

Ethos Leaders LLC Counseling Services
Bryant Kusy, MA, LCPC, IMH-E IV
1243 E Iron Eagle Dr. Suite 130D Eagle, ID 83616
Phone: (208) 391-7050
FAX: (208) 547-6835

Bryant Kusy, MA, LCPC, IMH-E IV

Informed Consent/Disclosure Statement

Thank you for choosing my practice. I realize that starting counseling is a major decision and that you may have many questions. This document is intended to inform you of my policies, state and federal laws, and your rights. If you have other questions or concerns, please ask and I will try my best to give you all the information you need.

My name is Bryant Kusy. I am a Licensed Clinical Professional Counselor (ID # LCPC-5488). My Practice Address is 1243 E Iron Eagle Dr Suite 130D Eagle, ID 83616.

My business phone number is (208) 391-7050. I received my Masters of Arts in Professional Counseling & Guidance in 2003 from NMSU's CACREP accredited CEP Graduate School. I have training in both school counseling and community mental health.

My style is very interactive, collaborative and dynamic, emphasizing, but not limited to, Strength-Based, Cognitive Behavioral Therapy, Mindfulness Behavior Therapy, Trauma and Solution-Focused therapies. I focus on attachment and bonding patterns and with couples, the work of John and Julie Gottman and Sue Johnson (EFCT). My core focus of therapy and interventions stem from a neuroscience or brain-based philosophy. I believe our brains are the most resilient asset we have as humans. I have experience working with adults, children, couples, families, and groups.

I work at my private practice Thursdays & Fridays. My offices are generally closed on holidays.

Services and Pricing

Services and pricing are as follows:

Services	Length	Rate
Initial Assessment Session 90791	1-2 hours as needed	\$150
Individual Therapy 90837 90834 90832	55 Minutes & over 45 Minutes 30 Minutes	\$120 \$100 \$80
Couples Therapy 90837	1 hour	\$120
Family Therapy 90847 90846 (without child)	1 hour	\$120
Group Therapy 90853	Per hour / Per Member	\$30
Court Fees	Per hour 8 hours paid in advance of court	\$100 \$500

If you miss an appointment, you may be charged the cost of the appointment and this will not be billed to your insurance company. Any unpaid balances may be turned over to collections. If this is the case, you are responsible for any collection fee charged. You will be charged \$35 for any returned checks.

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Regarding COUPLES counseling, a few considerations on your part are important. Couples work does not guarantee that a relationship or marriage will remain solvent. Unaddressed issues can come to light and increase current symptoms if one or both persons already have underlying depression or anxiety.

Client Rights

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You can seek a second opinion from another therapist or terminate therapy at any time. In your intake forms, you will receive a Fee Structure as well as information concerning techniques and methods of treatment.

There may be times when I need to consult with a colleague or another professional about issues raised by clients in therapy. Client confidentiality is still protected during consultation by me and the professional consulted. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client.

In marriage and family counseling, the therapist holds to a “no secrets” policy. All members of the couple or family system are treated equally and “secrets” are not kept by the therapist. There is no differential or discriminatory treatment of family members.

Confidentiality

Generally speaking, the information provided by and to the client during therapy sessions is legally confidential and cannot be released without the client’s consent. There are exceptions to this confidentiality, some of which are listed the HIPAA Notice of Primacy Rights you were provided as well as other exceptions in Idaho and Federal law. If a legal exception arises during therapy, if feasible, you will be informed accordingly. For example, some of the exceptions would include: suspected child abuse, molestation or incest, a client is in danger of hurting self or others, danger of violence, suspected abuse of the elderly or others unable to care for themselves, suspected threat to national security, subpoenaed testimony in criminal court cases, orders to violate privilege by judges in child custody and divorce cases. When treating couples or families, confidentiality among family members is not a guarantee.

CHILDREN AND ADOLESCENTS

A child fourteen or younger seen in this office must have the signature of a parent. In the case of divorce, or disputed custody, the authorization must be signed by both parents or the court document presented giving sole custody. I am NOT trained in forensic psychology so my “opinion” about custody arrangements and supervision of children are not valid in court. I do not testify in court as I may not be objective as your therapist and do not write letters of support for one parent in custody disputes for the same reason.

Insurance

Services may be covered in full or in part by your health insurance or employee benefit plan. I am considered “in network” with many insurance plans and policies. In some cases, clients pay me directly for services provided and then obtain reimbursement, where available, from their insurance company. In any case, you will probably have to pay a percentage or all (ex: if you have an unmet deductible) treatment costs. I accept cash, check, credit and debit cards.

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I have received a copy of my fee schedule.

Client Signature

Date

Confidentiality

Client information shared with me is confidential, and I take this very seriously. However, here are some circumstances in which I cannot guarantee confidentiality:

- If I need to bill you, diagnosis and dates of services will be shared with my billing provider and your insurance company or employee benefit plan to collect payments.
 - Mandated reporting of abuse of children or vulnerable adults.
 - Threats of suicide or homicide.
 - Cases where you have signed a release of information.
 - Information released as outlined in the HIPAA Notice of Privacy Practice. Those required by law.
 - Electronic files are kept password protected on my personal laptop, which has no other users. Printed files are kept locked per HIPPA standards.
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- Electronic communications (i.e., texts, email, fax) are not considered confidential. My phone, email and fax are password protected and have no other users. However, when you email or text me, you are thereby giving me permission to reply by email or text.
 - Your treatment program may be discussed with other professionals (other than those listed under Treatment in the Notice of Privacy Practices and Client Rights) and, if that occurs, your confidentiality will be maintained.
 - Also, your name and identity will be disclosed only in compliance with Idaho Statutes and regulations of Professional Counselors.

Emergency Situations

I provide non-emergency psychotherapeutic services by scheduled appointment. If I believe your psychotherapeutic issues are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult. If, for any reason, you are unable to contact me by telephone (208) 391-7050, and you are having a true emergency, please call 911 or go to the nearest hospital emergency room:

1) Crisis Hot Line at 1-800-564-2120

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2) Suicide Prevention Line at 1-800-273-TALK (8255)

3) The nearest emergency room

4) Call 911 for immediate emergency care

By signing below you acknowledge and accept conditions as outlined above in this Informed Consent:

Client Signature

Date

Witness Signature

Date

Consent for Treatment of Minors

I/we consent that _____ may be treated as a client by Bryant Kusy, LCPC, IMH-E IV.

Parent/Guardian Signature _____ Date

Parent/Guardian Signature _____ Date
