

INFORMED CONSENT

When entering into psychotherapy, you become a client with both rights and responsibilities.

1. Therapy comes with both benefits and risks. You must make your own decisions about how you will proceed with your life and choices about things such as marriage, divorce, custody and visitation, family expectations, communication, spirituality. I am here to help you understand yourself better and to make healthy decisions, now and in the future. Occasionally, and usually early on in therapy, some symptoms could increase (“sometimes things get worse before they get better”). I work from many different perspectives and I use a variety of strategies and techniques. You have the right to receive explanations about treatment approaches used in treatment. I am happy to discuss this with you at any time. *Please keep in mind that what you put into therapy is often what you take from therapy.*
2. You have the right to know my qualifications. I earned a Master's degree in Marriage and Family Therapy. I also have an undergraduate degree in elementary education with a minor in early childhood development. I consider myself a life-long learner and attend workshops and conferences on a regular basis.
3. You have the right to confidentiality. This means that with the following exceptions what you discuss with me will not be repeated or released without your consent. (This includes information disclosed by minor children.) If subpoenaed, I will always attempt to assert client privilege.
Exceptions are:
 - If a minor child is abused or neglected.
 - If someone is in imminent danger (may include a minor's use of drugs and alcohol).
 - Consultation with other mental health professionals for purposes of supervision (your identity is not disclosed).
 - If records are subpoenaed.
4. Should you have any questions about your therapy, I welcome discussing them with you. I am always happy to talk with you about my techniques and treatment goals. You may withdraw from therapy at any time, and I may discontinue treatment as well.
5. You have the responsibility for payment of services. My fee is \$150.00 for a 50 minute session. If, in between sessions, you need to speak to me for longer than 5-10 minutes, please call to set up an appointment and I will try my best to accommodate you. Payment for services is due at the beginning of each session. I do not directly bill to insurance companies. Upon request, I will provide you with statements to send to your insurance company for reimbursement. **Failure to give twenty-four hours notice to cancel your appointment will result in a charge for the time that was reserved for you.** Insurance companies will not reimburse for “no shows” or for appointments canceled without proper notice.

I have read, or have had read to me, the above informed consent. I have had the opportunity to ask questions about this consent and about the purpose of counseling and understand that results are not guaranteed. I have been offered a copy of HIPAA. By signing below, I agree to this consent.

Client/Parent or Guardian's Signature

Date

Client/Parent or Guardian's Signature

Date

