

Amy P. DiGennaro, MFA, MA, AT
Masters level Therapeutic Consultant in Art Therapy and Marriage & Family Therapy
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THERAPEUTIC CONSULTATION INFORMATION DISCLOSURE STATEMENT

I am currently working towards licensure in the state of Minnesota. Until I am licensed my work will be supervised by John Jankord, MA, LADC, LMFT, LPC at Parkdale Therapy Group, 1660 South Highway 100, Suite 330, St. Louis Park, MN 55416, (952)224-0399. Please feel free to contact John with any questions or concerns.

Therapeutic consultation is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps create the safety to take risks and the support to become empowered to change. As a person seeking therapeutic consultation, you have certain rights that are important for you to know about because this is your therapeutic consultation, the goal of which is your wellbeing. There are also certain limitations to those rights that you should be aware of. As a therapeutic consultant, I have corresponding responsibilities to you.

My responsibilities to you as your therapeutic consultant

I. Confidentiality

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapeutic consultations. I cannot and will not tell anyone else what you have told me, or even that you are in therapeutic consultation with me without your prior written permission. Under the provisions of the Health Care Information Act of 1992, I may legally speak to another health care provider or a member of your family about you without your written consent, but I will not do so unless the situation is an emergency. I will always act to protect your privacy, even if you do release me in writing to share information about you. You may direct me to share information with whomever you choose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapeutic consultation session with you.

You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever I transmit information about you electronically (for example, faxing information) it will be done with special safeguards to insure confidentiality.

If you elect to communicate with me by email at some point in our work together, please be aware that email is not completely confidential. All emails are retained in the logs of your or my 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 email I receive from you, and any responses I send to you, will be printed out and kept in your record. I use a service called MDOfficeMail that encrypts email messages to protect your private information (https://mdofficemail.com/How_It_Works_.html). The first time you receive an email from me, you will need to create login credentials to view the message and respond with their secure message system.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. If I have good reason that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
2. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team. I am not obligated to call the crisis team, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.
4. If you tell me of the behavior of another named health or mental health care provider and inform me that this person has either a.) Engaged in sexual contact with a patient, including yourself; or, b.) Is impaired from practice in some manner by cognitive, emotional, behavioral, or health problems, then the law requires me to report this to their licensing board and the Department of Health. I would inform you before taking this step. *If you are my client and a health care provider, however, your confidentiality remains protected under the law from this kind of reporting.*

The following is not a legal exception to your confidentiality. However, it is a policy you should be aware of if you are in relational (couples, family) therapeutic consultation with me.

If you and your co-participant(s) in therapeutic consultation have individual sessions as part of the relational therapeutic consultation, what you say in those individual sessions may be considered to be part of the relational therapeutic consultation, and may be discussed in joint sessions. *Do not tell me anything you wish kept secret from your partner. We should discuss, prior to complete revelation, things that you do not want disclosed to other co-participants (host(s), family members, etc.).* I will remind you of this policy at the beginning of individual sessions dealing with the relational therapeutic consultation.

II. Record-Keeping

I keep very brief records, noting only that we have met, what interventions happened in sessions, and the topics we discussed. Under the provisions of the Health Care Information Act of 1992, you have the right to a copy of your file at any time. You have the right to request that I correct any errors in your file. You have the right to request that I make a copy of your file available to any other health care provider at your written request. I maintain your records in a secure location that cannot be accessed by anyone else.

III. Diagnosis

Disclaimer: A diagnosis does not define who a person is. It is a particular kind of singular, overly simplified description created at a specific moment in time to depict actions and effects but does not explain how they came to be. It is a shorthand method of communication among clinicians and business people used for classification and insurance purposes and should never be used to define a person or their worth. Clinicians, business people, and all involved in

therapeutic consultation should actively challenge the ways diagnoses limit perceptions of people; and strive to situate diagnoses in context while adding complex descriptions of the person that include skills and abilities.

I am required by the ethical code for my license to select a diagnostic code to put in your file. Third party payers, such as insurance companies, also require diagnoses for coverage of your costs. I will collaborate with you on your diagnosis. All of the diagnoses come from a book called the **DSM-V**; I will have a copy available for you to look at if you want to learn more about what it says about specific diagnoses. If insurance companies are not involved, and we are working more in a mentor/consultant capacity, I may not need to use a diagnosis at all. I believe that the problem is the problem; the person is not the problem and as such, I avoid diagnoses, unless they serve a specific purpose, such as insurance requirements, mobilizing resources or quality of care issues.

IV. Other rights

You have the right to ask questions about anything that happens in therapeutic consultation. 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. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide that I'm not the right therapist for you. You are free to end therapeutic consultation at any time.

V. My training and approach to therapeutic consultation

I have an MFA (Master of Fine Arts) from Rutgers University in New Jersey, and have studied and worked with a wide variety of art media. I have been a professional artist and university professor since 1996. I graduated in 2014, with a Masters of Counseling and Psychotherapy, specializing in Art Therapy and Marriage & Family Therapy, from Adler Graduate School in Richfield, MN. My approach to art therapeutic consultation is more process oriented than product oriented. I believe the process of creating has healing properties and that interpretation of images is not the main goal. Anyone can do art therapeutic consultation. **You don't need to be an artist or artistic or have any special talent to work with me.** Every human being has the capacity to create. I view therapeutic consultation as a collaborative process and see clients as the experts in their lives. I am not the master with answers, rather I am more like a midwife: I have good information and can support you in your process.

My approach to therapeutic consultation is Postmodern Narrative/Art Therapy. I work from a Feminist, Social Justice perspective and am interested in many types of therapeutic consultation, especially: Buddhist Therapy and Existential Therapy. Social Justice Therapy is a philosophy of psychotherapy that looks at the relationship of gender, power, and cultural forces in determining a person's developmental experiences and problems they are bringing to therapeutic consultation. Narrative therapeutic consultation looks at all our experiences as stories within the above described contexts and believes that you are the expert in your life and on your stories and that problem-saturated stories can be re-written! Buddhist therapeutic consultation uses mindfulness practice, within a social justice framework to help overcome difficulties. And finally, Existential therapeutic consultation helps us find meaning in our struggles. I may use some of these approaches in combination, but not necessarily all. I will always work from a social justice perspective.

Narrative therapeutic consultation is based in the notion that we make meaning of our lives through the stories we live. These stories are constructed within the larger stories that make up our social, political, and interpersonal contexts.

Jill Freedman, LMFT & Gene Combs, MD,
Evanston Family Therapy Center (EFTC)

For more about narrative therapy, check out:

[Dulwich Centre](#)

[The Narrative Worldview, by Freedman & Combs, EFTC](#)

[The One-Minute Question: What is Narrative Therapy? by Eric Sween](#)

Art therapy is a form of expressive therapy that uses art materials, such as paints, drawing, clay, collage and even digital media such as photography and tablet technology. Art therapy combines traditional psychotherapeutic theories and techniques with psychological, interpersonal and somatic aspects of the creative process and self-expression. In mental health, art therapy is used in many clinical settings with diverse populations including children, adults, and families. As a part of integrative health care, art therapy and expressive arts therapy (art, music, drama, movement, and writing) complement and support traditional and complementary health practices and interventions.

Cathy Malchiodi, PhD, LPCC, LPAT, ATR-BC,
Independent Art Therapist and Author

For more about art therapy check out:

[Art Therapy Blog](#)

[The American Art Therapy Association](#)

[The Minnesota Art Therapy Association](#)

I can help you find resources on all of these types of therapeutic consultation if you are interested in learning more about them. I use a variety of techniques in therapeutic consultation, trying to find what will work best for you these techniques are likely to include: art therapeutic consultation, dialogue, interpretation, cognitive reframing, awareness exercises, self-monitoring experiments, visualization, journal-keeping, and reading books. If I propose techniques that may have special risks attached, I will inform you of that, and discuss with you the risks and benefits of what I am suggesting. I may suggest that you consult with a physical health care provider regarding somatic treatments that could help your problems; I refer to both traditional and non-traditional practitioners, and will be glad to discuss with you the pros and cons of various alternatives. I may suggest that you get involved in a therapeutic consultation or support group as part of your work with me. If another health care provider is working with you, I will need a release of information form from you if I need to communicate with them about your care. **You have the right to refuse anything I suggest.**

VI. Relationships outside of therapeutic consultation

I do not have social or sexual relationships with clients or former clients because that would not only be unethical and possibly illegal, it would be an abuse of the power I have as a therapist. I do not have any online contact of any kind with clients or former clients except for therapeutic consultation-related email correspondence only. I do not accept gifts from clients.

VII. Cell phone use

Please do not use your cell phone during sessions, except in case of emergency—this includes texting. I want us to be able to concentrate on the work at hand. Thank you.

VIII. Risks

Therapeutic consultation also has potential emotional risks. Approaching feelings or thoughts that you have tried not to think about for a long time may be painful. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find that your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the benefits of you changing. Most people who take these risks find that therapeutic consultation is helpful.

IX. Termination of therapeutic consultation

You normally will be the one who decides therapeutic consultation will end, with three exceptions. If we have contracted for a specific short-term piece of work, we will finish therapeutic consultation at the end of that contract. If I am not, in my judgment, able to help you, because of the kind of problem you have or because my training and skills are not appropriate, I will inform you of this fact and refer you to someone else who may better meet your needs. If you do violence to, threaten, verbally or physically harass or my family or me, I reserve the right to terminate you unilaterally and immediately from treatment. If I terminate you from therapeutic consultation, I will offer you referrals to other sources for care, but cannot guarantee they will accept you for therapeutic consultation.

X. Communication

I will tell you in advance if I will be unavailable to take phone calls, voicemail or emails due to vacation or professional obligations. I may be available for brief between-session voicemails (or texts, though please be advised that texts, like emails are not completely confidential) during normal business hours (M-F 9AM-5PM). If you are experiencing an emergency when I am unavailable, or outside regular business hours (after 5 pm on weekdays and on the weekends), please call Crisis Connection (612) 379-6363 (or toll-free: 1-866-379-6363) for 24-hour crisis counseling. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. I will be unable to spend more than 10 minutes a week on the phone or reading emails or listening to voicemail messages or reading texts. If necessary, we can schedule an additional session in a week, if needed.

XI. Your responsibilities as a *therapeutic co-consultant*.

You are responsible for being at your session on time and at the time we have scheduled. Sessions last for 50 minutes, though first meetings may last up to 90 minutes. If you are late, we will end on time and not run over time. Please do not miss a session without canceling, or cancel with less than twenty-four hours notice, the only exception to this rule is if you would endanger yourself by attempting to come (for instance, driving on icy roads), or if you or someone whose caregiver you are has fallen ill.

XII. Complaints

If you are unhappy with what is happening in therapeutic consultation, I hope you will talk about it with me so I can respond to your concerns. I will take such criticism seriously, and with care and respect. If you believe I've been unwilling to listen or respond, or that I have behaved unethically, you can complain about my behavior to my supervisor John Jankord, MA, LADC, LMFT, LPC at Parkdale Therapy Group, 1660 South Highway 100, Suite 330, St. Louis Park, MN 55416, (952)224-0399; or my supervisor Suzanne Morgan, LICSW, at Morgan Psychotherapy Associates, 621 West Lake Street, Suite 350, Minneapolis, MN 55408 (612)799-7299 You are also free to discuss your complaints about me with anyone you wish, and do not

have any responsibility to maintain confidentiality about what I do that you don't like, since you are the person who has the right to decide what you want to keep confidential.

Consent to therapeutic consultation

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapeutic consultation with Amy DiGennaro, MFA, MA, AT. I know I can end our work together any time I wish and that I can refuse requests of suggestions made by Amy. I am over the age of eighteen (if I am not, my guardian is signing along with me below).

_____ Date: _____
Signature of person seeking therapeutic consultation

_____ Date: _____
Amy P. DiGennaro, MFA, MA, AT, Therapeutic Consultant

Signature if Guardian or responsible adult (if under eighteen years of age):

_____ Date: _____

Relationship: _____