

INFORMED CONSENT FOR TREATMENT

You have rights and responsibilities as a client seeking to engage in counseling with me. Furthermore, the federal Health Insurance Privacy and Portability Act (HIPPA) entitles you to certain protections of confidentiality. Please ask me if you are interested in a more detailed explanation of HIPPA.

Rights

You have the right to be informed of the terms under which treatment will be provided.

You have a right to know my qualifications and training

You have the right to refuse or terminate treatment at any time and for any reason

You have the right to know that sometimes you can feel worse at the beginning of treatment instead of better. *This is possibly a result of opening up old wounds and discussing painful topics that you may have been avoiding, and it should ease over time, if it happens at all.*

You have the right to confidentiality as specified by state and federal law. *This means that anything you tell me and /or that I write down in your file will not be repeated or released to anyone else without your written permission. You, of course, may discuss your treatment with anyone you choose, including another therapist.*

a. If you choose to communicate with me via email, you should understand that confidentiality cannot be guaranteed due to the nature of Internet security as well as the possibility that others in your household or place of employment could access your emails.

There are certain situations in which the law requires that confidentiality be broken, even if it is against your wishes. These include:

- a. Child or elder abuse or neglect: I am required by law to report any suspicion of abuse to the Department of Human Resources (DHR).*
- b. Violence: If I have reason to believe that you intend to harm someone else, I am required by law to attempt to notify that person*
- c. Suicide: If I believe you are in danger of killing yourself, I will break confidentiality to ensure your safety.*
- d. Consultation: At times, it might be helpful for me to consult with colleagues regarding your best treatment options. If this is necessary, consultation will be done without the use of your name or identifying information unless you have provided written permission*
- e. If you are under the age of 14 your parents have the right to be involved in your treatment. I would strongly advise that they are made aware of only what is necessary and helpful. Individuals 14 and up will need to sign a release of information for parents to receive information. **No release is needed for parents to provide information.***

Responsibilities

Once we schedule an appointment, you will be responsible for paying unless you provide a 24 hours' advance notice of cancellation. If cancellation is necessary due to inclement weather, no fee will be charged. You will be charged \$35 for no show without the proper notice. This will be due immediately, via paypal, cashapp, zelle, or credit card on file _____initials

You are responsible for paying for sessions at the beginning of our counseling sessions.

A standard session is 50 to 55 minutes in length unless otherwise arranged in advance. If we both determine and agree that longer sessions are necessary your fee will be agreed upon and adjusted.

I am available via phone __205-586-5964__for crisis situations. In certain situations you might be instructed to call 911 or report to your closest emergency room (ER).

I do not connect with clients on social media: facebook, snapchat, instagram, twitter, etc.

If you need letters or documents completed there will be a 25.00 fee. I reserve the right to charge more on a case by case basis if the forms require more than one hour to complete.
_____ *initial here.*

If there is a need for me to be called to court for testimony, a retainer will be necessary. To attend court I will have to cancel my day. The retainer is 1,500.00 with payment due 24 hours before court.

You are responsible for keeping me informed regarding changes in your contact information. You are responsible for letting me know if you are dissatisfied with your treatment in any way. I cannot address the problem if I do not know that there is one.

You are responsible for working at least as hard as I am to address the concerns that brought you, your child, or family to therapy. You will have to be willing to work on the things we talk about both during sessions and at home if you want to change.

I/We, _____ have read the above rights and responsibilities and have had any questions answered. I/we understand and agree to these policies.

_____ Date _____
client signature

_____ Date _____
client signature

_____ Date _____
Legal guardian signature

_____ Date _____
Witness signature

