



ANALYSAND

Promoting well-being through insight and transformation

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INFORMATION AND INFORMED CONSENT

We are pleased that you have selected **Analysand** to support you during this time. Our practice offers a) **Clinical Mental Health Counseling**, b) **Psychoanalytic Therapy**, and c) **Life Coaching**

This document is designed to inform you about our background and to ensure that you understand our professional relationship.

Qualification/Experience:

Our organization has a two-member counseling team:

- ✚ **Dr. Kreimild Saunders** holds a **Ph.D. in Sociology** from the **Graduate School/University Center, NYC, 1995**. Additionally, Dr. Saunders completed **Psychoanalytic training at Analytica, NYC 2020**

- ✚ **Ione Hepburn** has a certification from the **Life Purpose Institute, CA, 2016** as a **Life Coach**, and another from the **American Institute of Health Care Professionals, Inc, Ohio, 2022** as a **Meditation Instructor**. Also, Ms. Hepburn received a **master's degree in Clinical Mental Health Counseling**, and a certificate in **Alcohol and Drug Abuse Counseling** from **Union Institute and University, Ohio, in 2022**, and upon passing the **National Counselor's Exam (NCE)**, she became a **National Certified Counselor** under the **US National Board of Certified Counselors (NBCC)**, and is currently a **Licensed Mental Health Counselor (LMHC)** in **New Mexico, US**

Nature Of Counseling:

Our counseling practice is limited to **adults (18 years and older)**. We seek to support clients with challenges related to **couples/relationships, sexuality (LGBTQ), career, addiction, depression, anxiety**, and **overall professional and personal development**. Additionally, we offer **psychoanalysis**. Our sessions are conducted mostly **virtually and by phone**. In some cases, we can arrange face to face sessions, if its your preference. However, we encourage clients with severe mental health challenges to connect with an agency that can see them face to face and provide immediate support in cases of emergencies.

At our practice, we only accept clients we believe have the capacity to resolve their own problems with our assistance. we believe that as people become more accepting of themselves, they are more capable of finding happiness and contentment in their lives. However, self- awareness and self-acceptance are goals that sometimes take a long time to achieve. Some clients need only a few sessions to achieve these goals, while others may require months or even years. If therapy is successful, you should feel that you are able to face life's challenges in the future without our support or intervention. However, even after termination, should you require help again, you may return.

Professional Boundary:

Although our sessions may be very intimate emotionally and psychologically, it is important for you to realize that we have a professional relationship rather than a personal one. Our contact will be limited to the paid sessions you have with me. Please do not invite me to social gatherings, offer gifts, or ask us to relate to you in any way other than in the professional context of our counseling sessions. You will be best served if our relationship remains strictly professional and if our sessions concentrate exclusively on your concerns. You will learn a great deal about the counselor you choose to work with during your counseling experience. However, it is important for you to remember that you are experiencing that counselor only in her professional role.

Zero Tolerance Policy:

I understand there is a “**Zero Tolerance**” policy for any violent/aggressive actions, words (threats), gestures, and the like. At the discretion of the attending therapist, these actions will result in immediate termination.

Referrals:

If at any time for any reason you are dissatisfied with our services, please let us know. If We are not able to resolve your concerns, you can choose to discontinue your sessions or request a referral.

Fees, Cancellation, and Insurance Reimbursement:

In return for your full payment based on the plan you choose; we agree to provide services for you. The fee for each session will be due and must be paid **before the start of each session via pay-pal or direct bank transfer**. If you will not be able to keep an appointment, you must notify us *24 hours in advance*. If we do not receive such advance notice, we reserve the rights to withhold any **fees paid in advance** for the session that you missed. After two missed appointments, you will be required to pay **at booking** for any new appointments,

Some health insurance companies will reimburse clients for my counseling services, and some will not. In addition, most will require that we diagnose your mental health condition and indicate that you have an “illness” before they will agree to reimburse you. Some conditions for which people seek counseling do not qualify for reimbursement. If a qualifying diagnosis is appropriate in your case, you will be informed of the diagnosis that will be rendered before it is submitted to the health insurance company. Any diagnosis made will become part of your permanent insurance records.

If you wish to seek reimbursement for my services from your health insurance company, we will be happy to complete any forms related to your reimbursement provided by you or the insurance company. Because you will be paying directly for each session for our services, any later reimbursement from the insurance company should be sent directly to you. Please do not assign any payments to us.

You should contact a company representative to determine whether your insurance company will reimburse you and what schedule of reimbursement is used.

Intake Information:

Based on the type of treatment you are seeking (i.e., Clinical Mental Health Counseling, Psychoanalytic Therapy, or Life Coaching) your counselor may provide you with supplementary forms to fill out or request specific information during your first session to gather background information about you. This process is known as an intake.

Records And Confidentiality:

All your communication with your chosen counselor becomes part of Analysand’s clinical record, which is accessible to you on request. Your counselor will keep confidential anything you say to her, with the following exceptions: ***a) you request that she tell someone else, b) she determines that you are a danger to yourself or others, or c) she is ordered by a court to disclose information.***

Client(s) Agreement and Signature:

Counselor (indicate): **Dr. Kreimild Saunders** **Ms. Ione Hepburn**

Session Type (indicate): Life Coaching Mental Health Counseling Psychoanalysis

I, _____ (print name)

give consent for evaluation and treatment to be provided for myself by **Analysand**. I am aware that the practice of counseling is not an exact science and that results cannot be guaranteed. I also understand that I need to provide accurate information about myself so that I will receive effective treatment. Therefore, I agree and commit to playing an active role in my treatment process.

Signature: _____ Date: _____

This document should be signed and return via email to analysand242@gmail.com before or during your first session

Note: By including your signature, you are indicating that you have read and understood all information provided on pages 1-3, and that any questions you have had about this information and informed consent form have been answered to your satisfaction.