



Counseling Office Policies

Terra Holbrook- LCSW, CADC, CSAT
Licensed Clinical Social Worker- Certified Alcohol and Drug Counselor
Certified Sex Addiction Therapist
208-520-5695

Terra Holbrook, LCSW, CADC, CSAT is a speaker, educator and facilitator in mental health and addictions work. She has a master's degree in Social Work from Walla Walla University, Walla Walla, WA. She is a Licensed Clinical Social Worker, Certified Alcohol and Drug Counselor and a Certified Sex Addiction Therapist. She recently formed Sea Glass Intensives and Consulting, Inc., where she works with individuals and couples in intensive therapy and workshop settings. She has worked with numerous treatment centers, enhancing their programs to include trauma work with individuals and families. She also provides workshops that focus on self-care for therapists and workers in the treatment setting.

Terra began her work in 1994 working with addicted adolescents. She co-founded The Family Recovery Center in Idaho Falls, Idaho, with her husband, Jeff, where she served as Clinical Director until 2007. Since then she has worked in various programs across the United States. From 2001 to 2007, she was in private practice where she specialized in sexual addiction. Most recently, she was the Clinical Director at Astoria Pointe Drug and Alcohol Treatment Program and Director of Clinical Services at The Bridge to Recovery, where she continues to facilitate a week-long intensive for health care professionals to focus on their own healing.

Terra specializes in the area of trauma and addictions, including drug and alcohol, as well as intimacy disorders, relational betrayal, love, relationship and sex addiction. She has been trained as a Certified Sex Addiction Therapist through the International Institute for Trauma and Addiction Professionals. Terra is also Level One, Two Three Certified in the Marilyn Murray, "Murray Method" which is used to treat individuals with unresolved trauma, addictions and abuse.

Confidentiality: Client confidentiality is respected at all levels of communication and is protected by Federal Law. I understand that all communication between my therapist and myself are confidential and will not be shared with anyone unless I have signed a release of information. **However**, there are indicators in which my professional and legal duty overrides the dictates of confidentiality. Briefly, these indicators are imminent danger to self or others and abuse of a child, an elder or a dependent adult or if ordered to do so by a judge in a court of law. I am required by law to break confidentiality and notify the appropriate people of imminent harm in order to safeguard life. Please discuss the limits of confidentiality with me.

Client's Initials _____

SEA GLASS

INTENSIVES & CONSULTING

Fees and Payments: Length of sessions can vary to meet your scheduling needs and financial needs. Fees are as follows: (additional 3% charge for debit/credit card)

\$125.00 per 50-minute session *In extreme cases of financial hardship, a discounted session rate can be discussed but are available on a limited basis.

\$ 1000.00 for 1-day intensive. \$2000 for 2-day intensive. \$2500 for 3-day intensive (the third day is usually just a half day of therapy and geared towards aftercare). Additional costs (extra days, couples or family groups, etc.) will be quoted upfront.

A \$500.00 non-refundable deposit will be collected when you schedule your intensive dates. The deposit will be applied to the overall cost. Because of the way intensives are scheduled, it is nearly impossible to fill a vacancy less than a week before an intensive begins. Therefore, I will collect the balance of fee 10 days prior to your scheduled date. If I can reschedule those dates, I will refund your deposit within 2 weeks.

Workshops prices vary.

Payment is expected at the time of the session. Returned checks or declined credit card/debit card/HSA charges for any reason will incur a \$50.00 charge. If the returned/declined item is the fault of your crediting agency, you must be reimbursed for this charge by them and not by my office. In the event that your account becomes 45 days past due, I reserve the right to terminate the professional relationship and place the account with a collection service. All costs, fees and related expenses of the collection effort will be borne by the client/guarantor.

Client's Initials _____

Insurance: Insurance is not accepted.

Client's Initials _____

SEA GLASS

INTENSIVES & CONSULTING

You are responsible for coming to appointments on time and at the time we have scheduled. Non-Intensive therapy sessions last 50 minutes without exceptions. If we decide to meet for a longer session, I will bill you prorated on the regular fee in 30 minute increments. 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 less than 24 hours notice, you must pay the entire fee that I would have received for that session

You are normally the one who decides when therapy will end, with three exceptions: if we have contracted for a specific number of sessions. If I am not, in my judgment, able to help you, because of the kind of problem you are having or because my training and skills are not appropriate, I will inform you of this fact and refer you to another therapist who may meet your needs. If you are violent, threaten (verbally or physically) or harass me, my office, or my family, I reserve the right to terminate services immediately. If I terminate you from therapy, I will offer you referrals to other sources of care, but cannot guarantee that they will accept you for therapy.

Client's Initials _____

Phone Calls/Written Correspondence: Phone calls to/from clients or on behalf of clients over 5 minutes (excluding calls to/from legal representatives) are billed at \$100.00 per hour, prorated every 15 minutes. Written correspondence, including emails to/from clients or on behalf of clients (excluding that to/from legal representatives) is also billed at \$100.00, prorated every 15 minutes. Please note, I will not answer client phone calls past 5:00pm or on Saturday or Sunday.

Client's Initials _____

My strong preference is that I do not either discuss cases with or release records to attorneys. I also prefer not to testify in legal proceedings. If, as a result of the client or client representative signing a Release of Information, I am required to discuss the case with an attorney, court officers (such as probation, parole, guardian ad litem) or give legal testimony in any type of legal proceedings such as (but not limited to) disability determinations, civil or criminal depositions or court testimony, or I am required to write letters, make telephone calls, or electronic correspondence to attorneys or legal representatives, you agree to the following:

A deposit of \$800.00 will be made by client before any correspondence or discussion takes place. My professional fee of \$200.00 per hour (pro-rated every thirty minutes) for legal testimony will be subtracted from this retainer. Travel time to and from legal testimony as well as time spent waiting for legal testimony is included in this fee. If there is a balance, one-half of it will be refunded. Time above 4 hours will require an additional deposit of \$800.00 and will be handled as above.

Client's Initials _____

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INTENSIVES & CONSULTING

If at any time, because of being involved in client legal proceedings, I feel that I need my own legal representation for any reason, the client/client representative will be responsible for paying my full legal fees in the manner prescribed by my attorney.

Client's Initials _____

Involving me in legal cases will probably result in the client being discharged from care.

Client's Initials _____

I understand and agree that I am responsible for payment of any and all services provided to me and/or my dependents and/or my spouse by Terra Holbrook, LCSW, CADAC, CSAT at the time of the service is rendered or in advance. No temporary or convenience checks accepted.

I understand that Terra Holbrook, LCSW, CADAC, CSAT is in private practice and is not available on a 24-hour basis, seven days a week. Consequently, if I am unable to reach her, I will dial 911 or proceed to the nearest local emergency room.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY AND BE BOUND BY THESE POLICIES. A copy of this signed statement is as valid as the original.

Client Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

_____ YES _____ NO I give permission for Terra Holbrook, LCSW, CADAC, CSAT to call me to confirm appointments at my home or my place of employment, including leaving a message on an answering machine or voice mail or via text message.

Home Number: _____



Consent for Treatment and Limits of Liability

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

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INTENSIVES & CONSULTING

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18) Date

Cancellation Policy

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment if it is not timely cancelled, unless such cancellation is due to illness or an emergency.

For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee.

We appreciate your help in keeping the office schedule running timely and efficiently.

Client Signature (Client's Parent/Guardian if under 18) Date

Cell Number: _____