

INFORMED CONSENT AND OFFICE POLICIES

Therapist will provide a 24-hour phone answering service for clients to contact therapist. In the event the therapist is not available, client may leave a message and therapist will return the call within a 24 hour time frame. In the event of an emergency, client is encouraged to dial 911. _____(initial)

The release or exchange of information on your therapy may be done only after an “authorization to release” and/or “exchange of information” is signed. _____(initial)

In the event of therapist’s needing backup coverage, (i.e., vacation, illness, emergency) a list of three (3) licensed therapists will be provided, thereby, giving the client a choice to handle any and all issues that might arise in therapist’s absence. _____(initial)

Therapist may utilize peer consultation which is subject to confidentiality to aid in the process of therapy. _____(initial)

Limits of Confidentiality: Therapist is a MANDATED REPORTER which means if a client states the following: Client reports wanting to harm self, harm another person (Tarasoff), or reports having knowledge of a minor child, dependent adult or senior adult being abused (verbally, emotionally, physically or financially), therapist will break confidentiality and report to the proper authorities knowledge learned in order to facilitate persons in receiving assistance. _____(initial)

Session time is held for 50 minutes (therapeutic hour). Client agrees to be on time and demonstrate consistency in attendance. _____(initial)

Fees are subject to change periodically. Clients will receive 30 days notice in the event of a fee change occurrence. _____(initial)

Payment is due at the beginning of each session, unless otherwise arranged between the client and the therapist. _____(initial)

Occasionally, clients may find it helpful to pay for sessions in advance. Therapist will hold monies on account to be used as each session is attended. If at any time or for any reason, sessions are terminated, any unused monies will be refunded within 30 days of termination or file being closed, whichever occurs first. _____(initial)

The client has the right to terminate at any time and for any reason. In some instances, clients may leave for a short period of time or choose to have a lull between therapy sessions. If a client chooses to leave for short periods, they will not hold the therapist liable for any future abandonment that may result possibly due to scheduling conflicts or other unforeseen situations. The therapist and client will work together to resolve any issues that arise in the best interests of both parties. _____(initial)

If the client chooses to terminate, the client will attempt to discuss with the therapist, prior to termination, so that there may be proper closure including referrals where appropriate. _____(initial)

Therapist may terminate with client at any time due to the following: when the course of treatment has come to a natural end due to improvement of the client, when the therapist has determined that the client's problem is beyond the therapist's scope of competence, when the therapist determines that the client is not benefiting from the treatment, when the therapist is unable or unwilling, for appropriate reasons, to continue to provide care, or when the treating therapist leaves either through location change, retirement, death, etc. _____(initial)

Client will never subpoena therapist to testify or bear witness in any legal proceeding due to the possibility of a forensic dual relationship occurring that may jeopardize the therapeutic relationship. In the event that the therapist does testify in a legal proceeding, client will reimburse therapist for any reasonable expenses and will pay therapist's customary session fee for each hour incurred on client's behalf. _____(initial)

Client understands that in this day and age of electronic telehealth conducted by email, texts, and televised means such as: Skype and Facetime, confidentiality may be compromised, therefore, this therapist will do everything necessary to keep client's confidentiality and cautions client on being aware of content when texting and emailing. Therapist recommends that emailing and texting only be used to confirm or change appointment times and that if client uses these means of communication to speak about any confidential content, they, the client take it upon themselves to understand the consequences if a breach were to occur through hacking or other electronic, sinister means, and will not hold the therapist responsible for any breach of confidentiality. _____(initial)

Client paper records/signed forms will be kept in a locked file cabinet. Session process notes will be kept electronically in compliance with HIPAA and this license requirements. _____(initial)

Client acknowledges that there is a **TWO (2) BUSINESS DAY APPOINTMENT CANCELLATION POLICY** and by initialing, acknowledges there will be a charge for the full amount of the missed session. _____(initial)

I HAVE RECEIVED A COPY OF THIS LETTER _____(initial)

The purpose of this office is to provide excellent service to each client. If you have any questions, please speak with your therapist.

Signature

Date