



## **Informed Consent Form**

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights that are important for you to know. You should also be aware of certain limitations to those rights. As a therapist, I have corresponding responsibilities to you, too.

### **My Responsibilities to You as Your Therapist**

#### **I. Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy even if you do release me in writing to share information about you. You may direct me to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You are protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA).

If you elect to communicate with me by email at some point in our work together, I am willing to respond to scheduling questions briefly by return email, but please be aware that email and other electronic media are not completely confidential. I do not use an encrypting program on email at this time. I will respond to texts regarding appointment times and scheduling but will not text regarding clinical information.

The following are legal exceptions to your right to confidentiality. I would inform you of any time when I think I will have to put these into effect.

1. 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 contact the police and ask them to protect your intended victim.
2. 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 and Adult Protective Services.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or local crisis team. I am not obligated to do this, and would explore all other options with you before I took this step. If at that point you were unwilling to take steps to guarantee your safety, I would call the crisis team.

## **II. Record-keeping**

I keep brief records of each session noting the dates we meet, the topics we cover, progress reports from the client's perspective, interventions and impressions from the therapist and next steps.

## **III. Diagnosis**

If a third party such as an insurance company is paying for part of your bill, I am normally required to give a diagnosis to that third party in order for you to be reimbursed. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems.

## **IV. Availability**

Because I have a limited practice, I do not have 24 hour emergency or "on call" coverage. If you believe you will need a therapist with 24 hour coverage I will be happy to make a referral. *If you experience a psychiatric emergency, you should call 911 or go to the nearest hospital emergency room rather than waiting for me to call you back.*

## **V. Fees**

Individual therapy or couples therapy is \$150 per 45-50 minute session. You will be asked to pay for each session at the time of the session. Payment can be by check, cash, or credit card. A Courtesy Bill will be furnished to you at each session in the event you would like to file with your insurance company. There is no direct billing or communication with any insurance company.

## **Your Responsibilities as a Therapy Client**

You are responsible for coming to your session on time and at the time we have scheduled. Sessions last 45-50 minutes. If you are late, we will end on time and not run over into the next person's session. If you miss a session without canceling, or cancel with less than twenty-four (24) hours notice within business hours (Monday-Friday), you will be charged for that session.

## **Client Consent to Psychotherapy**

I have read this statement and understand it. I understand the limits to confidentiality required by law. I understand the fee per session and my rights and responsibilities as a client as well as my therapist's responsibilities to me. I know I can end therapy at any time I wish.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_