Rain Marie Voss, LPC-MHSP
1410 17th Ave S, Nashville, TN 37212
rain@rainvoss.com
615.587.1138

Informed Consent

Welcome to My Practice

Choosing to enter therapy means you are seeking changes in your life—in yourself, in your behaviors, in your difficulties, and oftentimes, in your relationships. Welcome! I'm glad you're here.

Our work together is a collaboration, and I honor your choice to pursue this work in a manner that supports a greater sense of safety, self-expression, well-being and connection. That said, therapy can be uncomfortable. And at times, things may feel worse before they get better. This is because the work asks that we open up to the places where we've been harmed and the strategies we've developed to avoid painful feelings. The good news is, as you do this work, you are offering yourself the opportunity to develop greater awareness, freedom and choice.

My Approach

My approach to therapy is **client-centered and relational**, meaning above all else, I strive to develop an honest human relationship with you, a relationship where you can bring your full self and be heard by someone who wants to understand you and your experience in the world. Put simply, we are harmed in relationships, and we heal in relationships.

My work is **compassion-centered**, informed by practices indigenous to Buddhism. Throughout our work together, I offer my clients a heart-centered, compassionate presence, inviting you to move towards greater self-compassion. This self-compassion supports the establishment of a deeper relationship with ourselves and the world around us—a base from which we can learn to be more intimate with our inner experience as well as the people around us. It also promotes better mental health outcomes, quality of life and resilience.

My work is **embodied** and invites you into greater embodiment. Therapy cannot take place in the head alone, especially for those of us for whom intellectualization and dissociation are primary strategies of avoidance and escape. We are sensing, feeling creatures, and we gather and respond to information from the whole of our being whether we recognize it or not. Returning to our bodies—our own knowing, our intuition and our instincts—is foundational to living authentically and purposefully.

My work is **non-violent and experiential**. I privilege what is alive in the room as we work together. At times, I will invite you into experiential exploration to bring you into deeper contact with your immediate experience. Our past lives within our cells and tissue, our fascia and our organs, in the shape of our breath. Change happens in the here and now through the recognition and assimilation of new experiences and through new ways of perceiving, thinking and being.

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My work is **grounded in social justice** and the belief that every human is inherently valuable and worthy of belonging and love. To quote Adrienne Rich, "Any project of self-discovery [is] necessarily a project of social and political critique." Psychology as a field has traditionally focused on individual experiences, yet in reality many of our individual challenges are born of the dysfunctional structures of our society. In therapy, we have the opportunity to deconstruct our inherited beliefs and values and work towards our own healing, so that we may begin to create the life and world we most want to live in.

My work is **spiritually and ecologically rooted**. I hold that a connection to what is larger and beyond us—regardless of any particular faith tradition—anchors us through the difficult and often miraculous and joyful experience of being human. My work prioritizes sensitivity and aliveness, offering space for you to experience your connection to the wonder and mystery of life on this planet.

Professional Training
I have a Master's Degree in Human Development Counseling from Vanderbilt University and am licensed as a Licensed Professional Counselor with a Mental Health Service Provider designation (LPC-MHSP) by the State of Tennessee (#4143). Over my 10+ years as a therapist, I've learned from a wide range of clients and through ongoing collaboration with other professionals. I've spent more than a decade in an ongoing training cohort that focuses on the group based experiential healing, utilizing breathwork practices to integrate cognitive, somatic and developmental approaches. Additionally, I've pursued several internationally recognized trainings in somatic and emotion focused therapies. My commitment to ongoing growth—both personal and professional—is central to how I work with clients.

Risks and Benefits
Therapy may change for you in unexpected ways. Relationships, beliefs and goals may change as a result of our work together—less functional and fulfilling modes of self-protection may slip away as greater authenticity emerges. While the work can be difficult, it can also be joyful, spontaneous and imbued with creativity. To the best of my ability, I will support you through this process of discovery. While I strive to create an environment in which exploration and risk-taking are possible, your healing and the pace of change are ultimately up to you.

Confidentiality
As a client, you have the right to confidentiality. In Tennessee, state law protects the confidentiality of communication between licensed professional counselors and their clients. I will not share anything you share with me with others without your consent except as required by law under the following circumstances:

1. Imminent danger of harm to self or others;
2. Suspected abuse or neglect of a child or vulnerable adult (such as an elderly or disabled person); or
3. Court order for clinical records, if client is involved in legal proceedings.

I may also at times seek consultation from other mental health providers. This is to ensure that you are receiving the highest quality of care possible. Your personal identity will be kept confidential in any professional consultation unless I am speaking directly to a member of your treatment team.

Please provide the name, title, email, and phone number of your other mental health care providers below (Optional):

Name _____ Role _____
(e.g., psychiatrist, nurse practitioner, etc.)

Email _____ Phone _____

Initial here to authorize Rain Voss, LPC-MHSP, to disclose confidential information with the above provider. _____

Name _____ Role _____
(e.g., psychiatrist, nurse practitioner, etc.)

Email _____ Phone _____

Initial here to authorize Rain Voss, LPC-MHSP, to disclose confidential information with the above provider. _____

Please note that I do not permit audio or video recording of any individual or couples therapy sessions by clients without my express consent.

Scheduling and Availability
I am generally available between 10am and 6pm Monday through Thursday. Occasional appointment times on Fridays may also be available.

I can be reached by text, phone, or email at (615) 587-1138 and rain@rainvoss.com. I will return your message in as timely a manner as possible, based on the nature of the request and my schedule that day. Typically, I am able to return calls within a 48-hour period between the hours of 9am and 6pm on regular business days. Please note that when communicating via text, phone, or email, you are assuming a certain degree of risk of breach of privacy beyond that inherent in other modes of communication (such as face-to-face).

If you have a pressing need for more immediate support, please let me know, and I will make my next open appointment available to you. If you are unable to schedule a full appointment, I am happy to schedule a phone call. Please note that phone calls that are 15 minutes or longer will be billed as the appropriate fraction of my hourly rate.

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Emergency Support
If you feel you are in crisis and need immediate assistance, please call the Crisis Line at 855-274-7471, call 911, or go to the nearest emergency room.

Additional warm lines for support in an emergent situation are listed below. Warm lines are staffed by volunteers who are available for emotional support. These lines in particular will not call the police without your consent.

Call Blackline	800.604.5841	Centers BIPOC & LGBTQ+
Trans Lifeline	877.565.8860	Run by and for trans people
Wildflower Alliance Peer Support Line	888.407.4515	Peer Support Line
StrongHearts Native Help Line and Alaska Natives	844.762.8483	Centering Native Americans
Thrive Lift Line	313.662.8209	Trans-led and operated
LGBT National Help Center	888.843.4564	

Fees
My therapy session fee is **$185 for a 50 minute individual appointment** and **$225 for a 50 minute couples appointment**. Occasionally, clients are better served by 75 minute appointments, which will be billed proportionally to my standard rates. For clients with demonstrated financial need, I have a limited number of sliding scale spots available. Payment is due at time of service. Please note that I reserve the right to update my fees at any point, and typically adjust my fee on an annual basis. I will always give you a minimum of 30 days notice before any rate increase. I accept payment via cash, check, credit/debit card, and Venmo (@Rain-Voss).

Cancellation/No-Show/Late Arrival Policy
I ask that you kindly give advanced notice for any cancellations or requests to reschedule. Cancellations that occur less than 48 hours before your scheduled appointment time will be billed the full session rate.

If you are running late for an appointment, please let me know and we can meet for the remaining duration of your scheduled appointment. In the event that I have not heard from you 15 minutes into your scheduled appointment time, I will consider this a no show and charge you accordingly.

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Credit/Debit Card Authorization

I request all clients provide their credit/debit card information to keep on file prior to scheduling an appointment. In the event you need to cancel and do not give at least 24 hours notice, the full appointment fee will be charged to your card.

Initial here to authorize Rain Marie Voss, LPC-MHSP, to charge the below credit/debit card for professional services, late cancellation, and no-show fees, as per the above policies. ____

At the time of my appointment, I may choose another payment method if preferred.

Card Holder Name _____ Billing Zip Code _____

Credit/Debit Card # _____ Exp. Date _____

3 Digit Security Code _____

Insurance and HSA Reimbursement

I am a fee-for-service provider and am not contracted with any health insurance or managed care companies. If requested, I will provide you with a Super Bill which you may use to file for out-of-network benefits. Please note that this must be requested at the beginning of treatment, and it is your responsibility to ascertain out-of-network insurance coverage and file your own claims. Unlike paying strictly out-of-pocket, a Super Bill requires that I give you a clinical diagnosis which will become a part of your permanent medical record.

Client Litigation

I will not voluntarily participate in any litigation or custody dispute in which you and another individual, or entity, are parties. I generally will not communicate with clients' attorneys nor write or sign letters, reports, declarations, or affidavits to be used in any client's legal matter. I will generally not provide records or testimony unless compelled to do so. Should I be subpoenaed, or ordered by a court of law to appear as a witness in an action involving you, you agree to reimburse me for any time spent for preparation, phone calls, travel, or other times in which I have made myself available for such an appearance. My usual and customary hourly rate for such services is $500 per hour. Furthermore, should I deem it necessary to consult with legal counsel or another licensed mental health professional to determine how to best respond to a subpoena or court order in any action involving you, you agree to reimburse me for any and all fees incurred for those services.

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Termination of Treatment

You can terminate therapy with me at any time. If you are considering ending treatment or feel that you may be better served by another provider, I encourage you to discuss that with me during our session time. If, as a part of that process, you conclude that you would like to work with another mental health service provider, I will be happy to provide appropriate referrals.

Please note your file will be automatically closed if I do not hear from you or see you after 45 days.

Informed Consent to Care

I have provided this information to you in the hope of fully informing you about the policies of my office and some of the parameters of care you will receive here, such as the importance of confidentiality. Psychological care, like other things in life, offers no absolute guarantee of success and there are limitations to any form of care offered to a client. Since such limitations are always a function of the particular problem in question, I invite you to discuss your treatment with me.

Please feel free to discuss any of these matters with me in more detail.

Your signature below acknowledges your informed consent for care by Rain Marie Voss, LPC-MHSP. By signing below, you acknowledge having read, understood, and agreeing to these policies and procedures. You agree that you are responsible for all charges for services rendered and you agree to adhere to the payment policies.

_____	_____	_____
(Client Signature)	(Printed Name).	(Date)