



### **Restored Healing: *Practice Information & Policies***

At **Restored Healing**, we support individuals of all ages in managing life's challenges through **coping strategies, problem-solving, stress management, decision-making, relationship conflicts, trauma, and teen-related concerns**. While we incorporate evidence-based approaches such as **Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and other modalities**, our services do **not** include psychotherapy, diagnosis, or treatment of complex mental and behavioral health conditions.

### **Client Demographics:**

Restored Healing serves a diverse range of clients, including:

- **Children** – Support in coping skills, stress management, and social challenges.
- **Teenagers & Young Adults** – Guidance for academic stress, decision-making, relationships, and self-esteem.
- **Adults** – Assistance in managing life transitions, workplace stress, relationships, and trauma.
- **Parents & Families** – Strategies for parenting challenges, communication, and family conflict resolution.
- **Individuals Recovering from Trauma** – Support in coping with past experiences and building resilience.
- **Those Facing Life Stressors** – Help with anxiety, stress, and personal growth.

We welcome individuals from **all backgrounds, cultures, and identities** and are committed to creating an inclusive, respectful, and supportive environment. While we offer guidance for various life challenges, clients in need of psychotherapy for more complex mental and/or behavioral health treatment will be referred to an appropriate licensed provider.

### **Confidentiality:**

We respect the privacy of our clients and are committed to maintaining strict confidentiality. Information shared during sessions will not be disclosed without the client's written consent, except in the following circumstances as required by law:

- If there is a risk of harm to the client or others.
- If there is suspected abuse, neglect, or exploitation of a minor, elderly person, or dependent adult.
- If records are subpoenaed by a court order.

For minors, confidentiality is maintained, but parents or legal guardians may receive general information regarding progress and participation. Sensitive details will only be shared with the minor's consent unless required by law.

### **Mental Health & Treatment for Minors:**

Our services for minors focus on **life skills, coping mechanisms, and personal development** within our scope of practice. We do **not** provide treatment for complex mental and behavioral issues, psychotherapy, or diagnostic services.

- A **parental or guardian consent form** is required for minors to receive services.
- While confidentiality is respected, we may communicate with parents/legal guardians regarding overall progress, safety concerns, or legal obligations.
- If a minor presents with mental health concerns that require professional evaluation or treatment, a referral to a licensed mental health provider will be made.

### **HIPAA Compliance & Privacy Rights:**

Restored Healing complies with the **Health Insurance Portability and Accountability Act (HIPAA)** to protect the privacy of client information. This includes:

- Keeping all records secure and confidential.
- Not sharing client information without written consent (except in legally required situations).
- Allowing clients to access their records upon request.

### **Client Rights:**

As a client of Restored Healing, you have the right to:

- Be treated with **respect, dignity, and without discrimination.**
- Receive **accurate, clear, and professional information** about services.

- **Confidentiality and privacy** regarding personal information.
- **Voluntarily participate** in services and discontinue at any time.
- Request **reasonable accommodations** if needed.
- Be informed and referred to appropriate services if your needs go beyond our scope of practice.

**Release of Liability & Legal Disclaimer:**

The services provided by **Restored Healing** are intended for personal development, stress management, and coping support. While our practitioner holds a **Master's degree in Marriage and Family Therapy, extensive professional and clinical experience, and a post-graduate certificate in both addiction and trauma**, it is important to understand the following:

- The practitioner is **not a licensed therapist** in the state of Arizona and does not claim to be one.
- Services offered are **not** a substitute for psychotherapy, professional mental health treatment, or medical care.
- No formal diagnosis, treatment, or therapy is provided.
- Participation in services is voluntary, and clients assume full responsibility for their engagement and application of the strategies discussed.
- Restored Healing and its practitioner are **not liable** for any outcomes resulting from participation in services.

**Arizona Licensing Law – Article 32-3271, Exceptions to Licensure:**

Under **Arizona Revised Statutes (ARS) § 32-3271**, certain individuals are permitted to provide behavioral health services without licensure, provided they do not claim to be licensed professionals. This includes:

- Individuals with a **Master's degree and specialized training** who provide **coaching, education, or guidance** without engaging in the diagnosis and/or treatment of complex mental health disorders.
- Professionals working within their **scope of practice** and clearly communicating their credentials and limitations to clients.

By choosing to participate in services with Restored Healing, clients acknowledge their understanding of this legal distinction and agree that the practitioner is operating within the **non-licensed** scope as permitted under Arizona law.

**Appointments, Cancellations & Scheduling:**

- Sessions are by appointment only and can be scheduled via phone, email, or our online booking system.
- Appointments are typically **50 minutes** unless otherwise specified.
- Availability may vary, and we recommend scheduling in advance.

#### **Cancellations & Rescheduling:**

- A **24-hour** notice is required for cancellations or rescheduling.
- Cancellations with less than 24 hours' notice may be subject to a **cancellation fee**.
- Missed appointments without notice may result in limited future scheduling availability.

#### **Contact Information & Emergency Resources:**

Restored Healing does **not** provide emergency or crisis services. If you are in crisis or require immediate support, please use the following resources:

#### **Emergency & Crisis Support:**

- **Emergency Services:** Dial 911
- **National Suicide Prevention Lifeline:** Call or text **988**
- **Crisis Text Line:** Text **HOME** to **741741**
- **National Domestic Violence Hotline:** **1-800-799-7233**
- **Local Mental Health Crisis Centers:**
  - **Polara Crisis Center** 8655 E Eastridge Dr, Prescott Valley, 928-445-5211
  - **Terros Health Mobile Crisis:** (877) 756-4090

#### **Non-Emergency Contact Information:**

For general inquiries, scheduling, or more information about our services:

- **Phone:** 928-420-0321
- **Email:** [selfrestoredcounseling@gmail.com](mailto:selfrestoredcounseling@gmail.com)
- **Website:** [www.restoredhealingservices.com](http://www.restoredhealingservices.com)

**Client Acknowledgment & Agreement:**

By signing below, I acknowledge that I have read, understand, and agree to the policies outlined in this document. I understand that the services provided by **Restored Healing** are for personal development, coping strategies, and stress management and do **not** constitute psychotherapy, diagnosis, or treatment of complex mental health conditions. I also acknowledge that the practitioner is **not a licensed therapist** in the state of Arizona, and is under **no** regulatory authority of any governmental agencies,

I voluntarily choose to participate in services and accept responsibility for my personal growth and well-being. I understand my rights, confidentiality policies, and the limitations of these services.

Client Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Restored Healing Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for choosing **Restored Healing**. We look forward to working with you on your journey toward resilience, empowerment and healing.

