



Jennifer R. Harms, MS, LCMFT
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Therapist Information

Jennifer Harms is a Licensed Clinical Marriage and Family Therapist. She holds a Master of Family Therapy from Friends University and completed her undergraduate work in Psychology and Biblical and Religious Studies at Tabor College. She is licensed to diagnose and treat mental health disorders and trained in individual, couple, and family therapy. Using a gentle spirit and a passion for relationships, Jennifer addresses issues like depression, anxiety, anger, shame, spirituality, and grief. Jennifer also specializes in sexual health and orientation, and adult survivors of sexual abuse. She brings a compassionate heart and humility to help her clients feel respected and heard and find solutions to the most difficult life situations building on their strengths and abilities. She utilizes Cognitive Behavioral, Gottman Couples therapy, Dialectical Behavioral techniques, and EMDR, a specialized therapy for trauma, anxiety, and other problems. She has worked in the mental health field since 1995.

Jennifer is a former Okie with a rural past but has called Wichita home for over 20 years. Outside of work, she enjoys quilting, baking and is involved at First MB Church. She has an adventurous spirit and loves camping with her friends and dogs, Kassie, Kenai and Boomer. She also has fun checking out local shops, artisans, and restaurants.

What to Expect from Therapy

Individuals, couples, families are seen together and in individual sessions. Attention is given to exploring the reason for seeking therapy and identifying directions for possible change. Emphasis is placed on the interaction among family members as well as the role that each person plays in contributing to the problem and also bringing about positive relationship growth.

When you seek therapy, it is important to know that there are benefits and risks involved in the changes that may occur. The benefits of therapy can include an enhancement of your ability to handle or cope with your family, marriage, children, or other relationships in a healthier way. You may also gain a greater understanding of personal and family goals and values. The new understanding may lead the way to greater maturity and happiness as an individual, couple, or family.

However, therapy can be challenging and uncomfortable at times. Remembering and resolving unpleasant events may cause intense feelings of fear, anger, depression and frustration. As you work to resolve issues between your family members, spouse or partner, and others, you may experience discomfort and an increase in conflict. There may be changes in your relationships that you had not originally expected. Response to therapy is different for each person and should be assessed on an ongoing basis. You are encouraged to discuss any concerns you have as therapy progresses.

Confidentiality

You have the right to share only the information that you wish to disclose. You may refuse any testing, assessment, or type of therapy.

Both law and professional ethics require therapists to maintain confidentiality. Except under specific

circumstances mandated by law, communications will remain confidential as will any of the records regarding the therapy process unless the client and all other consenting adults involved in therapy give written permission that such information may be released. There are some exceptions that therapists are required to communicate information about therapy to persons outside the family. These exceptions include:

- The client reveals intent to harm self and/or other. If you are suicidal or at risk to hurt yourself, I may need to report to the police department, so they can check on you. If you threaten to hurt another person, I must warn that person and the authorities.
- The client presents reasons to suspect child or elderly abuse or neglect. If you report physical or sexual abuse (minors having sex, non-consensual sex) of a minor, the proper authorities must be notified.
- A judge orders records or testimony.

Certain matters brought to the therapist's attention in an individual session might be encouraged to discuss with parents/guardians if deemed helpful to the individual or relationship. Information regarding minors that could be important to share with parents includes excessive or harmful drug or alcohol use, sexual or abusive relationships, and selfharming behaviors like cutting. The therapist will help you decide if this is best. Information that is irrelevant to the client's welfare will be kept in confidence.

It should also be noted if you pay using a personal check and indicate what it is for on the check, that information will be seen at a financial institution. Your therapist or this office may communicate with you regarding scheduling, billing, forms, or handouts by letter, email, text or phone calls to your home, work or cell phone. If you would like different contact information to be used please notify the receptionist or therapist. Please remember if you email, text, or call your therapist, these forms of communication could be obtained by unauthorized persons and compromise your confidentiality. Email, texts, and phone calls should not be used for therapy purposes

Financial Arrangements

Therapy sessions are approximately 50 minutes in length. You are responsible for any fees not covered by insurance. The fee for therapy sessions for those that choose to self-pay is \$160 for an initial session and \$115 for each subsequent session. There will be a \$35 charge for a returned check. Brief telephone consultations, letters, or reports to other professionals are provided at no charge if they are infrequent. Payment and co-pays are due at time of service. If you have concerns about paying your fees, please talk to your therapist or the receptionist. Jennifer R. Harms, MS, LCMFT 5745 East. Central Wichita, KS 67208 Office: 316.260.6889 FAX: 316.928.2473 You must give at least 24 hour notice to cancel an appointment so that the appointment time can be given to someone who is waiting to get in. You may be charged for appointments that are not cancelled 24 hours in advance. If you do not meet this requirement, it can result in a \$25 fee the first time and \$100 fee for any missed appointments after. This is your responsibility to pay as it cannot be billed to insurance.

Custody Evaluations/Testifying in Court

In the effort to maintain a healthy and productive relationship with clients, your therapist will not get involved in any court related custody or divorce proceedings. Your therapist does not provide court ordered therapy, conduct evaluations or give opinions or recommendations for court. Marriage and Family Therapists serving in a clinical role must comply with the AAMFT Code of Ethics Principle 3.14, which states: "To avoid a conflict of interest, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective. For example, if you choose to subpoena your therapist regarding custody arrangements your therapist will only be able to respond with "I have not conducted the evaluation necessary to provide an opinion on this issue, so I cannot answer the question." This is due to the above stated AAMFT Code of Ethics. Therefore, it is in your best interest not to subpoena your therapist due to custody, visitation, or divorce actions.

If court cannot be avoided, court reports have a fee of \$25 per page. Court appearances including time spent preparing for the appearance and travel time, are \$200/hour plus mileage. You are responsible for these fees as they cannot be billed to your insurance.

This authorization may be revoked at any time, however prior to revocation, therapy will be conducted as above. Unless revoked, this authorization will be in force for a year following the cessation of treatment.

I/We, _____, give my full and informed consent to receive therapy services from Jennifer Harms, LCMFT.

Patient Signature

Family member

Family member

Family member

Jennifer Harms, LCMFT

Date

If you have any questions about fees, appointments, cancellations, or insurance, please speak with the receptionist or your therapist.