



## **WELCOME PACKET**

### **Life Counseling Partnership Agreement & Notice of Privacy Practices Form**

Welcome to Harmony For Life®! We look forward to working in partnership with you. The **Life Counseling Partnership Agreement & Notice of Privacy Practices Form** (in its entirety) and the **Client Contact and Billing Authorization Form** (in its entirety) both must be completed, signed, dated, and returned to us via fax, US/Worldwide Air Mail, or in person at our New Mexico office location before we begin our first Illumination Session together. Please take care to retain copies of both forms for your records.

#### **About Life Counseling**

Our life counseling program is based upon a holistic or “whole person” model, rather than a traditional, disease/pathology or medical model format. With a solution-focused and wellness-based approach, we emphasize your resiliency and ability to co-create necessary and fulfilling changes in your life.

Harmony For Life® is happy to work in partnership with managed healthcare systems in promoting and supporting your well-being. We are pleased to comply with any system requirements for diagnoses, treatment planning, and coordination of care. We always work in partnership with you, our client, before any diagnoses and treatment plans are submitted. We believe YOU are your own life manager, and as such, the driving force for your process, progress, and desired outcomes.

We offer you, as a life counseling client, our ongoing support and assistance without any restrictions or regulations regarding the number of sessions and type of treatment offered and received. You always set the pace for your participation in life counseling, and you will never find yourself obligated to achieving your goals within a prescribed or dictated time frame.

We support you in making sense of your unique life situations and to no longer feel victimized, undermined, or sabotaged by them. Life issues related to mood, behaviors, and relationships with one’s self, others, or life in general will be re-framed as opportunities for your personal growth and transformation. Most importantly, you will begin making different choices that support and promote a more harmonious, successful, and satisfying life for yourself. Life counseling is offered by Mari, a licensed psychologist (LP) in Minnesota and a licensed professional clinical mental health counselor (LPCC) in New Mexico.

Harmony For Life® . 522 South St. Francis Drive . Santa Fe, NM 87501

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## About Telecounseling, Internet, & Video Stream Counseling

Harmony For Life® recognizes the advancing partnership of technology and professional life counseling by providing many options for our clients. Life counseling appointments are available in person at our New Mexico office location. For clients residing outside of New Mexico, or for whom in-person appointments are not possible or desirable, we offer you a complete intake and solution-focused telecounseling sessions via our worldwide toll-free phone number, as well as sessions conducted via Internet and video stream. In addition, we maintain an extensive therapeutic referral network to further assist and support you.

Telecounseling, Internet, and video stream life counseling sessions can be scheduled during flexible hours, with clients participating in the privacy and comfort of their own home, office, or conveniently chosen location. Our worldwide accessible counseling program provides confidential access for people who will not or cannot access in-person life counseling services here in our New Mexico office location.

If you are homebound, ill, extremely shy or introverted, high profile or a celebrity, or have special needs, it is our priority to respect, honor, and support your unique situation or circumstance.

All life counseling sessions by telephone, Internet, video stream and/or in person in our New Mexico office location conform to the laws and professional/ethical standards set forth by the Minnesota Board of Psychology, New Mexico Counseling and Therapy Practice Board, American Holistic Health Association (AHHA), the US Department of Health and Human Services Privacy Practices for Protected Health Information (HIPAA), International Coach Federation (ICF), International Association of Coaches (IAC), as well as the policies and procedures of Harmony For Life®.

## Policies and Procedures for Life Counseling

Life counseling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This framework helps to create the safety to take risks and the support to become empowered to make catalytic changes.

As a life counseling client, you have certain rights that are important for you to know about because this life counseling experience—and your well-being—belong to you. In addition, there are certain limitations to those rights of which you need to be aware. As a licensed psychologist (LP-Minnesota) and licensed professional clinical mental health counselor (LPCC-New Mexico) who provides life counseling services, I have corresponding responsibilities to you.

## Our Responsibilities to YOU

### I. Confidentiality

We are committed to confidentiality in our work together. Please note, however, that there are certain exceptions to confidentiality as mandated by law and/or professional/ethical guidelines, as mentioned above. We cannot and will not tell anyone else what you have told us, or even that you are a life counseling client working with us without your prior written permission.

You may direct us to share information with whomever you choose (such as other healthcare providers or related professionals), and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend or participate in a life counseling session with you.

The sharing of your confidential information will only take place after **you and I/we both/all** have

completed, dated, and signed a **Client Consent for Release of Information Form**, which authorizes in writing your permission to exchange or share specific information.

This form specifies the nature of the information to be disclosed, the person authorized to disclose the information, to whom the information may be disclosed, and the specific purposes for which the information may be used, both at the time of disclosure and at any time in the future.

We may occasionally find it helpful to consult with other colleagues about life counseling client situations. During such consultations, we do not reveal the identities of life counseling clients. The other professionals with whom we consult also are legally bound to keep this information confidential.

On your **Client Contact and Billing Authorization Form**, you have the opportunity to specify the method by which you prefer to be contacted and how we can leave you a confidential message if unable to reach you directly. In addition, you will designate a contact person or place to contact in case of emergency.

If you elect to communicate with us by e-mail at some point in our work together, **please be aware that e-mail is not completely confidential**. All e-mails are retained in the logs of your or our Internet service provider. While under normal circumstances, no one looks at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. Any e-mail we receive from you, and any responses that we send to you, will be printed out and kept in your life counseling client file, which is securely locked in our New Mexico office location. After printing out and securely filing and locking such e-mail correspondence, we will immediately delete it from our office computer.

Please note that if you have elected to electronically purchase sessions for any Harmony For Life® program(s) with us directly as merchants who facilitate electronic billing via credit cards, all billing statements will list your transactions as “Harmony For Life®,” and will not identify the specific programs or services purchased.

## **II. Exceptions or Limits to Confidentiality**

As a licensed psychologist (LP-Minnesota) and licensed professional clinical mental health counselor (LPCC-New Mexico), **I am legally mandated to report the following based upon the information that you have communicated about yourself or others:**

If I have reasonable cause to believe that a child (children) or vulnerable adult (adults) is (are) being subjected to abuse, neglect, or exploitation, I must inform the appropriate Child/Family Protective Services and/or Adult Protective Services as soon as possible.

If I have reasonable cause to believe that you present a threat or harm of imminent, serious physical violence against a readily identifiable individual, I must take protective actions, such as attempting to inform that person to warn them of your intentions, contacting the police to ask them to protect your intended victim, or seeking hospitalization for you.

If I have reasonable cause to believe that you present a threat or harm of imminent, serious physical danger to yourself. I will make every effort to discuss this situation with you and to obtain your willingness to take the necessary steps to guarantee your own safety and well-being. If you are unable or unwilling to guarantee your own safety and well-being, I will take the appropriate action of contacting a crisis team, which may include the police or other professionals in your geographical area who can assist in securing your protection or seeking hospitalization on your behalf.

In addition to the aforementioned exceptions to confidentiality, I also may be required to disclose or provide information about you if:

You are involved in a court proceeding and I receive a written authorization from you or your legal representation or a court order.

A government agency is court ordering me to release specific information for health oversight activities.

You file a complaint or lawsuit against me, at which point I will take the necessary steps to defend myself.

## **For Minors and Parents**

Life counseling clients under 18 years of age who are not emancipated and their parents should be aware that the law may allow parents to examine their child's life counseling file/records—unless I decide that such access is likely to injure the child, or we (parents and life counselor) agree (in writing) that parents will not be accessing their child's file/records.

Because privacy in life counseling is often crucial to successful progress, particularly with teenagers, I may request a written agreement from parents, whereby they consent to receive only general information about their child's life counseling progress and attendance. I also will provide parents with a summary of their child's life counseling once life counseling services are completed.

## **III. Record Keeping**

Because the Life Counseling Program at Harmony For Life® is based on a holistic wellness model, I do not routinely apply diagnostic principles to your unique situation. Diagnoses are technical, medical-model terms used to describe the nature of one's short-term or long-term problems. Upon your request, I will discuss with you the relationship between our holistic wellness-based approach toward your situation and how it might be interpreted utilizing a medical or disease-based model. Upon request of managed healthcare systems with which we may be working on your behalf, I will discuss with you any required diagnoses.

I do keep very brief records, noting only your attendance, topics discussed, and any pertinent points related to your overall goals, progress, and process. You have the right to request a review or copy of your records at any time. Typically, I will ask that we meet or discuss them together, to promote optimal understanding.

The client session and billing records we maintain are the physical property of Harmony For Life®. The information in such records, however, belongs to you. You also have the right to request that your client records be amended to correct incomplete or incorrect information by delivering a request to us. We may deny your request if you ask us to amend information that is not part of the information kept by our office, is not part of the information that you would be permitted to inspect and copy, or information that is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

## **IV. Client Rights**

You have the right to be treated with dignity and respect without regard to your race, national origin or

culture, religion, spirituality, gender, age, sexual orientation, or disability. You have the right to participate in the life counseling program (and ANY of the programs at Harmony For Life®), knowing that I do not, will not, and cannot have a sexual relationship with any clients whatsoever.

You have the right to ask questions about any aspect of our work together in the life counseling program. I'm always willing to discuss how and why I've decided to do what I'm doing, and to look at alternatives that might work better. I am open to your suggestions and ideas. If I am not the right fit for your life counseling needs, you are free to request that I refer you to someone else and/or end our working partnership at any time.

You have the right to participate collaboratively in the life counseling process as an integral partner, without fear of reprisal. If you are unhappy with any aspect of the life counseling process, please let me know so that I can respond to your concerns with care and respect. If you believe that I've been unwilling to listen or respond, or if you have ethical concerns, you can communicate a complaint directly to the New Mexico Counseling and Therapy Practice Board, 2550 Cerrillos Road, Santa Fe, NM 87505 USA. Phone Number: 505-476-4610; and/or the Minnesota Board of Psychology, 2829 University Ave. So., Ste. 320, Minneapolis, MN 55414 USA. Phone Number: 612-617-2230.

You have the right to know that I will respond to all e-mails and voice mail messages as soon as possible. If I am going to be away from the office for an extended period of time, I will inform you well in advance. Emergency phone calls of less than ten minutes are typically free. However, if outside of our regularly scheduled session times, we spend more than ten minutes per week on the telephone, if you leave more than ten minutes worth of phone messages per week, or if I spend more than ten minutes reading and responding to e-mails from you per week, I may bill you on a prorated basis for that time.

## **V. Client Responsibilities**

You are responsible for commencing your session on time and at the time we have scheduled. All sessions are 50 minutes long, unless we have made arrangements to conduct 30-minute sessions. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four hours notice (and no illness/emergency), Harmony For Life® reserves the right to bill you for the missed session. If you and we decide to meet for a longer session than initially scheduled, we will bill you prorated on the 50-minute "hourly" fee.

Harmony For Life® requires pre-payment for all program services, including life counseling, that are not in-person sessions at our New Mexico office location. In-person clients may pay at the time of service. Clients utilizing insurance coverage for counseling sessions are solely responsible for notifying our office prior to the first session with information about coverage, authorization, co-payment, and provider/billing. Insurance clients also are solely responsible for ensuring continuity of coverage throughout all counseling sessions. Our office requires insurance clients to notify us immediately if there are any changes to your insurance coverage—and any counseling sessions received that are not covered by insurance will be the financial responsibility of the client.

You are the driving force behind your participation in the life counseling program. To further ensure ongoing continuity of care, open communication, and in keeping with our commitment to a "whole person" approach, please inform us if you have experienced, are experiencing, or anticipate that you will experience any significant changes in your health and well-being. If you are experiencing an emergency when we are out of town or away from the office, please consider visiting your local hospital or emergency room, local crisis clinic, calling 911-emergency, or local crisis helpline.

## Client Informed Consent/Acknowledgment of Receipt of Life Counseling Partnership Agreement & Notice of Privacy Practices

*I have read this Life Counseling Partnership Agreement & Notice of Privacy Practices Form and understand the policies and procedures set forth by Harmony For Life® and Mari Tankenoff, MA, LP, LPCC, CC. Specifically, I understand my rights and responsibilities as a life counseling client and participant, as well as Mari Tankenoff's responsibilities to me. I agree to participate in life counseling with Mari Tankenoff, MA, LP, LPCC, CC. I know that I can end life counseling services at any time. I also agree to pre-pay for all services, unless I am receiving in-person sessions at the New Mexico office location, which are payable at the time of service. I am over the age of eighteen.*

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

Parent or Legal Guardian Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_  
(upon receipt of faxed or mailed client forms—or in client's presence at our New Mexico office location).

### **NEXT STEPS...**

Thank you for signing and dating the **Client Informed Consent/Acknowledgment of Receipt** portion of this form. Please take time to tell me more about YOU in the **Client Information** section.

## Client Information

I am committed to offering you a holistic or “total person” approach when you partner with Harmony For Life® to participate in life counseling. To support and assist our work together, please complete this form and return it to me via by fax, US/Worldwide Air Mail, or in person at our New Mexico office location before our first Illumination Session together. This form is confidential. This information cannot and will not be given to anyone without your written authorization.

Please respond to these questions honestly and with the intent of providing me with as thorough a picture as possible of you and your unique situation. *If any of these questions are difficult to answer or not applicable, please note this on your form.*

I am committed to assisting you in identifying, clarifying, and taking proactive, strategic action to illuminate and reduce disharmony and its influence in your life. Your time, thoughtfulness, and honesty are greatly appreciated—and are an integral part of co-creating the optimal experience for you at Harmony For Life®.

### About you...

What is your main reason for seeking life counseling now?

What goals do you want to accomplish through life counseling?

Have you ever received therapy, counseling, psychological, or mental health services? If so, please describe (when, with whom, circumstances)

Have you ever received or are you currently receiving services from professionals in the fields of traditional/allopathic medicine, integrative medicine, alternative medicine, complementary medicine, holistic healing, healing arts, life or business coaching or consulting? If so, please describe.

Have you ever been hospitalized? This may include, but is not limited to, medical/physical and/or psychological/psychiatric reasons. If the answer is yes, please describe when, where, and circumstances.

Have you experienced any major illnesses, diseases, trauma, abuse, violence, or accidents? This may include, but is not limited to, chronic/ongoing or acute conditions, or experiences that have impacted (either positively or negatively) your psychological/emotional, physical, and spiritual well-being.

Please describe any medications, vitamins, dietary supplements, herbs, or other holistic remedies you currently are taking. This includes, but is not limited to, prescription and/or over-the-counter medications/remedies.

Please describe any personal usage/abuse/overindulgence of chemical substances that have contributed to, impacted, or otherwise adversely affected your overall well-being, health, and life harmony. This includes, but is not limited to, alcohol, foods, drugs/medications/remedies, or toxins.

Has anyone in your family ever received therapy, counseling, or related treatment for the aforementioned situations or circumstances? If yes, please describe.

How would you describe your overall sense of well-being at the present time?

How would you describe your diet at the present time?

How would you describe your sleep and sleeping patterns/habits at the present time?

How would you describe your mood/feelings/emotions at the present time? This might include, but is not limited to, anxiety, depression, fear/phobias, anger, hopelessness, frustration, elation or euphoria, relief, calm, etc.

How would you describe your thoughts and thought patterns at the present time? This might include, but is not limited to, obsession, rumination, generalizations, positive or negative self-talk/messages, self-limiting/punishing/ guilt-slopping messages, or “all-or-nothing” thinking, etc..

Please describe the time you create for yourself to experience physical exercise, leisure activities, spiritual pursuits, and anything contributing to or supporting your overall life harmony and well-being. Please describe your occupation/career/student status/current life role at this time.

Please describe any interpersonal relationships of significance (positive or negative) in your life at the present time—and your role in these relationships.

Is there anything else you think I should know about your life/family/relationships/work dynamics that is impacting or affecting you and your well-being at this time?

What do you feel or think is most important to ensure your success in accomplishing your goals?

Please describe anything you feel or think doesn't serve or support your efforts to meet your goals, or otherwise is an obstacle to your success.

What would it be like to realize and experience your goals?

How will you know you have realized and experienced your goals?

Thank you for completing this entire **Life Counseling Partnership Agreement & Notice of Privacy Practices Form**. Your honest, thoughtful, and active participation serves as the most powerful catalyst for our work together and for realizing your chosen goals.

Thank you for returning (by fax, US/Worldwide Air Mail, or in person at our New Mexico office location) this completed form in its entirety, as well as the completed **Client Contact and Billing Authorization Form** in its entirety, before our first Illumination Session together. Please take care to retain copies of all forms for your records.

*With Warm Regards,*  
*Mari Tankenoff, MA, LP, LPCC, CC*  
Harmony For Life®  
*Fax: 505-984-1229*