I am contracting to only pay for completed therapy sessions.
- I understand that the shared information will be for insurance and billing purposes only.
- I have read and understand the client's Rights and Responsibilities included in this document.

_____	_____
Client	Sarah C. Benoit, LCMHC, PLLC
_____	_____
Date	Date