

Akua K. Boateng, LPC

Licensed Professional Counselor

1226 S. Broad St., 1st Floor
Philadelphia, PA 19148
Phone: 267.223.9045
E-Mail: akuakboateng@gmail.com
Web: akuakboateng.com

INFORMATION FOR CLIENTS

Welcome to my private practice. I am honored to join with you in this journey.

This form will hopefully answer some of the questions you might ask about my therapy practice. It is important to me that you know how we will work together. Please read it carefully and make note of any questions you might have so that we can discuss them during our meeting. When you sign this document, it will represent an agreement between us. You are free to do that after you read it and I have answered any questions you might have.

ABOUT PSYCHOTHERAPY

Psychotherapy can be seen as making space to explore and assess how we are coping with life's challenges. I approach the therapeutic journey in a collaborative way to examine the patterns that people develop in order to cope with personal obstacles they have faced or are still facing. I utilize an integrative approach to psychotherapy. I will ask you to come to sessions once a week (or more/less depending on many factors) and to talk as openly as you are able about problems and difficulties that are affecting you at the time of our sessions; or, if there are no particular problems pressing you at that time, to talk openly about what is on your mind. This may include thoughts and memories and perceptions, dreams and feelings, and questions. It may even include your hopes and frustration about me and our work together at times. The more openly you talk about yourself, the more you try to communicate fully what is on your mind to the limits of your own awareness, the better. Thus, the important issues tend to emerge naturally even when what comes to mind seems trivial. I will listen and try to help you see patterns in what you are presenting and draw your awareness to areas you may not see, making space for all the complexity that you are. As we both gain insights about how your experiences have affected how you see the world and how they have influenced your choices in life, we will develop change strategies to allow you new opportunities of growth and fulfillment.

Therapy may sometimes involve discussing unpleasant aspects of your life; you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. This is a normal part of the progression of therapy and to be expected. Therapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. Psychotherapy, however, is not like a medical doctor, so I will not use physical interventions such as medications. If the need arises, I also will work closely with your prescribing physician regarding any medications needed.

SESSIONS

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and we will form a plan to follow. You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should feel at ease about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise.

During this time, we will discuss the goals you have and our session amount will reflect your need. Some people will decide to work on a specific issue briefly, 10-12 sessions, or, as few as 3 sessions. Others may decide to work for longer periods of time to pursue more profound growth and change. If psychotherapy has begun, I will usually schedule one 45-minute session (one appointment hour of 45 minutes duration) per week at a time we agree on, although some sessions may be longer or more frequent.

The process of ending therapy, called "termination", can be a very valuable part of our work. Stopping 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 now to meet then for at least 2-3 sessions to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our choices. If you would like to take a "vacation" from therapy to try it on your own, we should discuss this. We can often make such a "vacation" more helpful.

Office: 1226 S. Broad Street, 1st Floor, Philadelphia PA 19146 (T) 267-223-9045 (E)
akuakboateng@gmail.com. (W) www.akuakboateng.com

Akua K. Boateng, LPC

Licensed Professional Counselor

1226 S. Broad St., 1st Floor
Philadelphia, PA 19148
Phone: 267.223.9045
E-Mail: akuakboateng@gmail.com
Web: akuakboateng.com

ABOUT YOUR THERAPIST

I am a licensed professional counselor in the state of Pennsylvania. Currently, I am completing a Ph.D. in Marriage and Family Therapy from Eastern University. I hold a Masters in Clinical Psychology from Alabama A&M University as well as a Bachelor's in Biology (Pre-Med) from Oakwood University. Circle Counseling is a network of independent therapists and they are not affiliated with one another in any formal way.

My interests are working with people that have encountered personal obstacles find new, more fulfilling ways of being in the world. I have a passion for coming along side individuals who desire change and seek more in life yet are unsettled by anxiety, lack of spiritual clarity and identity concerns. I believe the collaborative process of therapy creates space for profound growth and discovery. We learn the power held within our scars. Although, I am psychodynamic and systemically -trained clinician, I draw from Narrative, Bowenian, Emotionally-Focused and Cognitive-Behavioral modalities as well. I am capable of integrating spirituality into the work, as the client desires.

CONTACTING ME AND ONLINE COMMUNICATION

I am often not immediately available by telephone and I probably will not answer the phone when I am with a client or outside of regular business hours. When I am unavailable, you may leave me a message on my voice mail, which I monitor frequently. I will make every effort to return your call within 24-48 hours, with the exception of weekends and holidays, unless you specify that it's an emergency. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

If needed, you can communicate with me by email. It is important to note that while all means of ensuring your privacy will be taken, email communication is not considered fully confidential. Emails are to be used for brief communication and for matters such as rescheduling appointments. They are not to be used in place of therapy. Email communications will not be shared with any party except the client, or their legal guardian, without written permission. Please see the [Electronic and Social Media Policy](#) regarding other forms of electronic communication.

EMERGENCIES

I am not available 24 hours a day. I do have voicemail and check my messages often Monday through Friday in order to call clients back to address their concerns and needs; however, in the case of an emergency you will need to call 911 or your local emergency mental health hotline and go to your local emergency room. We can discuss an emergency plan specific to your home location if you feel more comfortable receiving my help determining whom to call.

ABOUT CANCELLATIONS, NO-SHOW, AND PAYMENTS

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice of cancellation**, unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, I will try to find another time to reschedule the appointment.

As we have agreed that our individual session lasting 45-50 minutes is \$_____. Other services that may incur this fee include telephone sessions. The fee is due at the start of our time together and is payable by credit card, cash or check. I accept cash, check, most major credit cards and health savings/flexible spending accounts. The fee is slightly higher if you choose to pay by credit card as I offer a cash/check discount. A **24 hours advance notice of cancellation is required or you will be responsible for your full session fee**. If you fail to make a satisfactory payment plan for a withstanding balance due, agreeable to both parties, this therapist may pursue collection or charge the credit card on file.

Office: 1226 S. Broad Street, 1st Floor, Philadelphia PA 19148 (T) 267-223-9045 (E) akuakboateng@gmail.com
(W) www.akuakboateng.com

Akua K. Boateng, LPC

Licensed Professional Counselor

1226 S. Broad St., 1st Floor
Philadelphia, PA 19148
Phone: 267.223.9045
E-Mail: akuakboateng@gmail.com
Web: akuakboateng.com

I have chosen to remain independent of *insurance* plans, which enables me to offer psychotherapy at a reasonable price. This means that you alone are responsible for the payments of your sessions with me. It also means that no information about you is forwarded to an insurance company.

CONFIDENTIALITY

Counseling services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your expectations for services, your compliance with mediation, and any other barriers to your progress.

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 are kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even reveal that you are working with me. If I happen to see you in a public setting I will not initiate contact to protect your privacy. If you initiate contact, I will gladly oblige yet, I will still maintain your privacy.

In all but a few rare situations, your confidentiality (this is, your privacy) is protected by state law and by the rules of my profession. Here are the most common cases in which confidentiality is not protected:

1. If you were sent to me by a court for evaluation or treatment, the court expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court to know. You have a right to tell me only what you are comfortable with telling.
2. Are you suing someone or being sued? Are you being charged with a crime? If so, and you tell the court that you are seeing me, I may be ordered to show the court my records. Please consult your lawyer about these issues.
3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat. I cannot promise never to tell others about threats you make.
4. If I believe a child has been or will be abused or neglected, I am legally required to report this to the authorities.

There are situations in which I might talk about parts of your case with another therapist, among the list of Circle Counseling independent practitioners and under supervision. I ask now for your understanding and agreement to let me do so in these following situations. This helps me in giving high quality service. These persons are also required to keep your information private. They will be told only as much as they need to know to understand your situation in order to offer me their professional insight/suggestions. If for unforeseen reasons I become incapacitated by medical emergency or accident, another professional will consult my files in order to contact clients to inform them of my situation.

Except for the situations I have described above, I will always maintain your privacy. I also ask you not to disclose the name or identity of any other client being seen in this office. You may see someone you know in the waiting room and I ask that you not disclose this information to others in order to protect his/her privacy.

Also if you become distressed during our work together, please name a person who lives locally below who you would like me to contact.

Emergency Contact Person

Name: _____ Relationship to you: _____

Daytime Telephone Number: _____

Evening and Weekend Telephone Number: _____

Office: 1226 S. Broad Street, 1st Floor, Philadelphia PA 19148 (T) 267-223-9045 (E) akuakboateng@gmail.com
(W) www.akuakboateng.com

Akua K. Boateng, LPC

Licensed Professional Counselor

1226 S. Broad St., 1st Floor
Philadelphia, PA 19148
Phone: 267.223.9045
E-Mail: akuakboateng@gmail.com
Web: akuakboateng.com

Other Points

- ✓ If you ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect our therapy relationship, and I must put this relationship first.
- ✓ As a professional therapist, I naturally want you to know more about how therapy helps people. To understand therapy better, I collect information about clients before, during and sometimes after the course of therapy. I ask your permission to take what I have in my records and use it in research or teaching that I may do in the future. This may also include questionnaires that I request you complete. If I ever use this information it will always be included with information from many others and/or your identity will be made completely anonymous. Your name will never be mentioned, and all personal information will be disguised and changed. By signing this document, you are agreeing to allow my use of information in research and teaching in this way.
- ✓ If, as part of the therapy, you create and provide to me records, notes, artworks, and any other documents or materials, I will return the originals to you at your written request but will retain copies.

Akua K. Boateng, LPC

Licensed Professional Counselor

1226 S. Broad St., 1st Floor
Philadelphia, PA 19148
Phone: 267.223.9045
E-Mail: akuakboateng@gmail.com
Web: akuakboateng.com

Our Agreement

I, the client (or his or her parent/guardian) understand I have a right not to sign this form. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. 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 course of therapy 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.

Initial Fee per session (subject to change): _____.

I have read, or have read to me, the issues and points in the 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 therapy with this therapist (or to have this client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

Printed Name

| | | | | |
|----------------|------|----------|------------|------------|
| Street Address | City | Zip Code | Home Phone | Cell Phone |
|----------------|------|----------|------------|------------|

Signature of client (or person acting for client) _____ Date _____

Relationship to client: Self Parent Health care custodial parent of a minor-(less than 14 years of age)
Guardian Other person authorized to act on behalf of the client

I, the therapist, have met with this client (and/or his or her parent/guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all his or her questions. I believe this person fully understands the issues, and I found no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Signature of Therapist _____ Date _____

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Office: 1226 S. Broad Street, 1st Floor, Philadelphia PA 19148 (T) 267-223-9045 (E) akuakboateng@gmail.com
(W) www.akuakboateng.com