

New Client Information Policy Statement and Informed Consent for treatment

Please read the following information and sign below.

If you have any questions, I would be happy to review the information with you.

General information:

As a Licensed Professional Counselor and/or Marriage and Family Therapist, my area of training is the systemic treatment of individuals, couples, and families. The systemic approach to therapy takes into consideration all immediate family members in family therapy session. I, along with you, will decide which family members (if any) need to be included in therapy. Various goals will be established together with you at the outset of therapy.

Therapy naturally involves activities such as identifying emotions and revealing secrets. There may be risks associated with your disclosures to other family members or other family member's disclosures during the course of therapy, as well as exploration of issues. Decisions to disclose will be made by you except where mandated by law. It is expected that some uneasiness or painful emotions may occur as you are involved in therapy. Discussing painful issues will naturally create discomfort. Your participation in therapy is essential toward helping you address your concerns. The Board of Examiners for the Licensure of Professional Counselors, Marriage and Family Therapists and Psychoeducational Specialists requires that all clients be informed that all forms of dual relationships such as business ventures and sexual intimacy are prohibited_

Please be aware that there is a higher incidence of divorce if only one partner in a relationship is involved in therapy. It is also important that you understand there is no guarantee all of your concerns/issues/ problems, etc. will be successfully resolved. I cannot guarantee outcomes. The outcomes may vary from your expectations. You may discontinue participation in therapy at any time.

If at any time you are not satisfied with the course of the therapy, please discuss this concern with me.

Appointments:

Appointments are usually scheduled with the therapist. Appointments are approximately 50 minutes each. However, we can decide to meet for a longer or shorter period of time.

Cancellation of Appointments:

Therapy centers differ in many respects from medical centers. Unlike physicians, dentists, and other professional who operate on more flexible and inexact schedules, therapists commit a specific time period for each person. Thus, it is important that you appreciate the fact that a block of time has been set aside just for you. I understand that conflicts can occur after an appointment is scheduled, however, my time is as valuable as yours. Please notify me **at least 24 hours in advance** if you must cancel or reschedule an appointment.

IF YOU FAIL AN APPOINTMENT WITHOUT CALLING, EXCEPT IN THE CASE OF AN EMERGENCY, YOU WILL BE CHARGED A \$40 FEE FOR YOUR APPOINTMENT TIME.

Fees:

Fees are Due at the time of your scheduled session. If you are unable to pay for a session, please notify the therapist before the session. At times, this becomes a therapeutic issue and appointments need to be rescheduled until you are able to take responsibility for your fee.

We accept Cash, Check (Fee applied for insufficient funds), Visa, MasterCard, and American Express.

Confidentiality:

Shared personal information is strictly confidential and will not be revealed unless you, or a parent in the case of a minor (less than 18 years old), give specific written authorization to release information or is required for payment by an insurance provider the client uses to cover fees or by an Employee Assistance Program (EAP) that a client may use to cover fees.. The office will be discreet if they must contact you at home or your office.

Notice of Privacy Practices: My practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are required by law to keep your information private. Your therapist will give you a copy of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) which will explain your rights as a therapy client.

Video Cameras may be used inside and outside the building for the purpose of security. Video cameras may also be used in session if the therapist feels they need to record the session for their protection or protection of the client. Any Recordings of session/s will only be used in case of security or protection during or against legal action.

Exceptions Confidentiality (Duty to Warn):

Although shared personal information is confidential there are exceptions to these confidences such as: (1) Suicidal threats or attempts. (2) To prevent a clear and immediate danger to another person. (3) Suspected child abuse or neglect. (4) Suspected abuse or neglect of a vulnerable adult. (5) If it is determined that you are in need of hospitalization. (6) Or otherwise mandated or allowed by law or ethical codes for which I am responsible. I am subject to subpoena.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND GIVE CONSENT FOR TREATMENT. I HAVE ALSO RECEIVED A COPY OF THIS POLICY FOR MY RECORDS.

Client Signature

Date