

Consent for Treatment
Please read carefully

Psychotherapy is a working cooperative relationship between you and your counselor. Each member of this cooperative relationship has certain responsibilities. Your counselor will contribute her knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.

1. Fees and appointments

- A. Appointments are 45, 60 or 90 minutes in length, and take place on a weekly basis (unless otherwise arranged). Your counselor holds a specific hour for you each week. If you are unable to keep your appointment, please cancel as soon as possible so as to not be charged the cancellation fee. You will be allowed to cancel one session within a one-year period with no charge. The year begins on the date of your intake appointment. After one cancelled session appointment, you will be responsible for missed sessions. Please note that if you are able to reschedule or cancel within 24-hours, you will not be charged the cancellation fee.
- B. There is a \$25.00 service fee for returned checks
- C. All clients are required to provide a credit card number to keep on file as a guarantee of payment for services rendered and for late cancellations/missed appointments. If you choose not to pay by cash or check at the time of service, you agree to the card on file being charged on the day of service. If a card charge is declined, you agree to promptly pay using another form of payment.

2. Confidentiality

- A. Communication between you and your counselor is confidential. This means that your counselor will not discuss your case without expressed written permission.
- B. Your counselor has an ethical and legal obligation to break confidentiality under the following circumstances:
 1. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.
 2. If there is a reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
 3. If you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic or digital media exchanges, a film, photograph, video in which a child is engaged in an act of obscene sexual conduct.
 4. If you introduce your emotional condition into a legal proceeding.
 5. If your records are subpoenaed by a court of law.

3. Additional Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your psychotherapy at any time, for whatever reason and without any obligation, with the exception of

payment of fees for services already provided. You also have the right to expect that your therapist will maintain professional and ethical boundaries.

I reserve the right to discontinue psychotherapy at any time including, but not limited to, a violation by you of this Consent for Treatment, therapeutic needs, my ability to address those needs, or other circumstances that led me to conclude in its sole and absolute discretion that your therapy needs would be better served at another facility or with a different therapist. Under such circumstances, I will suggest an appropriate therapist (s) or counseling agency.

Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission for me to provide therapy and that this contract is binding for all future sessions you may have with me.

Print Name: _____

Date: _____

Signature: _____