

Informed Consent

Part I: Your Rights as a Client

1. **Therapeutic Process:** As your therapist, I have an ethical obligation to help you make an informed decision in seeking treatment to address your concerns. Therapy will seek to meet goals established by all persons involved, usually revolving around specific presenting problems. At any time throughout this process, you may ask me to explain why I am requesting information or suggesting a new approach. I will be glad to explain the purpose behind my techniques, and the model from which I am operating. The following outlines possible risks and benefits associated with therapy.

Possible risks of participating in therapy:

- Therapy is not an exact science, so there is no guarantee as to therapeutic outcomes. Some people experience no improvements in their situation, and a few may even think things are worse after treatment.
- Effective therapy may result in your experiencing intense and uncomfortable feelings, as well as openly discussing and working toward changing displeasing relationship patterns.
- Therapy can sometimes lead to individual decisions that can be disruptive for yourself and/ or your family.
- Some health insurance companies will not cover the cost of therapy.

Possible benefits of participating in therapy:

- You may achieve resolution of specific concerns brought to therapy, resulting in greater individual happiness and increased relational harmony.
- You may attain increased understanding of family and personal goals and values.
- You may experience a healing of emotional wounds inflicted past or present.
- The acquisition of healthy coping skills may assist you in relating with others.

2. **Confidentiality:** One of the most important rights involves confidentiality. As your therapist, my goal is to provide a safe place for you to openly explore personal and relational concerns. I am committed to guarding your right to privacy, within the limits of the law. There are certain situations in which a therapist is required by law to reveal information obtained during therapy. Required disclosure will occur in the following circumstances:
 - When a reasonable suspicion of abuse and/or neglect of a child or vulnerable adult is present, a report will be made to appropriate protective agencies.
 - When you threaten grave bodily harm to others, a report will be made to the appropriate authorities, as well as to those you have threatened.
 - When you are suicidal or threaten significant bodily harm to yourself, I will obtain help from others in your life, such as family members and members of your treatment team, to do what is necessary to keep you safe.
 - When a court of law issues a legitimate court order.
 - When you are in probation or parole period or other legal situation that would require disclosure.

3. Release of Information: At your written request, any part of your record in the files can be released to any person or agency you designate. Additionally, when more than one family member is being seen in therapy, the therapist views the family/couple unit as the client. Therefore, releases of information for family sessions require the written approval of every consenting member of the family who was present at any time during treatment.

4. Minors: Clients under the age of 16 are considered minors and all therapy contracts must be signed by their custodial parent and/or legal guardian. Therefore, custodial parents and/or legal guardians have a right to information shared in the session. Parents and guardians should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the minor and therapist. In these cases, I will make every effort to foster open communication between parent and minor, and will never disclose information to a parent about a minor without the minor's knowledge.

5. Family or Couples Therapy: There are special confidentiality concerns for families and couples in treatment. I view the family or couple as a "treatment unit." I will not reveal any individual's confidences to others in the treatment unit. It is important for you to be aware that secrets shared individually with me are generally not healthy for you or your family/couple relationships. For this reason, if an individual member or subset of the family/couple discloses a confidence that has bearing on other participating members, I will encourage the person(s) to reveal the information to the other member(s). I will provide support for you in finding ways to disclose the information and will help you deal with the implications of a revelation should it occur. Should you reveal to me a secret that you refuse to disclose to other participating member(s) and that which puts me in a position of compromising my honest relationship with others in the treatment unit, therapy will be terminated.

The signature below indicates that all participating members understand the nature of confidentiality in therapy as set forth above. Concerns or questions about confidentiality may be discussed at any point in the therapeutic process.

Printed Name: _____ Signature: _____ Date: _____
 Minor's Name: _____ Minor's Name: _____

Couples Confidentiality Agreement:

Furthermore, when I work with couples, the treatment unit is the couple itself. During the course of couple's therapy, I will usually see both members of a couple together for the majority if not all of the sessions. However, there may be times it becomes necessary for me to see each individual member of a couple one-on-one. These individual sessions are part of the couple work, and will be used to augment and enhance the work we are doing in the joint sessions. Your signature below indicates that you agree that anything you share in an individual session may be talked about in subsequent therapy sessions where your partner is present. This does not mean that I will bring up every issue you have talked to me about in the individual session(s). It means that if it is relevant and important to the therapeutic work in couple therapy, that information can be shared. This agreement also applies to phone calls, voice mail messages, and e-mail messages. If you contact me between sessions, I will expect you to let your partner know that you have done so. Contents of phone calls, voice mail messages, and e-mail exchanges may be shared.

By signing this agreement, you are giving me permission to discuss any information shared with me privately with the other person regularly attending therapy with you.

Printed Name: _____ Signature: _____ Date: _____

6. Termination: You have the right to end therapy at any time without any moral, legal, or financial obligations other than those already accrued. Please contact me if you make an independent decision to terminate therapy 24 hours prior to your next scheduled appointment time. Informing me of the intention to terminate therapy allows me to make your appointment time available to other interested clients and avoids the accrual of debt related to unattended therapy sessions or last-minute cancellations. You understand that the therapist reserves the right to close your case without notice if we fail to schedule another session within 4 weeks of our last meeting and we have not made prior arrangements to take an extended break from meeting. Your case can be reopened if circumstances suggest that continuation would be beneficial.
7. Outside consultation: At times, it will be important for the progress of therapy to contact other professionals who are helping you or your child. Such professionals may be teachers, psychiatrists, or attorneys. Your therapist will not make such contact without the written permission of all participating family members. Your therapist will provide an exchange of information form to you.

Part II: Fee Schedule and Payment Agreement

1. All session charges at Emerge Lifestyle Consulting are based on the following fee schedule:
 - 30-minute session \$65 (available for phone session only)
 - 50-minute session \$150
 - 90-minute session \$200
2. Cancellation Policy: When you make an appointment with your therapist, that time is specifically reserved for you. For that reason, we require 24-hour notification in the event of cancellation. If a client is unable to attend a session and does not provide 24-hour notice, the full scheduled session fee will be charged for the missed session. *Missed sessions without 24-hour notice will be charged to the credit card you put on file.* This policy applies even if the client arrives late or leaves the session early. In cases of winter weather, if a client believes it is unsafe to travel, please call the therapist to reschedule. Payment in full is due at each session. I understand that this will be solely my responsibility and is not a charge covered by insurance.
3. We accept payments via cash, personal check, or credit card. Checks should be made payable to: Emerge Lifestyle Consulting.
4. A \$35 fee will be assessed for all returned checks.
5. You may choose any payment option at any appointment.
6. I understand that my therapist has the right to seek legal resources to recover any unpaid balance. In pursuing these measures, the therapist will only disclose biographical information and the amount owed to ensure confidentiality.
7. I understand that my therapist will gladly provide any receipts, letters, or invoices required by my insurance company. The therapist will not, however, complete any forms or file any papers for/with insurance companies.

My signature below indicates that I understand the above policies.

Client: _____ Signature: _____ Date: _____