

INFORMED CONSENT

CONFIDENTIALITY STATEMENT:

1. I abide by and respect the ethical code of confidentiality. This means that I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without written permission. You may give written consent for me to share information with whomever you choose, and you can change your mind and revoke that permission at any time.
2. The following are the legal exceptions to your right to confidentiality.
 - a. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also inform the police and ask them to protect that person.
 - b. 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 or Social Services within 72 hours.
 - c. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and contact the police or crisis team. However, whenever possible I would explore all other options with you before taking this step.
 - In any of these situations, I would reveal only the information necessary to protect you or the person in danger. I would not divulge everything you have told me.
 - d. I may sometimes consult with another professional about your treatment. All counselors are required by professional ethics to keep your information confidential. These case consultations/staffing/supervision sessions are helpful to both you and me in determining that I am providing you with the best treatment possible. In addition, when I am out of town or unavailable, another therapist will be on hand to assist my clients. I must provide him or her with information about any clients that might be calling.
 - e. When I treat children, I cannot guarantee confidentiality. Parents of children have the right to remain informed about treatment. As children grow more able to understand and choose, their right to confidentiality increases. Therefore, for children between the ages of 12 and 18, most of the details of our work together will be kept confidential. However, parents and guardians do have the right to *general information*, such as how their child's therapy is doing. The same legal exceptions to confidentiality also apply.
 - f. If you and your partner decide to have individual sessions as part of your couple's therapy, what we discuss in those individual sessions will remain confidential unless I determine the information is critical to the couple's session. I maintain a NO SECRETS policy in couples therapy and this will be discussed in great detail when applicable.
 - g. A court order, issued by a judge, may require the release of certain information contained in records and/or require a therapist to testify in a

court hearing. However, please note that your therapist will attempt to gain your consent before commencing communication with a third party.

FINANCIAL AGREEMENT:

1. The fee for a 50-minute session is \$_____ payable at the time of treatment. I accept cash, checks, and credit cards.
2. You are responsible for full payment of all services. If your insurance refuses a claim, you will be required to pay the entire amount.
3. Payment is due at the time of treatment. If you choose to pay by check and your check is returned for insufficient funds, your account will be assessed a \$25.00 returned check fee, in addition to the amount of the bounced check. . In the event of a returned check current due and future payments will need to be made by cash or bank/credit card.
4. Any fees left unpaid for 30 days will accrue interest of 25% per month.
5. Your appointment time has been set-aside for you. You are responsible for coming to your session **on time** and at the time we have scheduled. If you are late for your session, we will still end on time and your regular session fee will apply.
6. Cancellation Policy: If you cannot attend your appointment, you **MUST** cancel at least 24-hours in advance. If you do not cancel within 24 hours or miss a session without canceling, you will be obligated to pay the full session fee. (Insurance will not pay for no shows or late cancellations)
7. Please note that there is a service charge of \$3.00 per transaction for bank/credit card use.

TELEPHONE CALLS, REPORTS AND LEGAL REPRESENTATION:

1. I prefer to see and talk with you in person at our scheduled session time. However, I am aware that telephone calls are necessary at difficult times. When you call, and are connected to my voicemail, please leave a message including your telephone number. I **WILL** return your call as soon as possible.
2. If you request that I write reports to be sent to schools, employers, lawyers, doctors, courts, Child Protective Services, etc., you will be charged for the time it takes me to write these reports. Court appearances will have a minimum charge of \$250.00 and will be billed at \$100.00 per hour.
3. I am not a legal consultant or representative. I do **NOT** do custody evaluations or make recommendations regarding child custody. If you do require these services I will be happy to provide you with referrals.

ENDING THERAPY:

Usually, ending therapy happens naturally and takes place over several weeks in the process of treatment. Should you wish to stop therapy at any time, I ask that you allow yourself and/or your child to have a final session, regardless of the reason for ending. Closure is an essential element in the process of good therapy, which I highly value. If you request, I will refer you to another provider.

EMERGENCIES:

In the event of a psychological emergency, please call 911. You may also call the Suicide Prevention Hotline of Nevada at 1-877-885-HOPE (4673), Montevista Hospital at 364-1111 or Nevada Adult Mental Health at 486-8020

Therapy involves sharing sensitive, personal, and private information that may at times be distressing. During the course of therapy, there may be periods of increased anxiety or confusion. This can be a natural part of healing and change. Your therapist is available to support you throughout this process. The outcome of counseling is generally positive; however, the level of satisfaction for any individual cannot be guaranteed.

STATEMENT OF UNDERSTANDING:

I have read the enclosed policies and procedures, asked any questions that I needed to, and understand the terms of this consent. I understand my rights and responsibilities as a client and my therapist's responsibilities to me. I agree to these conditions and consent to treatment.

_____ Client's Signature	_____ Date
_____ Client's Signature	_____ Date
_____ Parent/Guardian's Signature	_____ Date
_____ Provider Signature	_____ Date